

# Piper High School



STUDENT NAME \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_  
PREVIOUS SCHOOL \_\_\_\_\_ GRADE ENROLING \_\_\_\_\_

**Registration is NOT COMPLETE until all required documents are submitted.**

Required Signature Pages	Required Documentation
<ul style="list-style-type: none"><li>• Letter from Principal</li><li>• Code of Conduct Acknowledgement</li><li>• Media Release Form</li><li>• FERPA Opt-Out Form</li><li>• EESA Opt-Out Form</li></ul>	<ul style="list-style-type: none"><li>• Birth Certificate/ Passport</li><li>• Parent ID</li><li>• 2 Proof of Address <small>(at least 1 Static Bill: FPL, Internet, Water)</small></li><li>• Transcript and IEP <small>(if applicable)</small></li><li>• Any/ all Affidavits <small>(shared housing or acting parent)</small></li><li>• Immunizations <small>(must be on a FL 680 Form provided by a Doctor/Clinic)</small></li></ul>

**Required documents must be submitted in person!**

**TRANSCRIPTS AND/OR IMMUNIZATIONS CAN BE EMAILED TO:**

mary.paul@browardschools.com

— OFFICIAL USE ONLY —

TRANSCRIPT REQUESTED: \_\_\_\_\_ TRANSCRIPT RECEIVED: \_\_\_\_\_ RELEASE REQUESTED: \_\_\_\_\_  
SCHOOL CODE: \_\_\_\_\_ IMS: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_  
ASSIGNMENT: 01 29 31 84

# FALSE ADDRESS CAN LEAD TO ARREST

## IMPORTANT NOTICE TO PARENTS

### SUBJECT: RESIDENCY

Your child has the right to attend school in the boundary in which you, the parent, reside. It is the responsibility of the parent to provide proper and accurate documentation to the school to prove residency. **The school shall have the right to verify any information that is provided to them.**

### Submission of Fraudulent Documentation

In accordance with School Board Policy 5.1, any parent who submits fraudulent documentation to register a student gives cause for such student **to be withdrawn immediately** and referred for enrollment in the appropriate bounded school.

### False Information

Florida Statute 837.06 states: “whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of his or her official duty **shall be guilty of a misdemeanor of the second degree, punishable by law.**” Additionally, a person who knowingly makes a false declaration under penalties of perjury is **guilty of the crime of perjury by false written declaration, a felony of the third degree** under Florida Statute 92.525 and will be reported to the State’s Attorney’s office.

### Potential Loss of Homestead Exemption

Florida Statute 196.031 requires that you reside on the property qualifying for Homestead Exemption.

### Renting Homestead Exemption Property

Florida Statute 196.061 states that the rental of all or substantially all of a dwelling previously claimed to be a homestead for tax purposes shall constitute the abandonment of such dwelling as a homestead. **Homestead Exemption may be lost.**

Please review this book with your child so that your family is aware of what is and is not appropriate in school, during school-sponsored activities and on school bus transportation.

## IMPORTANT THINGS TO DO

Since \*parents can be held responsible for the actions of their children, it is important that they are aware of the rules and the consequences if their children break the rules. However, parents also have the right to advocate for their children. Therefore, the school system must have proof that every student and every parent has had a chance to read this Code of Student Conduct.

1. The Acknowledgement Form on page [xiii](#) of this Code of Student Conduct book must be signed and returned within 3 days of receipt of the form. Your signature does not mean you agree or disagree with the rules, but rather that you have reviewed the electronic book and know the rules. A copy of the Acknowledgement Form is provided on page [xiii](#) of this booklet and should be retained for your records.
2. Choose your options for Media Release on page [xiv](#). You must select one option in Section A and another option in Section B. If you do not choose an option in either section, you will default to allow the school to photograph your child, videotape your child, or for your child to be interviewed by the news media or the School District for school and district purposes.
3. Parents of students in any grade level (or independent students 18 or over) may opt out of (prevent) having any or all directory information provided to certain outside agencies as well as for certain uses within their child's school or school district (for example, information published in yearbooks and school programs).

To request that directory information is not disclosed to specific entities, please complete the Opt-Out Notification Form on page [xv](#) and return it to your school.

4. For 11<sup>th</sup> and 12<sup>th</sup> grade students who do not wish to share directory information with armed services/military recruiters and/or postsecondary educational institutions, complete the Opt-Out Notification Form on page [xvi](#) and submit the form to the school.
5. The District's Discipline Matrix assigns specific consequences for violating the rules of the Code of Student Conduct and is part of the school's discipline plan. A copy is now located in Appendix A of this booklet. Please review the Discipline Matrix with your child. For more information on the matrix, talk with a school administrator.

*\*Whenever the term "parent" is used, it also refers to either or both parents, any guardian of a student, any person in a parental relationship to a student, or any person exercising supervisory authority over a student in place of a parent.*



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Piper High School  
Marie Hautigan, Principal  
8000 NW 44<sup>th</sup> Street  
Sunrise, FL 33351  
754-322-2200  
www.browardschools.com/piper

The School Board of  
Broward County, Florida

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Piper Scholars:

Dr. Vickie L. Cartwright  
Superintendent of Schools

On behalf of the administration and staff, I want to welcome your child and your family to Piper High School. We are delighted that you have chosen to become members of the Bengal community, and we hope that your years with us will be beneficial and memorable and filled with numerous academic and extra-curricular opportunities.

High School is a time of change and high expectations, and the workload, rigor, and social adjustments are often greater than those experienced during middle school. A safe and professional learning environment is provided to every Piper High School student including your child who has selected to reassign to us. Your student will be expected to attend school regularly, complete all assignments, and behave appropriately whenever on campus or attending off-campus, school-sponsored events. Reassigned students must provide their own transportation; attendance should not be negatively impacted due to transportation obstacles. A violation of the Student Code of Conduct or any of the guidelines specified in this agreement may result in a recommendation to rescind or withdraw your student’s school choice reassignment.

I am pleased that you have chosen to partner with us to provide your child with an outstanding high school education. Questions about a specific class should always first be directed to the your child’s teacher via email. Conferences can be scheduled by contacting your child’s guidance counselor via email or phone. At Piper High School, we believe that communication between families and the school community is vital to ensuring the success of each student.

Your student is now one of our admired Bengal Scholars, and we look forward to your child’s success during the coming school year.

Thank you.

Regards,

*Marie Hautigan*

Principal

\_\_\_\_\_  
Student (print/sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (print/sign)

\_\_\_\_\_  
Date

# Acknowledgement

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/bts-onlineforms>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <http://www.Broward.k12.fl.us/sbbcpolicies>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

**Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.**

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Media Release Form 2021/2022 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped and/or interviewed by news media, schools and the District for informational and/or promotional purposes, as indicated below

## You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

## Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1.  I **WILL** permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.
2.  I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the news media.

## Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1.  I **WILL** permit permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities. **Note: To facilitate school publications, the District may disclose information to approved vendors, such as student's name, student's home address, student/parent phone number, grade level, teacher names and classroom numbers. For sporting events, athletic team member positions and jersey numbers may be disclosed.**
2.  I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# FERPA Opt-Out Notification Form 2021/2022 School Year (All Grades)

**ATTENTION!** Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form.

For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

## PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to FERPA, SBBC may disclose, in its discretion, directory information of a student in any grade level, if the parent or student age 18 or over did not "opt out" of the disclosure. SBBC reserves the right to release the Directory Information only:

- (a) to colleges, universities or other institutes of higher education in which the student is enrolled, may seek enrollment or may be recruited;
- (b) for athletic events, school publications, instructional materials and other school communication tools (including, but not limited to, yearbooks, athletic programs, graduation programs, recruitment brochures, theatrical programs, school and District websites, social media, and postings and displays throughout the school facility);
- (c) to Broward County health officials for purposes of communicating with parents to address conditions of public health importance as determined by Florida Department of Health (64D-3, F.A.C.), including information to meet or to prepare for a potential or confirmed health threat; and/or
- (d) to class reunion committees (and the like) for purposes of class reunion activities.

## TYPES OF DIRECTORY INFORMATION

Parents/guardians of students in any grade level, or eligible students (those over the age of 18, emancipated, or attending a postsecondary institution), may opt out of having any or all of the following types of directory information disclosed by indicating, with a check mark (✓), those items NOT TO BE DISCLOSED:

<input type="checkbox"/> Student's Name	<input type="checkbox"/> Parent's Name	<input type="checkbox"/> Residential Address
<input type="checkbox"/> Telephone Number(s)	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Place of Birth
<input type="checkbox"/> Major Field of Study	<input type="checkbox"/> School-Sponsored Activities and Sports	<input type="checkbox"/> Height and Weight of Athletic Team Members
<input type="checkbox"/> School Grade Level	<input type="checkbox"/> Dates of School Attendance	<input type="checkbox"/> Jersey Number and Team Position
<input type="checkbox"/> Degrees & Awards*	<input type="checkbox"/> Name of the Most Recent/Previous School or Program Attended	<input type="checkbox"/> Room Number

\*Degrees and awards include exemplary work (including artwork), recognitions of all types, and graduation status (i.e., a list of graduating students), and exclude Grade Point Average (GPA).

**Note: This form must be completed and submitted to the school on an annual basis, regardless of whether any of the above items were checked or not, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian/Eligible Student's Name (Print) \_\_\_\_\_

Parent/Guardian/Eligible Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Regarding former students, SBBC shall continue to honor any valid request to opt out of the disclosure of directory information made while a student was in attendance, unless the former student rescinds the opt out request (34 CFR 99.37(b)).**

For parents in selected occupations:

*Note: Pursuant to Florida Statute 119.071, for individuals in certain occupations (as well as their spouses and children), selected personal information is confidential and exempt from public disclosure, only if the individual submits a written request for the exemption. If you are employed in a qualifying occupation and wish to request that your, your spouse's and your child's personal information remain confidential, please schedule an appointment with your child's school in order to complete the Parental Request for Exemption of Personal Information for Selected Occupations form.*

# ESSA Opt-Out Form (11<sup>th</sup> & 12<sup>th</sup> Grades) 2021/2022 School Year

## MILITARY & POSTSECONDARY

Pursuant to the Every Student Succeeds Act (ESSA), the District is required to disclose, upon request, **student name, address, and telephone number** of 11<sup>th</sup> and 12<sup>th</sup> graders without prior written consent to:

- **Armed services/military recruiters** (the District Commander or Senior Officer of the regional or satellite offices of the Armed Forces, including the United States Coast Guard) for their use in mailing notices to students in regard to opportunities available to them in the United States Armed Forces. Confidentiality of the list shall be protected by the armed services personnel responsible for such lists.
- **Institutions of higher education** (postsecondary institutions). Confidentiality of the list shall be protected by the higher education personnel responsible for such lists.

However, parents/guardians and eligible students (those over the age of 18), may opt out of having this information disclosed by indicating their choice below.

### Information disclosed to armed services/military recruiters:

1. \_\_\_\_\_ I **WILL** permit the limited information listed above to be disclosed to armed services/military recruiters.
2. \_\_\_\_\_ I **WILL NOT** permit the limited information listed above to be disclosed to armed services/military recruiters without prior permission.

### Information disclosed to postsecondary institutions:

1. \_\_\_\_\_ I **WILL** permit the limited information listed above to be disclosed to postsecondary institutions.
2. \_\_\_\_\_ I **WILL NOT** permit the limited information listed above to be disclosed to postsecondary institutions without my prior permission.

**Note: This form must be completed and submitted to the school on an annual basis, regardless of the chosen option, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.**

In addition to this form, all 11<sup>th</sup> and 12<sup>th</sup> grade students must also complete the FERPA Opt-Out Notification Form provided in the Code of Student Conduct.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian/Eligible Student's Name (Print) \_\_\_\_\_

Parent/Guardian/Eligible Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student #:	School/Teacher:	Date:	Grade Level:	Entry Code:
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## Student Registration Form

Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

<b>Student's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Middle Name</b>		<b>Affirmed Name</b>	
<b>Student's Primary Home Address</b>				<b>City</b>		<b>Zip Code</b>	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Home Phone #</b>		<b>Student's Cell Phone #</b>		<b>Student's E-mail Address</b>			
<b>SSN</b>		<b>Date Student First Entered School in USA</b>		<b>Date of Birth</b>		<b>Birthplace (City/State/Country)</b>	
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.							
<b>Student Lives With</b>				<b>Race (Check all that apply)</b>			
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address) <input type="checkbox"/> Other: _____				<input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American			
<b>Registering Parent's Last Name (Legal)</b>				<b>First Name (Legal)</b>		<b>Driver License #</b>	
<b>Registering Parent's Work Phone #</b>				<b>Registering Parent's Cell Phone #</b>		<b>Registering Parent's E-mail Address</b>	
<b>Non-Registering Parent's Last Name (Legal)</b>				<b>First Name (Legal)</b>		<b>Driver License #</b>	
<b>Non-Registering Parent's Work Phone #</b>				<b>Non-Registering Parent's Cell Phone #</b>		<b>Non-Registering Parent's E-mail Address</b>	
<b>Non-Registering Parent's Home Address</b>				<b>Apt #</b>		<b>City</b>	
						<b>State</b>	
						<b>Zip Code</b>	
<b>Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?			

**The student's primary residence is: (Check only one)**

**owned** by the parent/guardian.  **shared** with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency.

**rented** with a valid lease agreement. Expiration Date: \_\_\_\_\_  **shared** with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

**Is the student's primary residence a:** **Does the student live or is either parent employed:**

Yes  No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?  Yes  No In low rent housing (such as Section 8 subsidized housing)?

Yes  No Transitional/emergency shelter?  Yes  No On Indian Lands?

Yes  No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?  Yes  No On federal property, a federally owned military installation, or NASA owned property?

**Is either parent:**

Yes  No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? \_\_\_\_\_

Yes  No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? \_\_\_\_\_

Yes  No Employed in agriculture or fishing industries anytime in the past three years?

**Has the student previously been:**

Yes  No Enrolled in Broward County Public School?  Yes  No Retained (repeated the same grade)?

Yes  No Enrolled in a Charter School in Broward County?  Yes  No In Exceptional Student Education (ESE)?

Yes  No Enrolled in a Home Education program?  Yes  No On a 504 plan?

Yes  No Expelled from school?  Yes  No In an English Speakers of Other Languages (ESOL) program?

Yes  No Convicted of a felony?  Yes  No In a Magnet program?

Yes  No Involved in the Juvenile Justice System?  Yes  No In Foster Care?

Yes  No Referred for mental health services?  Yes  No In a Gifted program?

Yes  No Assessed for a behavioral threat?  Yes  No Assessed for risk of suicide or self-harm?

Yes  No Has an active monitoring plan?  Yes  No Has an active safety plan?

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate bounded school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

<b>Print Registering Parent Name</b>	<b>Registering Parent Signature</b>	<b>Date</b>

# Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> <i>Medical</i>
<i>School #:</i>	<input type="checkbox"/> <i>Court Order</i>
<i>Student #:</i>	<input type="checkbox"/> <i>Special Needs</i>
<i>Date Enrolled:</i>	<input type="checkbox"/> <i>Other</i>

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:	First:	Middle:
		Teacher (elementary school only):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
		Home Address:	City, State, Zip:	Home Phone:
		Mailing Address (If different from above):	City, State, Zip:	Student Cell Phone:
		Date of Birth:        /        /	Student lives with:	Student Email:
		Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other	Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school
Student Identification Number:	Registering Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
	Other Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
Student:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	
Student:	Non-Registering Parent Authorized Release/Contact	This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

# Broward County Public Schools Student Emergency Contact Card

Student Last Name:

First:

Middle:

<b>Health Services Consent</b>	Indicate which services you give consent to and would like your child to receive at school with an "x" in the appropriate check box.	
	Care and treatment for illness and injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vision screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	Growth and development screening (body mass index) <input type="checkbox"/> Yes <input type="checkbox"/> No	
I consent to my child receiving all school health services indicated above. I understand if consent is granted, SBBC will disclose my child's education records (including medical information) to nursing vendors who provide treatment to my child.		
Parent or Guardian Signature: _____ Date: _____ Relationship: _____		
<b>Health Insurance and Providers</b>	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None	
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:	
	Health Care Provider: _____	Phone: _____
<b>Medical Information</b>	Is your child currently diagnosed and followed by a healthcare provider for any of the following?	
	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)	
	<input type="checkbox"/> Seizure/Epilepsy (not including febrile seizures)	
	<input type="checkbox"/> Diabetes	
	<input type="checkbox"/> Anaphylaxis (Life threatening allergic reaction requiring emergency medication)	
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe)	
<input type="checkbox"/> Other _____		
Does your child require medication while at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Release of Medical Information and Emergency Treatment</b>	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.	
	Parent Signature: _____	Date: _____
Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.		
<b>Dismissal Information</b>	<b>Regular Dismissals Procedures.</b> On a typical day, how will your child leave school?	
	<input type="checkbox"/> Ride in Car	<input type="checkbox"/> Ride School Bus
<input type="checkbox"/> Attend ON-site after-care program		<input type="checkbox"/> Attend OFF-site after-care program
<input type="checkbox"/> Ride Public Transportation		<input type="checkbox"/> Walk or Bike ride home
<b>Emergency Dismissals Procedures.</b> In the event of a severe storm or other unscheduled emergency your child is instructed to:		
<input type="checkbox"/> Walk home		<input type="checkbox"/> Ride School Bus as usual
<input type="checkbox"/> Ride home with parent only		<input type="checkbox"/> Ride Public Transportation
<input type="checkbox"/> Ride home with person indicated on authorized contact list		
<b>Siblings and Home Language</b>	Last Name:	First Name:
	_____	_____
	_____	_____
	_____	_____
Grade level:		
_____		
<b>Please list any other languages spoken at home:</b>		
_____		
<b>Survey Questions</b>	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:	
	Does your child have access to a computer in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have home internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your child have access to the internet on your home computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have internet access outside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email		



# STUDENT HOUSING QUESTIONNAIRE (SHQ)

**ATTENTION parents, legal guardians, caregivers, and unaccompanied youth (not living with a parent or legal guardian):** The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability **who lack a fixed, regular, and adequate nighttime residence** as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal regulation, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law through the Homeless Education Assistance Resource Team (HEART).

**INSTRUCTIONS: ONLY COMPLETE THIS QUESTIONNAIRE IF YOU DO NOT OWN OR LEASE A RENTAL PROPERTY IN YOUR NAME.**

By completing this questionnaire, your school-aged child(ren) (or unaccompanied homeless youth) may qualify for McKinney-Vento services and resources through the HEART program to help ensure educational stability.

**PLEASE RETURN THIS FORM TO YOUR CHILD OR CHILDREN'S SCHOOL(S) IMMEDIATELY!**

## 1. WHO DOES THE STUDENT(S) LIVE WITH?

- Parent
- Legal guardian
- An adult (+18) caring for student(s) who is/are currently unable to live with their parent or legal guardian\*
- I am an **unaccompanied youth**. I do not live with either of my parents or a legal guardian currently.

**\*IMPORTANT: Please contact the student's school to complete the required HEART Caregiver Authorization Form.**

## 2. I CURRENTLY RESIDE IN ONE OF THE NIGHTTIME RESIDENCES LISTED BELOW WITH MY SCHOOL-AGED CHILD(REN)/STUDENTS:

- In an emergency or transitional shelter, abandoned in hospital (A)
- Sharing housing with a family member or friend (doubled-up) due to loss of housing, economic hardship, or similar reason (B)
- In a vehicle, park, temporary trailer park or campground due to lack of alternative adequate accommodations; public spaces, abandoned building, substandard housing; bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar setting (D)
- In a hotel or motel due to lack of alternative adequate accommodation due to loss of housing, financial hardship, or similar reason (E)

**\* Please check one:**  hotel or motel that I am paying for myself  
 hotel or motel paid for by a social services agency or organization

## 3. WHAT CAUSED YOU AND YOUR CHILD(REN), OR UNACCOMPANIED YOUTH TO LIVE IN YOUR CURRENT NIGHTTIME RESIDENCE?

- Man-made Disaster (D)
- Flooding (F)
- Mortgage Foreclosure (M)
- Tropical Storm (S)
- Unknown (U)
- Earthquake (E)
- Hurricane (H)
- Other homeless cause: lack of affordable housing, long-term poverty, unemployment or underemployment, domestic violence, forced eviction, etc. (N)
- Pandemic (P)
- Tornado (T)
- Wildfire (W)

**PLEASE COMPLETE THE REQUESTED INFORMATION BELOW FOR ALL SCHOOL-AGED CHILDREN (PREK-12) ENROLLED IN, OR SOON TO BE ENROLLED IN A BROWARD COUNTY, FL PUBLIC OR CHARTER SCHOOL. IF YOU HAVE CHILDREN ENROLLED IN MULTIPLE SCHOOLS, PLEASE RETURN A COMPLETED QUESTIONNAIRE TO EACH SCHOOL. NOTE: If your child(ren) are McKinney-Vento eligible, you will receive an Acceptance Letter for each child.**

Student's Full Name (First, Middle Initial, and Last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

## 4. FLORIDA STATUTE 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

By signing below, I am attesting that the information provided is accurate and true:

Parent/Guardian Print Full Name	Relationship to student(s)	Signature	Date
Student(s) Current Address	City, State, Zip Code	Student(s) Former Address	City, State, Zip Code
Length of time at current address	Telephone Number	E-mail Address	

I was given authorization by the parent, guardian, caregiver, or unaccompanied homeless youth named above, to complete the SHQ on behalf of the identified student(s) listed above.

**BROWARD COUNTY PUBLIC SCHOOLS (BCPS)**  
**AFFIDAVIT of SHARED HOUSING**

**INSTRUCTIONS:** The purpose of this form is to request that the following school-age child(ren), who are residing with their parent/guardian at the residential address below, be permitted to enroll in the boundaried school as long as the stated address is the bona fide legal address of the student(s) and parent/legal guardian.

Please, complete this form, sign under oath before a notary, and return it to the front office of your child(ren)'s school.

**SECTION I: To be completed by the parent/guardian in a shared housing situation.**

Name of Boundaried School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

It is understood that:

- Absent an approved alternative method of assignment or reassignment, all students in BCPS shall be assigned annually to the school within the attendance boundaries which have been established by the School Board.
- Two proofs of residence from Column B shall be provided by the parent/guardian
- One proof of residence from both Columns A and B shall be provided by the homeowner/lessor
- If a change in the bona fide legal residence occurs, it is the responsibility of the parent/legal guardian and homeowner/lessor to notify the school within 10 business days.
- **The information provided by the undersigned is accurate.**
  - **Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.**
  - **Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.**
- **Providing false information is a fraud and will result in withdrawal of the student(s) from the boundaried school.**
- This document shall be renewed every quarter at schools whose enrollment is at or exceeding 102% of permanent capacity, or annually at all other schools.
- Families who are unable to provide proof of residence due to extenuating circumstances shall complete this form on an annual basis.

\_\_\_\_\_  
Signature of Parent/Guardian                      Print Name of Parent/Guardian                      Telephone Number

County of Broward  
State of Florida

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**Section II:** To be completed by the person who owns or leases the shared residence.

As the homeowner or lessor of the residence listed on this form, I acknowledge that the above-named individual(s) and their school-age child(ren) are residing at this address and not for the purpose of attending the above-named boundaried school in Broward County. I agree to provide one supporting document from Column A and one from Column B from Section III below.

\_\_\_\_\_  
Signature of Homeowner/Lessor

\_\_\_\_\_  
Print Name of Homeowner/Lessor

\_\_\_\_\_  
Telephone Number

County of Broward  
State of Florida

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**Section III:** To be completed by school staff.

Please identify the proofs of residence documentation provided by the:

Homeowner/Lessor		Parent/Guardian	
Column A (Check One)	Column B (Check One)	Column B (Check Two)	
<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Utility Bill	
<input type="checkbox"/> Homestead Exemption Card	<input type="checkbox"/> Telephone or Cellular Phone Bill	<input type="checkbox"/> Telephone or Cellular Phone Bill	
<input type="checkbox"/> Deed	<input type="checkbox"/> Homeowners or Condominium Association Letter	<input type="checkbox"/> Homeowners or Condominium Association Letter	
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Declaration of Domicile Form	<input type="checkbox"/> Declaration of Domicile Form	
<input type="checkbox"/> Home Purchase Contract	<input type="checkbox"/> Florida Drivers License	<input type="checkbox"/> Florida Drivers License	
<input type="checkbox"/> Notarized Lease	<input type="checkbox"/> Florida Identification Card	<input type="checkbox"/> Florida Identification Card	
	<input type="checkbox"/> Automobile Registration	<input type="checkbox"/> Automobile Registration	
	<input type="checkbox"/> Automobile Insurance	<input type="checkbox"/> Automobile Insurance	
	<input type="checkbox"/> Credit Card Statement	<input type="checkbox"/> Credit Card Statement	
	<input type="checkbox"/> Bank Account Statements	<input type="checkbox"/> Bank Account Statements	
	<input type="checkbox"/> US Postal Service Change of Address Request	<input type="checkbox"/> US Postal Service Change of Address Request	

If proof of residence was not completed during registration, the family was provided with:

<input type="checkbox"/> 30-Calendar Day Grace Period	Due Date: ____/____/20____
<input type="checkbox"/> Referral to the Homeless Education Program	
<input type="checkbox"/> Referral for document completion support (e.g., Student Services Department, ESOL)	
<input type="checkbox"/> Referral to the Demographics Department for investigation	
<input type="checkbox"/> Other: _____	

**BROWARD COUNTY PUBLIC SCHOOLS**  
**AFFIDAVIT of PERSON ACTING as PARENT**

**INSTRUCTIONS:** The purpose of this form is to verify the status of a person acting as parent pursuant to School Board Policy 5.1. Complete this affidavit and submit to the student's school. Only notarized forms will be accepted. Submittal of this form does not guarantee enrollment at this school. The person acting as parent has the burden to show that the student's residence is not incident to the student's eligibility to enroll in a particular school's boundary and is due to extenuating circumstances. This form does not apply to homeless students.

**SECTION I:** To be completed by the person acting as the parent/guardian.

Name of Boundaried School: \_\_\_\_\_

Name of Person Acting as Parent: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Residential Address of Person Acting as Parent:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

It is understood that:

- I am acting as the legal guardian, in a parental relationship, or exercising supervisory authority over the child(ren) in place of the parent(s).
- I am currently residing in Broward County at the declared residential address with the above-named child(ren).
- This residential address is the primary residence of the child(ren), defined as the home in which the child(ren) spend most of his/her (their) time.
- Exceptions may include certain court-approved agreements for Shared Parental Responsibility.
- **The information provided by the undersigned is accurate.**
  - **Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.**
  - **Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.**
- Providing false information is a fraud and will result in withdrawal of the student(s) from the boundaried school.
- I am required to notify the school of any future changes in residential address or living arrangements for this child(ren) within ten (10) days.

Pursuant to Florida Statutes §1000.21, I qualify as a person acting as "Parent" under the following circumstance (check one):

- Guardian of student (legal guardianship papers are required)
- Person in a parental relationship (Proof required – written notarized statement from the natural parent or guardian explaining why and how this person is acting as a parent. Provide address and telephone number of natural parent below.)
- Person exercising supervisory authority over a student in place of a parent (Proof required – written notarized statement from the natural parent or guardian explaining why they are unable to perform in a parental role is required, except as stated within Policy 5.1. Provide address and telephone number of natural parent below.)

Note: The District, principal, or designee may waive the requirement for a notarized statement if the natural parent or guardian is unavailable (such as having abandoned the child, incarceration, or living in a foreign country).

Natural parent/guardian: Telephone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section II: To be completed by the person acting as parent and a notary public.**

As the person acting as parent, I acknowledge that the above-named school-age child(ren) are residing at the address provided and not for the purpose of attending the corresponding boundaried school in Broward County. I agree to provide all additional required documentation to complete the enrollment process as required by School Board Policy 5.1. I declare that I have read this document and the above facts are true and correct.

\_\_\_\_\_  
Signature of Person Acting as Parent

\_\_\_\_\_  
Print Name of Person Acting as Parent

\_\_\_\_\_  
Date

County of Broward  
State of Florida

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**Section III: To be completed by school staff.**

Legal guardianship papers or notarized letter from natural parent/guardian:

Received and approved       Received and referred to OSPA       Denied

Waived. Reason: \_\_\_\_\_

30 Calendar Day Grace Period. Due Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_