



# GLADES MIDDLE SCHOOL

HOME OF THE COUGARS - DANIELA FATOUT, PRINCIPAL

## Engage, Educate, Elevate

### Directions for Registration

- Verify your home address using school locator below
- Complete, download, and save registration forms below to your device
  - Scan or photograph proofs required (from list below)
- FOR ANY QUESTIONS REGARDING REGISTRATIONS AND/OR WITHDRAWALS, PLEASE CONTACT VIVIAN FIGUEROA @ 754-323-4600 OR 323-4654 MONDAY – FRIDAY 8:30 AM TO 3:30 PM

[VIVIAN.FIGUEROA@BROWARDSCHOOLS.COM](mailto:VIVIAN.FIGUEROA@BROWARDSCHOOLS.COM)

### Registration Requirements

([School Board Policy 5.1](#))

### School Locator

Find the school(s) assigned to your home address using our [Find My School](#) feature.

You must provide your specific street address and your child's grade level, and the app will determine the correct school your child is supposed to attend.

If you wish to attend Glades Middle School but do not live in our boundaries, please [Click Here](#) to complete a reassignment/School Choice Form.

(Your may need to [Download](#) Adobe Acrobat Reader to view, write, or print PDF)

**ENGAGE – EDUCATE - ELEVATE**

# Information for Student Registration

## **Proof of Residence**

Students are to attend the school to which they are boundaried, on the basis of the geographical boundary in which the parent(s) reside, unless other school board policies apply (Policy 5004.1). Parent refers to either 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 (F.S. 1000.21(5)). Proof of residence is required in order to ensure that a student is enrolled in the assigned school; however, requiring proof of residence is not intended to delay a student’s enrollment in school. When school is in session and a parent cannot readily produce the required documentation, the school shall ensure the student is temporarily enrolled. The parent must submit all required documentation within thirty (30) calendar days.

Submit current proofs of residence from the table below, based upon your type of residence

If you OWN or RENT your residence:

- Submit one document from both Columns A and B

If you SHARE the housing of another person who owns/rents the home:

- Both the registering parent and owner/renter of the residence complete a notarized Affidavit of Shared Residence Form.
- The owner/renter of the residence must submit one document from both Columns A and B; and,
- The registering parent must submit two documents from Column B.

If you answer “yes” to certain residency questions on the Student Registration Form you may qualify for the HOMELESS Education Program (HEP) under the McKinney-Vento Act.

- The school will provide a referral to the district’s Homeless Education Liaison and, if qualified, the student will be eligible for immediate services.
- Students registered under the McKinney-Vento Act must re-enroll each school year.

All documents must be current, valid, and include the residential address used for enrollment	
COLUMN A	COLUMN B
<ul style="list-style-type: none"> <li>• Property tax bill</li> <li>• Homestead exemption card</li> <li>• Deed</li> <li>• Mortgage statement</li> <li>• Home purchase contract</li> <li>• Notarized lease agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Utility bill (i.e., electric, water, waste)</li> <li>• Telephone or cellular phone bill</li> <li>• Verification of Tenancy letter from the homeowners or condominium association</li> <li>• Declaration of Domicile Form from the County Records Department</li> <li>• Florida driver’s license</li> <li>• Florida identification card</li> <li>• Automobile registration</li> <li>• Automobile insurance</li> <li>• Credit card statement</li> <li>• Two consecutive bank account statements</li> <li>• U.S. Postal Service confirmation of address change request</li> </ul>

## **School Records (if any)**

- Submit the most recent report card and/or transcript needed for appropriate grade level placement; or,
- Complete a Release of Information Form and your school will request the appropriate educational records from all previous educational programs.

## **Evidence of Medical Examination**

- Students enrolling in a Florida public school for the first time must submit evidence of a medical examination performed within the twelve months prior to the initial enrollment.

### **Proof of Immunizations**

Submit a Florida Certificate of Immunization Form (Form DH 680).

- The Florida Department of Health annually publishes the required immunizations in a state publication titled, "Immunization Guidelines: Florida Schools, Child Care Facilities and Family Day Care Homes."
- Students may attend school without a Florida Certificate of Immunization if they have a:
  - Religious Exemption (Form DH 681)
  - Temporary Exemption (Form DH 680, Part B)
  - Medical Exemption (Form DH680, Part C)
  - Principal's 30-day temporary exemption for incoming, out-of-district transfer students

### **Evidence of Age**

Submit one form of verification of the student's age in the order set forth below:

- Official Birth Certificate
  - A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births.
- Certificate of Baptism
  - A duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent.
- Insurance Policy
  - An insurance policy on the child's life, which has been in force for at least two years.
- Religious Record
  - A bona fide contemporary religious record of the child's birth accompanied by an affidavit sworn to by the parent.
- Passport
  - A passport or certificate of arrival in the U.S. showing the age of the child.
  - NOTE: Under no circumstances shall staff request a passport, visa, or any other documentation to verify the immigration status of any student.
- Transcript
  - A transcript of record of age shown in the child's school record of at least four years prior to application, stating date of birth.
- Sworn Affidavit
  - An affidavit sworn to by the parent, accompanied by a certificate of age signed by a public health officer or by a licensed practicing physician, which states that the health officer or physician has examined the child and believes the age as stated in the affidavit is substantially correct.

### **Additional Information**

- *Affidavit of Person Acting as Parent:* In the event that a student is not living with a legal parent or guardian, a Person Acting as Parent Form must be completed and reviewed by the school. The purpose of this form is to verify the status of a person acting as parent pursuant to School Board Policy 5.1. 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.
- Schools have the right to verify any information provided by the student and/or the student's parent(s).
- A student whose parent(s) submit fraudulent information in an attempt to attend a school to which the student is not assigned shall be immediately withdrawn by the school and must be registered and enrolled in the appropriate boundaried school.
- 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 (F.S. 837.06) or guilty of perjury by false written declaration, a felony of the third degree (F.S. 92.525).
- For more information, please refer to Policy 5.1

This form contains confidential information (including sensitive information) protected by the Family Educational Rights and Privacy Act (FERPA). The information may not be used or disclosed except as allowable by federal and state law.

## 2025-2026 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Number:	School/Teacher:	Date:	Grade Lvl:	Entry Cd:
<p>Only the parent/guardian (F.S. §1000.21(5)) 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.</p>				
Student's Last Name (Legal)		First Name (Legal)		Middle Name (Legal)
Suffix				
Gender	Date of Birth		Birthplace (City/State/Country)	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Social Security Number <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		Preferred Name(s)/Nickname(s) <small>All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.</small>		
Student's Primary Home Address		Apt #	City	Zip Code
<b>English Language Learners (ELL) and Home Language Survey</b> <b>(If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</b>				
Parent Preferred Communication Language: _____		Date Student First Entered School in USA: ____/____/____		
Does the student have a first language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language?		
Is a language other than English used in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language?		
Does the student most frequently speak a language other than		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language?		
<b>Ethnicity</b>		<b>Race (Check all that apply)</b>		
<input type="checkbox"/> Non-Hispanic or Non-Latino		<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian		
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander		
<b>Has the Student Previously Been:</b>		<b>Does the Student:</b>		
Assessed for a behavioral threat? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have an active safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have an active monitoring plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Assessed for risk of suicide or self-harm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>The Student's Primary Residence is: (Check Only One)</b>				
<input type="checkbox"/> Owned by the parent/guardian				
<input type="checkbox"/> Rented with a valid lease agreement. Expiration Date: _____				
<input type="checkbox"/> Shared with someone by choice ( <u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency				
<input type="checkbox"/> Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)				
<b>Is the Student's Primary Residence a:</b>				
Public space, vehicle of any kind, bus, train station, abandoned building, substandard housing, or similar setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transitional/emergency shelter?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Does the Student Live:</b>				
In low rent housing (such as Section 8 subsidized housing)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
On Indigenous lands?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
On federal property, a federally owned military installation, or NASA owned property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has the Student Previously Been:</b>				
Enrolled in Broward County Public <input type="checkbox"/> Yes <input type="checkbox"/> No		Retained (repeated the same grade)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in a Charter School in Broward? <input type="checkbox"/> Yes <input type="checkbox"/> No		In Exceptional Student Education (ESE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in a Home Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No		On a 504 plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		In an English Speakers of Other Languages (ESOL) program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		In a Magnet program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Involved in the Juvenile Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No		In Foster Care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		In a Gifted program?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Previous School Information**

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

Student's Cell Phone #	Student's E-mail Address

**Parent/Guardian Information**

**Student Lives With:**

- One Parent   
 Both Parents (same address)   
 Both Parents (different address)   
 Legal Guardian  
 Independent Student   
 Other: \_\_\_\_\_

<b>Parent/ Guardian</b>	<b>First Name (Legal)</b>	<b>Last Name (Legal)</b>	<b>Driver's License #</b>	<b>Relationship to Student</b>
	<b>Parent E-mail</b>	<b>Parent Cell Phone #</b>	<b>Parent Work Phone #</b>	
<b>Other Parent/ Guardian</b>	<b>First Name (Legal)</b>	<b>Last Name (Legal)</b>	<b>Driver's License #</b>	<b>Relationship to Student</b>
	<b>Parent E-mail</b>	<b>Parent Cell Phone #</b>	<b>Parent Work Phone #</b>	
	<b>Parent Home Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>

Is there a court order barring either parent from removing the student from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do parents have shared (or joint) parental rights and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does one parent have final decision-making authority regarding educational decisions for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Temporary Restraining order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the school with a copy of any applicable court orders.

**Is Either Parent:**

An active-duty member of the uniformed services, including the National Guard and Reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which division? _____
A veteran, medically discharged, or killed while on active duty from the uniformed services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which division? _____
Employed in agriculture or fishing industries anytime in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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) business 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 boundaried 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 Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Print Other Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>

# 2025-26 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

<b>Office Use Only</b>	Student #	Grade Level:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Medical
	Date Enrolled:		<input type="checkbox"/> Special Needs	<input type="checkbox"/> Other
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(6), Florida Statutes), the parent(s)/guardian(s) 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 parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.				
<b>Student Information</b>	Last Name:		First:	Middle:
	Date of Birth:    /    /		Teacher (elementary school only):	
	Home Address:			
	Mailing Address (if different from above):			
	Check any that apply to student residents: <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			
	Preferred Name(s)/Nickname(s):			
	All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.			
	Signature:		Date:	Relationship:
<b>Parent</b>	Last Name:		First:	Cell Phone:
	Home Address (if different from student):		City, State, Zip:	Home Phone:
	Employer:	Work Phone:	Parent Email:	
<b>Other Parent</b>	Last Name:		First:	Cell Phone:
	Home Address (if different from student):		City, State, Zip:	Home Phone:
	Employer:	Work Phone:	Parent Email:	
<b>Authorized Release/Contact</b>	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. <b>NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW.</b> Both parents may designate on the Emergency Contact Card those persons authorized to pick their child up from school. 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:	
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.				

# 2025-26 Broward County Public Schools Student Emergency Contact Card

**This form shall be updated every year**

Student Last Name:

First:

Middle:

Grade Level:

<b>Health Services Consent</b>	<b>Health Screenings:</b> Students in screening grades may receive non-invasive health screenings for vision, hearing, scoliosis, and growth and development (BMI) pursuant to F.S. 381.0056(6)(e), unless the parent or guardian opts out in writing by checking "No" below:			
	Vision screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Growth and Development screening (BMI) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Signature:</b> _____		<b>Date:</b> _____	<b>Relationship:</b> _____
	<b>Consent for Health Care Services:</b> Care and treatment for illness and injury (i.e., School Clinic Visit, Basic First Aid). I give permission for my child to receive care: <input type="checkbox"/> Yes <input type="checkbox"/> No  I consent to my child receiving 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. <b>Signature:</b> _____			
<b>Medical Information</b>	<b>Is your child currently diagnosed and followed by a healthcare provider for any of the following?</b> <input type="checkbox"/> My child does not have or no longer has any of the conditions listed below.			
	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Not life-threatening)	<input type="checkbox"/> Allergies (Life-threatening)	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)
	<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac conditions
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2	<input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including febrile seizures)
	<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental / behavioral health conditions	<input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)
<input type="checkbox"/> Other (Specify): _____				
<b>Does your child require medication while at school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked that your child has a current health condition (above), please complete the Health Condition Review Form. All conditions must have a provider diagnosis with the exception of 1) ADD/ADHD 2) Allergies (Non-life threatening) 3) Mental/behavioral health conditions 4) "Others" which can be based on documented parental report.				
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>Health Insurance &amp; Providers</b>	<b>Please check the appropriate box:</b> <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare / Florida Healthy Kids <input type="checkbox"/> None			
	<b>If NONE, do we have your permission to forward the student's name, parent's name, contact information and current health insurance coverage status to Florida KidCare Insurance for health insurance screening to see if you may be eligible for health insurance coverage?</b> <input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No			
	<b>Health Care Provider:</b> _____		<b>Phone:</b> _____	
<b>Release of Medical Information and Emergency</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 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 monitoring to assure program compliance by the District and schools, and assess the delivery of services. <b>Signature:</b> _____			
	<b>Date:</b> _____ 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 Dismissal Procedures: On a typical day, how will your child leave school?</b>			
	<input type="checkbox"/> Ride in a car	<input type="checkbox"/> Ride a school bus	<input type="checkbox"/> Ride public transportation	
	<input type="checkbox"/> Attend ON-site after-care program	<input type="checkbox"/> Attend OFF-site after-care program	<input type="checkbox"/> Walk or bike home	
	<b>Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:</b>			
<input type="checkbox"/> Walk home	<input type="checkbox"/> Ride a school bus as usual	<input type="checkbox"/> Ride public transportation		
<input type="checkbox"/> Ride home with parent only	<input type="checkbox"/> Ride home with person indicated on authorized contact list			
<b>Siblings and Home Language</b>	<b>Last Name:</b> _____	<b>First:</b> _____	<b>Grade Level:</b> _____	
	_____			
	_____			
	_____			
<b>Please list any other languages spoken at home:</b> _____				
<b>Survey Questions</b>	<b>Please assist us in understanding the needs of our school community by answering the following questions:</b>			
	<b>Does your child have access to a computer in your home?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Do you have home internet access?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Does your child have access to the internet on your home computer?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Do you have internet access outside your home?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please indicate the method of contact you prefer:</b> <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				



***Welcome to Cougar Country***  
***Glades Middle School***  
***2025 - 2026***

<b>Our Website:</b>	<a href="http://www.browardschools.com/glades">www.browardschools.com/glades</a>
<b>X (Twitter):</b>	@Glades_MS
<b>District Website:</b>	<a href="http://www.browardschools.com">www.browardschools.com</a>
<b>Lunch Website:</b>	<a href="http://www.myschoolbucks.com">www.myschoolbucks.com</a>
<b>Free/Reduced Lunch Website:</b>	<a href="http://www.myschoolapps.com">www.myschoolapps.com</a>

**First Day of School: Monday, August 11, 2025**

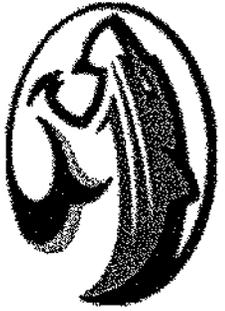
**School Hours:** 9:30 am – 4:00 pm  
(limited supervision at 8:30 am –full supervision starts at 9:00 am.)

**Before/After Care:** GMS Horizons Academy  
(754) 323-4670  
[bascgladesms@browardschools.com](mailto:bascgladesms@browardschools.com)

<b>Attendance Line:</b>	754-323-4602
<b>Main Office:</b>	754-323-4600
<b>Registrar:</b>	754-323-4654
<b>Transportation:</b>	754-321-4100
<b>Parent Conferences:</b>	754-323-4600

**Assistant Principals:**  
Mr. Decembert, **6<sup>th</sup> Grade**  
Ms. Mentore, **7<sup>th</sup> Grade**  
Mrs. Rafuls, **8<sup>th</sup> Grade**

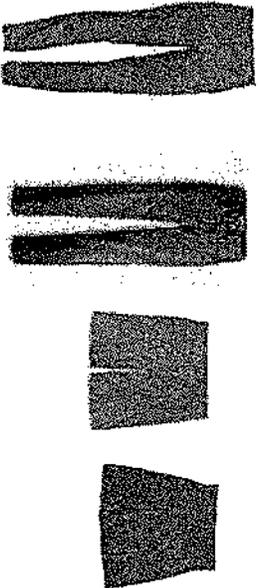
**Guidance Team:**  
Mrs. Myers  
Dr. Roach



# GLADES MIDDLE SCHOOL

## A UNIFIED DRESS CODE SCHOOL

The dress code rules enforced at our school align directly with the District's Unified School Dress - Policy 5309.

	UNIFORM ITEM	COLORS
Tops	 COLLARED SHIRTS	Hunter Green White Black Navy Blue
Bottoms		Khaki Jeans

School-wide Expectations
<ul style="list-style-type: none"> <li>• Polo Style shirts, 2-3 button with a collar.</li> <li>• Shirt DOES NOT need to be tucked in.</li> <li>• Colors are hunter green, white, black or navy blue.</li> <li>• Shirts DO NOT have to have a Glades Middle logo.</li> <li>• Pants are to be regular casual fit pants, secured around the waist with a belt, extending anywhere from the knee to the ankle.</li> <li>• JEANS, skirts, shorts, shorts and capris will be permitted as long as they extend past the knees.</li> <li>• Closed shoes/sneakers.</li> <li>• School issued I.D. must be worn on the outside of shirt, around the neck at all times.</li> </ul>

# OUR MISSION

At Glades Middle, we are dedicated to offering students of Broward County Public Schools a supportive and enriching childcare experience.

Our Sunrise program is all about turning those brains on, building energy up, and preparing for the school day ahead.



Our Sunset program begins with our supper program, homework help, and enriching activities.

Our programs provide a welcoming and inclusive environment that ensures the safety and well-being of every child. We offer a diverse range of activities designed to foster physical, intellectual, emotional, and social growth..



# REGISTRATION

Before and After Care Registration is available by visiting the following web address or scanning the QR code below:

[www.browardschools.com/Page/59580](http://www.browardschools.com/Page/59580)



For any questions please contact  
Kimberly Vargas  
Before/After Care Supervisor  
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# HORIZONS ACADEMY

2024 - 2025

GLADES MIDDLE SCHOOL  
1004



# BEFORE & AFTER CARE



# TIMES AND PRICING

## SUNRISE BEFORE CARE

7:00 AM - 8:30 AM

\$95.00

## SUNSET AFTER CARE

4:00 PM - 6:00 PM

\$127 + \$10 ACTIVITY FEE

BOTH PROGRAMS HAVE

A ONE TIME \$30.00

REGISTRATION FEE

ASK ABOUT OUR  
SIBLING DISCOUNT &  
SCHOLARSHIPS!

# AFTER CARE ACTIVITIES

- SUPPER PROGRAM EVERY DAY
- DEDICATED HOMEWORK TIME AND HELP IF NEEDED
- ACCESS TO LAPTOPS AND IPADS
- ARTS AND CRAFTS
- OUTDOOR GAMES AND ACTIVITIES
- INDOOR GAMES (CARDS, BOARD GAMES, SWITCH, VR HELMET)
- COLOR RUN
- GAME BUS WITH AGE-APPROPRIATE VIDEO GAMES

# SCHOLARSHIPS

Scholarships are available for qualifying families.

To apply for a scholarship please visit the following website or scan the QR code below:

[www.browardschools.com/page/80144](http://www.browardschools.com/page/80144)

We highly recommend that all families apply for a scholarship, even if they don't think they will qualify. To register, students must currently be registered in the Before/After Care Program and payments must be up to date.

