

Name:

Grade:

Student Number:

Previous School:

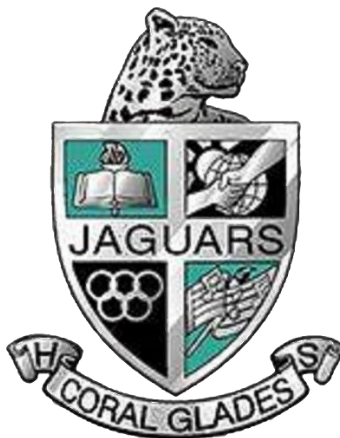
ELL Status:

ESE Status:

ESE Matrix:

CORAL GLADES HIGH SCHOOL

2024-2025



REGISTRATION/ENROLLMENT PACKET

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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coral Glades High School

2700 Sportsplex Drive

Coral Springs, FL 33065

Phone: 754-322-1250

2024-2025

Dear Parents/Guardians:

To be sure your child is enrolled for Coral Glades High School, you **MUST** provide all the following:

- Any requested information from the packet.
- You must also read carefully what is required.
- Please write neat and clear and in **ink**.
- Please **sign and date** any documents requesting signatures and dates.
- There are some documents that are two sided, please complete both sides.
- Forms need to be **completed correctly and in full**.

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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
• Property tax bill • Homestead exemption card • Deed • Mortgage statement • Home purchase contract • Notarized lease agreement	• Utility bill (i.e., electric, water, waste) • Telephone or cellular phone bill • Verification of Tenancy letter from the homeowners or condominium association • Declaration of Domicile Form from the County Records Department • Florida driver's license • Florida identification card • Automobile registration • Automobile insurance • Credit card statement • Two consecutive bank account statements • U.S. Postal Service confirmation of address change request

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

New Student Registration Contact Information
(PLEASE PRINT CLEARLY)

STUDENT: _____ ENTERING GR: _____
 LAST NAME FIRST NAME

STUDENT ADDRESS: _____

MOM INFO: _____
 LAST NAME FIRST NAME

MOM PHONE: _____
 HOME CELL WORK

MOM EMAIL ADDRESS: _____

MOM ADDRESS (If different from student) _____

DAD INFO: _____
 LAST NAME FIRST NAME

DAD PHONE: _____
 HOME CELL WORK

DAD EMAIL ADDRESS: _____

DAD ADDRESS (If different from student) _____

Preferred Communication Language: _____

Student's Native Language: _____

Primary Language Spoken at Home: _____

Deuss Date (completed by school): _____

ELL Home Language Survey Date (completed by school): _____

BROTHERS AND/OR SISTERS ENROLLED AT CORAL GLADES HS:

_____ GRADE: _____

_____ GRADE: _____

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

Print Registering Parent Name	Registering Parent Signature	Date

2024-2025 SCHOOL YEAR

Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year.

For Office Use Only:	☐ Medical
School #:	☐ Court Order
Student #	☐ Special Needs
Date Enrolled:	☐ 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(5), Florida Statutes), the registering parent and the non-registering parent, 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.

Grade:	Student Information	Last Name:	First:	Middle:	
		Teacher (elementary school only):			
		Home Address:			
		Mailing Address (if different from above):			
		Date of Birth: / /			
		Check any that apply to student residents: ☐ Medical ☐ Court Order ☐ Special needs ☐ Other	Has student changed address since last registration? ☐ Yes ☐ No	Is there a court order on file that prevents a parent from having contact with the student? ☐ No ☐ 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: _____			
		Student Identification Number:	Registering Parent	Last Name:	First:
Home Address (if different from student):	City, State, Zip:			Home Phone:	
Employer:	Work Phone:			Parent Email:	
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: _____	
		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 the 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: _____		

Broward County Public Schools Student Emergency Contact Card

Student Last Name:

First:

Middle:

Health Services Consent	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 ☐ Yes ☐ No Scoliosis screening ☐ Yes ☐ No		
	Vision screening ☐ Yes ☐ No Hearing screening ☐ Yes ☐ No		
	Growth and development screening (body mass index) ☐ Yes ☐ 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. Signature: _____ Date: _____ Relationship: _____		
Health Insurance and Providers	Please check the appropriate box: ☐ Family Health Insurance ☐ Florida Kid Care ☐ Florida Healthy Kids ☐ 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? ☐ Yes, please sign here: _____ ☐ No		
Medical Information	Health Care Provider: _____ Phone: _____		
	Is your child currently diagnosed and followed by a healthcare provider for any of the following?		
	☐ Asthma (currently uses daily or emergency medication)		
	☐ Seizure/Epilepsy (no including febrile seizures)		
	☐ Diabetes		
	☐ Anaphylaxis (Life threatening allergic reaction requiring emergency medication)		
	☐ Recent illness/hospitalization/surgery (describe)		
Release of Medical Information and Emergency	☐ Other, please specify: _____		
	Does your child require medication while at school? ☐ Yes ☐ No		
	Does your child wear glasses/contacts? ☐ Yes ☐ No		
	Does your child wear hearing aid(s)? ☐ Yes ☐ No		
Dismissal Information	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 monitoring to assure program compliance by the District and schools, and assess the delivery of services. 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.		
	Regular Dismissal Procedures: On a typical day, how will your child leave school? ☐ Ride in a car ☐ Ride a school bus ☐ Ride public transportation ☐ Attend ON-site after-care program ☐ Attend OFF-site after-care program ☐ Walk or bike home		
Emergency Dismissal Procedures	In the event of a severe storm or other unscheduled emergency your child is instructed to: ☐ Walk home ☐ Ride a school bus as usual ☐ Ride public transportation ☐ Ride home with parent only ☐ Ride home with person indicated on authorized contact list		
Siblings and Home Language	Last Name: _____ First: _____ Grade Level: _____ _____ _____ _____ _____		
	Please list any other languages spoken at home: _____		
Survey Questions	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?		☐ 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: ☐ Phone call ☐ Text ☐ Email		

NEW STUDENT HEALTH INFORMATION SURVEY

DATE: _____ ENTERING GRADE: _____

STUDENT NAME: _____

PLEASE CIRCLE YES or NO:

DOES YOUR CHILD HAVE A PEANUT ALLERGY? ☐ YES or NO ☐
DOES YOUR CHILD USE AN EPI-PEN? ☐ YES or NO ☐
DOES YOUR CHILD HAVE DIABETES? ☐ YES or NO ☐

PLEASE CHECK THE HEALTH CODES BELOW THAT PERTAIN TO YOUR CHILD:

☐ GASTROINTESTINAL DISORDERS	☐ SICKLE CELL DISEASE
☐ ALLERGIES, SEVERE/ANAPHYLAXIS	☐ SPINA BIFIDA
☐ ALLERGIES, NOT SEVERE	☐ CANCER
☐ EATING DISORDER (ANOREXIA/BULIMIA)	☐ TOURETTE SYNDROME
☐ ARTHRITIS	☐ OTHER DISABILITIES
☐ ASTHMA/REACTIVE AIRWAY DISEASE	☐ HEARING IMPAIRED
☐ LUPUS	☐ VISION IMPAIRED
☐ CEREBRAL PALSY	☐ CYSTIC FIBROSIS
☐ TYPE I DIABETES	☐ KIDNEY DISEASE
☐ TYPE II DIABETES	☐ MIGRAINE HEADACHES
☐ EPILEPSY/SEIZURE DISORDERS	☐ MENTAL/BEHAVIORAL DISORDERS
☐ CARDIAC CONDITION	☐ AUTISM
☐ BLEEDING DISORDER/HEMOPHILIA	☐ ORTHOPEDIC DISORDERS
☐ IMMUNE DEFICIENCY	☐ NEUROLOGICAL DISORDERS
☐ MUSCULAR DYSTROPHY	☐ MASK EXCEPTION
☐ SCOLIOSIS	☐ ADD/ADHD

Other/Notes: _____

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Tel #: (754) 321-1566

STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, 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 as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure educational stability.

1. With whom does the student(s) live?

- ☐ Parent
☐ Legal guardian
☐ An adult (18+) caring for student who is unable to live with parent or legal guardian at this time

Name (first and last): _____ Relationship: _____

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

- ☐ I am an unaccompanied youth. I do not live with either of my parents or a legal guardian at this time.

2. Where do you currently live?

- ☐ I rent or own my home **➡ STOP HERE AND SKIP TO #4.**
☐ In an emergency or transitional shelter (A)
☐ Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
☐ In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
☐ In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

3. What caused your temporary residence?

- ☐ Man-made Disaster (D) ☐ Earthquake (E) ☐ Flooding (F) ☐ Hurricane (H) ☐ Mortgage Foreclosure (M)
☐ Eviction; Domestic Violence; Unemployment; Medical/Mental Disability; Poverty; Lack of Affordable Housing (N)
☐ Pandemic (P) ☐ Tropical Storm (S) ☐ Tornado (T) ☐ Unknown (U) ☐ Wildfire or house fire (W)

Is either parent employed in agriculture or fishing industries anytime in the past three years? ☐ Yes ☐ No

*** IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending enrollment 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.**

Student's Full Name (first and last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. By signing below, I am attesting that the information provided is accurate:

Print Full Name (person completing this form)

Signature

Date

Current Address

City

State

Zip Code

Telephone Number

E-mail Address

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.

Rev. 4.6.2021

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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)	
☐	Property Tax Bill	☐	Utility Bill	☐	Utility Bill
☐	Homestead Exemption Card	☐	Telephone or Cellular Phone Bill	☐	Telephone or Cellular Phone Bill
☐	Deed	☐	Homeowners or Condominium Association Letter	☐	Homeowners or Condominium Association Letter
☐	Mortgage Statement	☐	Declaration of Domicile Form	☐	Declaration of Domicile Form
☐	Home Purchase Contract	☐	Florida Drivers License	☐	Florida Drivers License
☐	Notarized Lease	☐	Florida Identification Card	☐	Florida Identification Card
		☐	Automobile Registration	☐	Automobile Registration
		☐	Automobile Insurance	☐	Automobile Insurance
		☐	Credit Card Statement	☐	Credit Card Statement
		☐	Bank Account Statements	☐	Bank Account Statements
		☐	US Postal Service Change of Address Request	☐	US Postal Service Change of Address Request

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

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

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 boundaried 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.**

Signature:

Date:

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Acknowledgement

SBBC Policy 5090, 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 SBBC Policies 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 SBBC Policy 5100. SBBC Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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: <https://www.browardschools.com/Page/37754>
- 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

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