Back to School Parent Views

The Back to School Forms Wizard is for parents of returning Broward County Public School students who would like to complete and submit their forms online. This process can be used for new students and parents to the district, however, they must be entered into TERMS (A03 and A05 panels), prior to use.

Link: www.browardschools.com/bts

The parent can select their language of choice.

Back to School Parent Views

Broward County Public Schools
Back To School 2020-21 *DEV*

Registering Parent's Information

First Name:* Maddy   Middle Name:

Last Name:* Brooks

Email:* mbrooks@anyemail.com   Confirm Email:* mbrooks@anyemail.com

House Number:* 7745   Street Direction: E

Street Name:* Oakland Park

Street Type: BLVD   Apartment: A2

City: SUNRISE   City If Not in Broward:

State: Florida   Zip:* 33341

Home Phone: (954) 324-0000

Cell Phone: (954) 324-0411

Work Phone: (305) 645-1235

Primary Language: ENGLISH

*Denotes mandatory fields (except for phone numbers where at least one phone number must be provided)

Back   3%   Continue

Broward County Public Schools
DEV
Back To School 2020-21

Okay, now you are ready to enter your child's information

Before you begin, it would be helpful to have the following information close at hand:

A list of any medications your child may take

Names and phone numbers of your child's health care providers

A list of any health insurance providers

A description of any medical conditions and/or allergies your child may have

| Back | 6% | Continue |

Broward County Public Schools
DEV
Back To School 2020-21

Student Information

Field	Value
Student Number:*	06
First Name:*	Ca
Last Name:*	Dia
Date of Birth:*	07
Last or Current School:*	DE

Back   9%   Continue

Back to School Parent Views

Please provide additional information about Zackary.

First Name * Zackary   Middle Name: Michael

Last Name * Brooks

Gender * ● Male   ○ Female

Student Email:

Does the student have new address since last registration or the   ○ Yes   ● No
student has different address than the registering parent?:

Home Phone: (954) 324-0000

Student Cell Phone:

Grade Level * 04

Back   12%   Continue
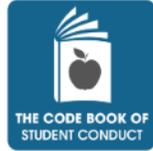
Back to School Parent Views

The Code of Conduct link must be clicked; otherwise, an error message displays—please refer to graphic below.

Back to School Parent Views

Broward County Public Schools
DEV
Back To School 2020-21

🔍 **Code of Student Conduct review**

Please click

THE CODE BOOK OF STUDENT CONDUCT

to access and review the Broward County Public Schools Code of Student Conduct

The Code of Student Conduct, Policy 5.8, provides specific information regarding the rules that all students are expected to adhere to, as well as consequences for violations.

❌ The online Code of Student Conduct must be read in order to continue

Back	15%	Continue

Clicking the link for the Code of Conduct will allows us to continue the process.   Close the warning window, if desired, then click the Code of Student Conduct link.

Back to School Parent Views

Important Information on Coronavirus (COVID-19)

Select Language | Powered by Google Translate

Parents & Families | Students | Staff

Established 1915
BROWARD
County Public Schools

Sign In

Our Schools ››

ABOUT US | ACADEMICS | DIRECTORY | SCHOOL BOARD | COMMUNITY | CAREERS | CONTACT US | SEARCH

Home » BCPS Departments » School Climate & Discipline » Code of Conduct

SCHOOL CLIMATE & DISCIPLINE

Overview

Important Information on Coronavirus

About

Calendar of Observances

The Code Book for Student Conduct & Discipline Matrix

(Download Adobe Acrobat Reader to view or print PDF)

The Code of Student Conduct, Policy 5.8, provides specific information regarding the rules that all students are expected to adhere to, as well as consequences for violations. Important among these rules are consistent and timely attendance, respect for people and property, appropriate dress, technology usage, student publications, student activities, student records and the right to appeal, including grievance procedures. The School Board of Broward County, Florida, approves and affirms its support of the Code

ACCESS NOW

BACK TO SCHOOL
ONLINE FORMS

GET INVOLVED

Back to School Parent Views

Thank you for reading the Code of Student Conduct. It is very important for students to behave appropriately in school!

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

By signing below, I, Zackary Brooks acknowledge that as a student, I have reviewed the electronic copy of these rules

Student Signature:* | Zack Brooks

By signing below, I, Maddy Brooks acknowledge that as a parent, I have reviewed the electronic copy of these rules

Parent Signature:* | Maddy Brooks   Date:* | 07/30/2020

| Back | 18% | Continue |

Broward County Public Schools
DEV
Back To School 2020-21

Is there a court order on file that prevents a parent from having contact with Zackary?

If you select yes, please contact the school.

○ Yes   ○ No

Back   21%   Continue

Back to School Parent Views

Broward County Public Schools
Back To School 2020-21 *DEV*

Other Parent's Information

First Name: John   Middle Name: S.

Last Name: Brooks

Email: mikeb_anyemail.com   Confirm Email: mikeb@anyemail.com

House Number: 7745   Street Direction: E

Street Name: Oakland Park

Street Type: BLVD   Apartment: A2

City: SUNRISE   City If Not in Broward:

State: Florida   Zip: 33341

Home Phone: (954) 324-0000

Cell Phone: (786) 488-0123

Work Phone: (754) 323-0000

Back   25%   Continue

Back to School Parent Views

Broward County Public Schools
DEV
Back To School 2020-21

Registering Parent - Authorized Release/Contact

Note - Only the Registering Parent may fill this section out.

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: Is this person 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.

First Name	Last Name	Relationship	Home Phone	Cell Phone
John	Brooks	Father	(954) 324-0000	(786) 488-0123
Nikki	Davis	Aunt	(954) 980-3042	(954) 520-3000
First Name	Last Name	Relationship	Home Phone	Cell Phone
First Name	Last Name	Relationship	Home Phone	Cell Phone

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.

Signature:* Maddy Brooks   Date:* 07/30/2020   Relationship:* Mother

Back	28%	Continue

Broward County Public Schools
DEV
Back To School 2020-21

Excellent! Now we can take care of some required health information

This information is kept confidential and is used by the school only in cases of emergency.

Back	31%	Continue

Broward County Public Schools
DEV
Back To School 2020-21

Does Zackary wear glasses or contact lenses?

Let us know if your child wears glasses or contacts, even if it is only at home.

○ Yes, my child wears glasses or contact lenses.

○ No, my child does not wear glasses or contact lenses.

❌ One or more required fields are blank. Please enter all required information.

Back	34%	Continue

Back to School Parent Views

Do you want Zackary to participate in the Broward Free Eye Exam & Eyeglasses School Program?

Click here to find out more about Florida Heiken Portal and No Cost Eye Exam and Glasses for children.

○ Yes   ○ No

Has your child had any of the following:

Eye Surgery / Injury:	○ Yes	● No
Vision Therapy:	○ Yes	● No
Headaches:	○ Yes	● No
Glaucoma:	○ Yes	● No
Diabetes:	○ Yes	● No
Sickle Cell:	○ Yes	● No
Asthma:	○ Yes	● No

Has your child's family had any of the following:

Eye Turn / Lazy Eye:	○ Yes	● No
Blindness:	○ Yes	● No
Macular Degeneration:	○ Yes	● No
Glaucoma:	○ Yes	● No
High Blood Pressure:	○ Yes	● No
Sickle Cell:	○ Yes	● No
Other:	○ Yes	● No

Parent Signature:* Maddy Brooks   Date:* 07/30/2020

[Back]   37%   [Continue]

Broward County Public Schools
DEV
Back To School 2020-21

Does Zackary wear hearing aid(s)?

Let us know if your child wears hearing aids, even if it is only at home.

○ Yes, my child wears hearing aid(s).

○ No, my child does not wear hearing aid(s).

Back   40%   Continue

Back to School Parent Views

Do Any of These Medical Conditions Apply to Zackary?

Check all that apply.

Condition	Yes	No	Condition	Yes	No
Asthma:	○ Yes	● No	Cystic Fibrosis:	○ Yes	● No
Diabetes:	○ Yes	● No	Epilepsy/Seizure Disorder:	○ Yes	● No
ADD/ADHD:	○ Yes	● No	Heart Condition:	○ Yes	● No
Autism:	○ Yes	● No	Immune Deficiency:	○ Yes	● No
Bleeding Disorder/Hemophilia:	○ Yes	● No	Kidney Disease:	○ Yes	● No
Cancer/Leukemia:	○ Yes	● No	Psych disorder, behavior:	○ Yes	● No
			Psych disorder, emotional:	○ Yes	● No
			Sickle Cell Disease:	○ Yes	● No
Movement Limitations:	○ Yes	● No			
Recent illness/hospitalization/surgery:	○ Yes	● No			
Other:	○ Yes	● No			

Back   43%   Continue

Broward County Public Schools
DEV
Back To School 2020-21

Do Any of These Allergic Conditions Apply to Zackary?

Check all that apply.

- ☑ None
- ☐ Food/environmental
- ☐ Insect stings/bees
- ☐ Medicines/Drugs
- ☐ Other

Back   46%   Continue

Broward County Public Schools
DEV
Back To School 2020-21

Does Zackary take any medications?

Enter any medications your child may take.

○ Yes, my child takes medication(s).

◉ No, my child does not take any medication(s).

| Back | 50% | Continue |

Back to School Parent Views

If the child requires medication at school, the parent must complete a Medical Authorization form. Clicking the blue button takes us to the following page:

Authorization for Medication Form 2020/2021 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Authorization for Medication/Treatment
Prescription or Over-the-Counter (OTC) Medication

PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his/her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. If my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication. I give permission to contact the physician/provider prescribing this medication(s) to clarify information provided on the authorization should the need arise.

Student Name _____ Date of Birth _____ Grade _____

School _____

Parent/Guardian Signature _____ Phone # _____ Date _____

PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

Allergies _____

Diagnosis _____

MEDICATION	STRENGTH	DOSAGE	TIME(S) TO BE GIVEN	ROUTE	SIDE EFFECTS

Please check the appropriate box:

☐ I believe that this student has received adequate information on how and when to use their medication and they can use it properly.

☐ The student is to carry the medication on their person with the principal's knowledge. (An additional supply, to be used as backup may be kept in the school health room or other approved locations)

☐ The medication will be kept in the school health room.

Please list any limitations/precautions that should be considered _____
_____

Physician's Name (Print) _____ Physician's Signature _____

Physician's Telephone # _____ Physician's Fax # _____

Date Completed _____

PART III: TO BE COMPLETED BY SCHOOL HEALTH NURSE/DESIGNEE
Check as appropriate:
☐ Parts I and II are completed in entirety, including signatures.
☐ Prescription medication is property labeled by pharmacist.
☐ Medication authorization and medication label are consistent and pharmacy label is **NOT** expired.
☐ Over-the-counter medication is in an original container with the manufacturer's dosage and label, labeled with student's name and safety seal is intact.
☐ Medication has been signed into clinic by parent and counted with school staff member.

_____   _____   _____
School Designee/Healthcare Personnel (Print)   School Designee/Healthcare Personnel (Signature)   Date

Back to School Parent Views

Does Zackary have health insurance with any of the following providers?

Please check all that apply.

☐ No Health Insurance
☐ Family Health Insurance
☐ Florida Healthy Kids
☐ Florida Kid Care
☐ Medicaid
☑ Other

Please describe:* [   ]

❌ One or more required fields are blank. Please enter all required information.

Back	53%	Continue

Broward County Public Schools
DEV
Back To School 2020-21

Does Zackary have any other health care providers?

Other health care providers can include Doctor, Dentist and Health Plan/Group.

	Name		Phone Number
Physician*	Sergio	Mata	(954) 846-0511
Dentist*	Matt	Colmillo	(954) 349-1102
Health Plan/Group Name			

Florida Department of Health (FDOH) parent letters and consent forms

[Consent forms link]

[Back] 56% [Continue]

Clicking the "Consent forms link" opens the following form on a new tab::

A **DENTAL PROGRAM** IS COMING TO YOUR CHILD'S SCHOOL!

Florida HEALTH
Broward County

Your child will receive:

- Dental exam
- Education on how to properly brush his/her teeth
- Dental cleaning (when appropriate)
- Dental sealants (if needed)
- Fluoride treatment
- Toothbrush, toothpaste, flossers, timer, & book about tooth care
- Referrals for follow-up care (if needed)

- A Florida Department of Health **licensed dental hygienist** will provide these preventive dental services.

- Your child **will not** be given any shots, medicine, x-rays, or fillings.

- After your child has been seen, a letter will be mailed to your home explaining the services your child received and the follow-up care needed.

- If the Department of Health saw your child last year, you will need to fill out new permission forms for your child to be seen again.

- You will not receive a bill. **This program is FREE to you.** If your child is covered by Medicaid, the dental services we provide will be billed to Medicaid. Any services not covered by Medicaid are at no cost to you.

For your child to receive these services you need to:

- **Fill out both forms in pen**
- **Complete every question on the forms**
- **Sign and date both forms in the yellow highlighted areas**
- **Return both forms to child's teacher**
  - 1. Permission Form

Back To School 2020-21

Do you agree to the release of Zackary's medical information?

Please indicate if you agree, or disagree to the release of your child's medical information

○ Yes, I agree.

○ No, I do not agree.

Parent Signature:* [   ]   Date:* [07/30/2020]

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.

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by 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.

[Back]   59%   [Continue]

Back to School Parent Views

On a typical school day, how will Zackary leave school?

Please make a choice from the options listed below.

- ○ Ride in car
- ○ Walk/bike home
- ○ Attend on-site after-care program
- ● Ride School Bus
- ○ Ride public transportation
- ○ Attend off-site after-care program

Back   62%   Continue

Back to School Parent Views

In the event of a severe storm or other unscheduled emergency how will Zackary leave school?

○ Walk home
○ Ride public transportation
○ Ride home with parent only
○ Ride school bus as usual
○ Ride home with friend or relative as indicated on authorized contact list

Back	65%	Continue

Back to School Parent Views

Is English Zackary's native language?

Please select the option that applies.

○ Yes

● No

Language

Please select your child's native language.

| Select your language | ▾ |

| Back | 68% | Continue |

Back to School Parent Views

Back To School 2020-21
Broward County Public Schools
DEV

Please assist us in better 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?:*	○ Yes ○ No
Do you have home internet access?:*	○ Yes ○ No
Does your child have access to the internet on your home computer?:*	○ Yes ○ No
Do you have internet access outside your home?:*	○ Yes ○ No
Please indicate the method of contact you prefer:*	○ Email ○ Text ○ Phone

❌ One or more required fields are blank. Please enter all required information.

[Back]   71%   [Continue]

Back to School Parent Views

DEV

Back To School 2020-21

Do you agree that Zackary may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes?

Those pictures and interviews may be used on the District's website, in School District publications, external publications and electronic media

You may opt out of having this information disclosed by indicating your choice below.

Information released to external outlets or media:

○ I will permit my child to be photographed, videotaped, and/or interviewed by the media when the news media has secured proper authorization from Broward County Public Schools.

○ I will not permit my student to be photographed, videotaped, and/or interviewed by the media.

Information released to Broward County Public Schools:

○ I will permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks,school newspapers, class pictures, school and/or District websites, BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or othermembers of the public (i.e., public records requests).

○ I will not permit my child to be photographed, videotaped, and/or interviewed for school publications, such as schoolyearbooks, school newspapers, class pictures, school and/or District websites, BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors

Student Signature:* [   ]   Date:* 07/30/2020

Parent Signature:* [   ]   Date:* 07/30/2020

Back   75%   Continue

Broward County Public Schools
DEV
Back To School 2020-21

Please enter FERPA restrictions for Zackary

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.

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to the Family Educational Rights and Privacy Act (FERPA), The School Board of Broward County, Florida may disclose in its discretion directory information of a student in any grade level, without prior consent 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 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, 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.

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:

Student Name:	☐	School-Sponsored Activities and Sports:	☐
Parent's Name:	☐	Height and Weight of Athletic Team Members:	☐
Residential Address:	☐	Jersey Number and Team Position:	☐
Telephone Number(s):	☐	School Grade Level:	☐
Date of Birth:	☐	Dates of School Attendance:	☐
Place of Birth:	☐	Degrees & Awards:	☐
Major Field of Study:	☐	Name of the Most Recent/Previous School or Program Attended:	☐
		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).

Parent Signature:* [   ] Date:* 07/30/2020

Back   78%   Continue

Broward County Public Schools
DEV
Back To School 2020-21

Do you wish for Zackary to be excused from attending the Family Life/Human Sexuality lessons?

It is essential that a universal comprehensive sexual health curriculum that follows the National Sexuality Education Standards be in place in order to make certain every student receives the same quality information necessary to support their education and live a healthy life
Note that your child will be excused from the course only if you explicitly state that you do not want your child to participate in the lesson. Please select the option that applies below.

⦿ I want my child to participate in any of the Family Life/Human Sexuality lessons.

○ I do not want my child to participate in any of the Family Life/Human Sexuality lessons.

Parent Signature:* [   ]   Date:* [07/30/2020]

[Back]   84%   [Continue]

Broward County Public Schools
DEV
Back To School 2020-21

Do you want to opt Carolina out of the Health Screenings?

The screenings include vision, hearing, height and weight, Body Mass Index (BMI) and Scoliosis. They are offered in an effort to decrease health barriers to learning and may be performed individually or in groups.

If you do not want your child to receive one or more of the screenings, please check the appropriate box below, print and sign your name, and return this form to your child's school within 10 days from the first day of school or from the date of enrollment

DO NOT SCREEN:

☐ Vision (Grades KG, 1st, 3rd and 6th)

☐ Hearing (Grades KG, 1st and 6th)

☐ Height and Weight / BMI (Grades 1st, 3rd and 6th)

☐ Scoliosis (Grade 6th)

Parent Signature:* [   ]   Date:* [08/03/2020]

Form viewable only for students in 1st,3rd and 6th grade.

Back   87%

Broward County Public Schools *DEV*
Back To School 2020-21

Do you consent to release Zackary's information to opt-in to the Broward County Library Digital Direct Student Library Card?

Dear Parents/Guardians:

Broward County Public Schools and Broward County Library (BCL) have partnered to offer your child access to outstanding digital educational resources through the BCL Digital Direct Student Library Card. You may OPT-IN to the BCL Digital Direct Student Library Card program by providing permission to share selected student records (first name, last name, student ID number, school grade level, name of most recent school attended, and email address if available) with the Broward Public Library. Because of the Family Educational Rights and Privacy Act (FERPA) regulations, Broward County Public Schools is only allowed to share your child's records with the Broward Public Library with your consent. BCL will not use the information for any other purpose (including marketing) except to provide the stated library services to the students. The BCL Digital Direct Student Library Card is in addition to, and separate from, any full service BCL library card that a student may already have or may obtain in the future.

Through the BCL Digital Direct Student Library Card, participating students will be able to use the following services with their student ID:
• 24/7 access to BCL online library academic databases for research, classes, college information, newspapers and more
• 24/7 access to BCL downloadable eBooks (other digital downloads are available only with a full- service card)
• 24/7 access to BCL language services with Rosetta Stone
• Free, online, one-on-one homework tutoring in English and Spanish for a variety of subjects, daily 2pm to 11pm
• Free, online, one-on-one job/interview coaching and resume help in English and Spanish, daily 2pm to 11pm
• Free computers with internet access at any library locations

Click here for additional information about the Digital Direct Card

Please Note: Parents/guardians are responsible for their child's use of all library materials and services, including the internet.

Parents/Guardians/Students age 18 or over may OPT-IN to the BCL Digital Direct Student Library Card program by indicating their choice below.

○ YES, I WILL consent to sharing my child's information with Broward County Library, allowing my child to participate in the BCL Digital Direct Library Card Program.

○ NO, I WILL NOT permit the information to be disclosed to Broward County Library

Parent Signature:* [   ]   Date:* 07/30/2020

| Back | 90% | Continue |

Back to School Parent Views

Broward County Public Schools
Back To School 2020-21 *DEV*

Registration Forms

Please click on the name of the form you would like to view.

Form Name
⊟ **Student Name: Brooks, Zackary**
[Code of Conduct]
[FERPA Opt-Out Notification Form]
[Media Release Form]
[Family Life/Human Sexuality Exemption Form]
[Florida Heiken Children's Vision Program Form]
[Emergency Contact Card]
[BCL Digital Direct Student Library Card Program Opt-In Form]

Print All Forms

Back   93%   Continue

At this point of the process, parent has not completed all of the steps required to finalize the BTS process. However, while on the 2nd part of the Wizard process, parents can exit the application and return to complete later on.   Once on this webpage, parents can view the forms that have been generated by BTS.

Acknowledgement

BROWARD County Public Schools — Established 1915

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/backtoschool).

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 f consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthoriz medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drug 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 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 incident that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bully incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance 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

FERPA Opt-Out Notification Form 2020/2021 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:

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

Back to School Parent Views

Broward County Public Schools
Back To School 2020-21 *DEV*

Almost done!

If you have another child in the BCPS school system, then you can choose to add another child.

If you do not have another child in the BCPS school system, then you can choose to complete the process.

Please ensure that all your children have completed the process using the table below. If you have a child for which the process has not been completed, please click on the child's name to begin the process for that child

First Name	Last Name	Status
Zackary	Brooks	✔

○ I want to add another child

○ I have completed the process

Back 96%

Once a parent completes all required forms for the child, a checkmark will appear next to the child's name indicating all BTS forms for that child have been completed.   However, the process is not yet finalized.

Back to School Parent Views

If the parent opted for adding another child, parent must make the selection to add another child then click on the button to Add Child.

Almost done!

If you have another child in the BCPS school system, then you can choose to add another child.

If you do not have another child in the BCPS school system, then you can choose to complete the process.

Please ensure that all your children have completed the process using the table below. If you have a child for which the process has not been completed, please click on the child's name to begin the process for that child

First Name	Last Name	Status
Zackary	Brooks	✔
Carolina	Diaz	✔

○ I want to add another child

◉ I have completed the process

Back   96%   Finish

Back to School Parent Views

Once parent selects that he/she has completed the BTS process then clicks the Finish button,, a warning appears on the screen.   Clicking Yes on the dialog will take us to the last page.   The parent must print, sign, and return the Back to School Submission sheet, one per child. This is verification that the process was completed by the parent.

Broward County Public Schools
Back To School 2020-21 *DEV*

Thank you for using the Back to School Forms Wizard

The provided information will help us to improve the quality of our service!

Your confirmation ID is: 1759928217. Please keep it for future references.

Please print and sign the Back to School submission sheet and return it to your child's school within 10 days of the start of school.

Your opinion is very important to us and by completing the **surveys** we will have information to allocate resources to improve the lives of you and your family.

Thank you

Submission Forms to Print
Zackary Brooks
Carolina Diaz

Please Print the following Required Forms
OTC Medicate Auth Form (Grades 9-12)
OTC Medicate Auth Form (All Grades)
Medical Authorization Form
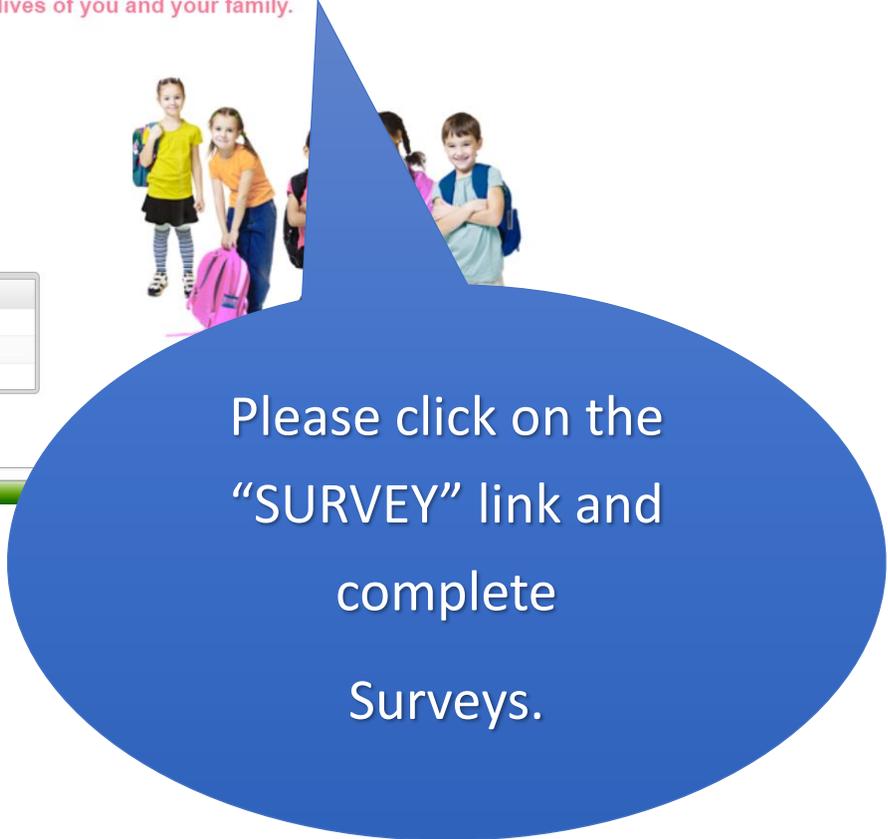
Please click on the "SURVEY" link and complete Surveys.

Back to School Parent Views

Broward County Public Schools
Back-to-School Online Forms Submission Sheet

Rather than completing and returning the hard copy Back-to-School packet and Code of Student Conduct Signature forms, I have used the Back-to-School Forms Wizard to complete the forms online. Please use the information I have submitted online to update my child's record. I have included the confirmation number I received at the end of the process for verification purposes.

Student's Name: ___ZACKARY BROOKS___   Grade: __04____

School: ___DEERFIELD BEACH ELEMENTARY_____

Confirmation ID: _1759928217_____   Date: _____
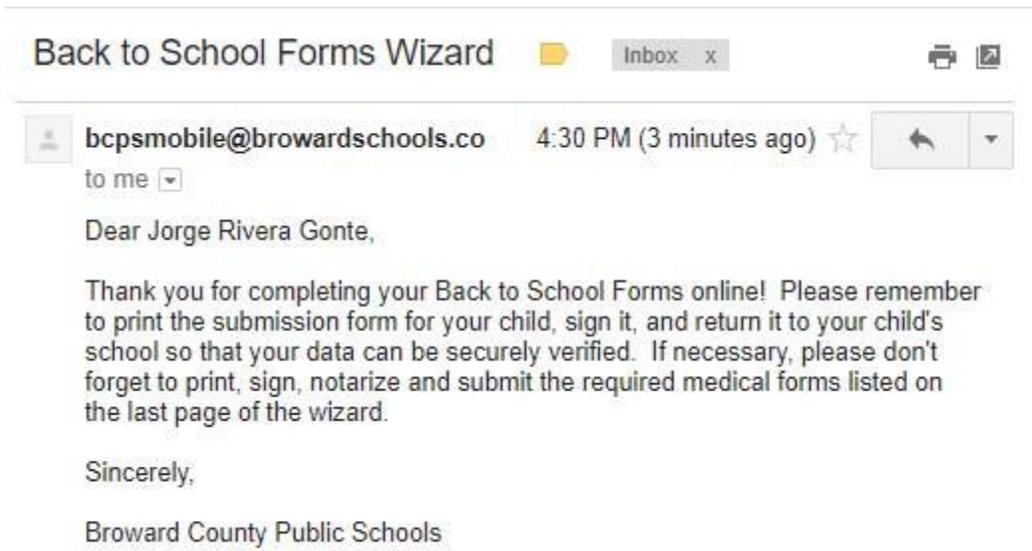
Parent's Name: ___MADDY BROOKS_____

Parent Signature: _____

Attention Teachers/School Staff:

Please forward this form and any associated documents to your School's IMS/IMT for processing.

BROWARD
County Public Schools
Established 1915

The others are forms that required notarization

Back to School Parent Views

Dear Jorge Rivera Gonte,

Thank you for completing your Back to School Forms online! Please remember to print the submission form for your child, sign it, and return it to your child's school so that your data can be securely verified. If necessary, please don't forget to print, sign, notarize and submit the required medical forms listed on the last page of the wizard.

Sincerely,

Broward County Public Schools

The message on top of the BTS forms indicates parent may no longer modify the information.

Registering Parent's Information

First Name:* Maddy   Middle Name:
Last Name:* Brooks
Email:* mbrooks@anyemail.com   Confirm Email:* mbrooks@anyemail.com
House Number:* 7745   Street Direction: E
Street Name:* Oakland Park
Street Type: BLVD   Apartment: A2
City: SUNRISE   City If Not in Broward:
State: Florida   Zip:* 33341
Home Phone: (954) 324-0000
Cell Phone: (954) 324-0411
Work Phone: (305) 645-1235
Primary Language: ENGLISH

*Denotes mandatory fields (except for phone numbers where at least one phone number must be provided)

Back   3%   Continue

Back to School Parent Views

You will be able to see what has been submitted online in BASIS and be able to update TERMS if you accept what has been entered. See "**BASIS Mobile App and BTS Instructions**" located in the Help section of BASIS for more information on how to view and process the Back to School information submitted by the parent.