

NEW STUDENT REGISTRATION

SCHOOL YEAR: 2025 / 2026

Student Name: _____ Today's Date: _____ Entering Grade _____

CHECKLIST FOR ENROLLMENT

****New Kindergarteners (MUST BE Age 5 on or before Sept. 1st)****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ **ORIGINAL** IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- _____ PHYSICAL within the last year (Yellow or White Form)
- _____ PROOF OF AGE (Birth Certificate or Passport)
- _____ PRIMARY ADDRESS PROOF (See below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (See below for approved proofs)

****Transfers from Another Broward County Public School****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ PRIMARY ADDRESS PROOF (See below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (See below for approved proofs)
- _____ PROOF OF GRADE (School can verify in TERMS)
- _____ PRINT OUT OF MEDICAL, ESE & ESOL STATUS - (Done by the school)

****Transfers From Out of State or Public/Private School in Florida****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ **ORIGINAL** IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- _____ PHYSICAL within the last year (Yellow or White Form)
- _____ PROOF OF AGE (Birth Certificate or Passport)
- _____ PRIMARY ADDRESS PROOF (see below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (see below for approved proofs)
- _____ PROOF OF GRADE (Last Report Card or Transcript)

****WAS THE STUDENT EVER ENROLLED IN A BROWARD COUNTY CHARTER SCHOOL?***

YES _____ **or** **NO** _____

APPROVED ADDRESS PROOFS

- PRIMARY PROOF: (pick ONE)
- _____ Property Tax Bill – CURRENT (print out from BCPA.NET website is fine)
 - _____ Homestead Exemption Card (cards were mailed January 2017)
 - _____ Deed
 - _____ Mortgage Statement (CURRENT)
 - _____ Home Purchase Contract WITH closing date
 - _____ IF YOU LEASE – a Lease Agreement with name, address & phone number of lessor (signatures MUST BE NOTARIZED)

- SECONDARY PROOF: (pick ONE)
- _____ Utility Bill (i.e. CURRENT Electric bill, Water bill)
 - _____ Home Phone OR Cell Phone bill - CURRENT
 - _____ Drivers License OR Florida I.D. Card
 - _____ Automobile Insurance Card OR Automobile Registration Card
 - _____ Credit Card Statement - CURRENT
 - _____ Two consecutive bank account statements - CURRENT
 - _____ Address Change from Post Office

2025-2026 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

| | | | | |
|--|------------------------|---------------------------|---|--|
| Student Number: | School/Teacher: | Date: | Grade Level: | Entry Code: |
| 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. | | | | |
| Student's Last Name (Legal) | | First Name (Legal) | | Middle Name (Legal) |
| | | | | |
| Gender | | Date of Birth | | Birthplace (City/State/Country) |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Social Security Number | | | Preferred Name(s)/Nickname(s) | |
| *Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system. | | | 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. | |
| | | | | |
| Student's Primary Home Address | | Apt # | City | Zip Code |
| | | | | |
| English Language Learners (ELL) and Home Language Survey | | | | |
| (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.) | | | | |
| 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 English? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language? | |
| Ethnicity | | | Race (Check all that apply) | |
| <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino | | | <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific | |
| Has the Student Previously Been: | | | Does the Student: | |
| 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 | | | | |
| The Student's Primary Residence is: (Check Only One) | | | | |
| <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 (not 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) | | | | |
| Is the Student's Primary Residence a: | | | | |
| 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 | | | | |
| Does the Student Live: | | | | |
| 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 | | | | |
| Has the Student Previously Been: | | | | |
| 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 |

Students shall present an official transcript of work or credit at the time of entrance. If a transcript is not presented, the student shall be enrolled provisionally, based upon educational records available or the grade level to which they indicate membership. A **Temporary Placement Form** should be completed by the parent with the understanding that the student will be placed temporarily until the records are received and reviewed for appropriate grade placement.

| | | | |
|-----------------------------------|--|--|--|
| Are you providing school records? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, will the records be available at a later date? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------|--|--|--|

| | |
|-------------------------------|---------------------------------|
| 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: _____

| | | | | |
|------------------------|---------------------------|----------------------------|----------------------------|--------------------------------|
| Parent/Guardian | First Name (Legal) | Last Name (Legal) | Driver's License # | Relationship to Student |
| | | | | |
| | Parent E-mail | Parent Cell Phone # | Parent Work Phone # | |

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

| | |
|---|--|
| 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 5070. 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 Parent/Guardian Name | Parent/Guardian Signature | Date |
| | | |
| Print Other Parent/Guardian Name | Parent/Guardian Signature | Date |
| | | |

2025-26 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

| | | | | | | |
|--|--|--------------|--|-----------------------------------|-------------|-------------|
| Office Use Only | Student # | Grade Level: | <input type="checkbox"/> Court Order | <input type="checkbox"/> Medical | | |
| | Date Enrolled: | | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Other | | |
| <p>In the case of an emergency, it is imperative that the school be able to reach the student's parents (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.</p> | | | | | | |
| Student Information | 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: | | |
| Parent | Last Name: | | First: | | Cell Phone: | |
| | Home Address (if different from student): | | | City, State, Zip: | | Home Phone: |
| | Employer: | Work Phone: | | Parent Email: | | |
| Other Parent | Last Name: | | First: | | Cell Phone: | |
| | Home Address (if different from student): | | | City, State, Zip: | | Home Phone: |
| | Employer: | Work Phone: | | Parent Email: | | |
| 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. Both parents may designate on the Emergency Contact Card those persons authorized to pick up their child 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: _____

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|--|--|--|--|--|---|---|---|---|--|--------------------------------|--|--|
| Health Services Consent | <p>Consent for School Clinic Services: Care and treatment for illness and injury (For example: School Clinic Visits for stomachache, headache, cold/flu symptoms, nosebleed, Band-Aid for cuts and scrapes, etc.).</p> <p><input type="checkbox"/> YES, I give consent for my child to receive care from the school nurse, trained healthcare personnel, or trained school staff during the school day and at off-site school activities, including field trips.</p> <p><input type="checkbox"/> NO, I understand that my child will NOT receive any non-emergency care from the healthcare personnel or school staff.</p> <p>If this section is left blank or unsigned, school personnel will NOT be able to care for your child unless there is a medical emergency.</p> <p>State Mandated Health Screenings, F.S. 381.0056(3): Students in state-mandated screening grades (Kindergarten, 1st Grade, 3rd Grade, and 6th Grade) will receive specified health screenings for vision, hearing, growth and development, and scoliosis as provided for in the district health services plan. A student will be exempt from any health screening if his or her parent or guardian requests such exemption in writing.</p> <p>I consent to my child receiving health services as indicated above. I understand if consent is granted, BCPS will disclose my child's education records (including medical information) to contracted nursing vendors who provide treatment to my child.</p> <p>Signature: _____ Date: _____ Relationship: _____</p> | | | | | | | | | | | | | | | | | | |
| Medical Information | <p>Medical information must be reported every school year and as changes occur. Information regarding health conditions reported in previous years will not be considered current unless indicated below. If you check that your child has a current health condition, you must complete the <i>Health Condition Review Form</i> AND submit documentation from a healthcare provider to your child's school.</p> <p><input type="checkbox"/> My child does NOT have or no longer has any of the health conditions listed below</p> <p>Please check all health conditions that are current and have been diagnosed by a healthcare provider:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> ADD/ADHD</td> <td style="width: 25%;"><input type="checkbox"/> Allergies (Non-life-threatening)</td> <td style="width: 25%;"><input type="checkbox"/> Allergies (Life-threatening)</td> <td style="width: 25%;"><input type="checkbox"/> Asthma (Currently uses daily or emergency medication)</td> </tr> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Bleeding disorder</td> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Cardiac conditions</td> </tr> <tr> <td><input type="checkbox"/> Cystic fibrosis</td> <td><input type="checkbox"/> Diabetes – Type 1</td> <td><input type="checkbox"/> Diabetes – Type 2</td> <td><input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including seizures from high fever)</td> </tr> <tr> <td><input type="checkbox"/> Kidney disorder</td> <td><input type="checkbox"/> Lupus</td> <td><input type="checkbox"/> Mental/behavioral health conditions</td> <td><input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)</td> </tr> </table> <p><input type="checkbox"/> Other (Specify): _____</p> <p>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</p> | | | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Allergies (Non-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 seizures from high fever) | <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"/> ADD/ADHD | <input type="checkbox"/> Allergies (Non-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 seizures from high fever) | | | | | | | | | | | | | | | | |
| <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) | | | | | | | | | | | | | | | | |
| Health Insurance | <p>Please check the appropriate box: <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare/ Florida Healthy Kids <input type="checkbox"/> Medicaid <input type="checkbox"/> None</p> <p>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?</p> <p><input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | |
| Release of Medical Information and Emergency | <p>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.</p> <p>Signature: _____ Date: _____</p> <p>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.</p> | | | | | | | | | | | | | | | | | | |
| Dismissal Information | <p>Regular Dismissal Procedures: On a typical day, how will your child leave school?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Ride in a car</td> <td style="width: 33%;"><input type="checkbox"/> Ride a school bus</td> <td style="width: 33%;"><input type="checkbox"/> Ride public transportation</td> </tr> <tr> <td><input type="checkbox"/> Attend ON-site after-care program</td> <td><input type="checkbox"/> Attend OFF-site after-care program</td> <td><input type="checkbox"/> Walk or bike home</td> </tr> </table> <p>Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Walk home</td> <td style="width: 33%;"><input type="checkbox"/> Ride a school bus as usual</td> <td style="width: 33%;"><input type="checkbox"/> Ride public transportation</td> </tr> <tr> <td><input type="checkbox"/> Ride home with parent only</td> <td colspan="2"><input type="checkbox"/> Ride home with person indicated on authorized contact list</td> </tr> </table> | | | <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 | <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 | | | | | |
| <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 | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | |
| Siblings and Home Language | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name: _____</td> <td style="width: 33%;">First: _____</td> <td style="width: 33%;">Grade Level: _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Please list any other languages spoken at home: _____</p> | | | Last Name: _____ | First: _____ | Grade Level: _____ | | | | | | | | | | | | | |
| Last Name: _____ | First: _____ | Grade Level: _____ | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Survey Questions | <p>Please assist us in understanding the needs of our school community by answering the following questions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Does your child have access to a computer in your home?</td> <td style="width: 20%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Do you have home internet access?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Does your child have access to the internet on your home computer?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Do you have internet access outside your home?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p>Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email</p> | | | Does your child have access to a computer in your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have home internet access? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child have access to the internet on your home computer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have internet access outside your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Does your child have access to a computer in your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| Do you have home internet access? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| Does your child have access to the internet on your home computer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| Do you have internet access outside your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |



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 from the Focus Parent Portal

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

Media Release Form 2025/2026 School Year (All Grades)

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

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

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

Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

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

Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

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

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

McNab Elementary Exceptional Student Registration Survey

Student's Name _____ Grade: _____

Parent/Guardian Name _____

Phone (C) _____ (W) _____

Please indicate below if your child has been in any special programs at their previous school. If they have worked with any teacher other than the regular classroom teacher, indicate "Yes".

_____ No, my child has not been in any exceptional student programs at their previous school

_____ Yes, my child has been in the following Exceptional Student Education Program(s) at their previous school:

School Name _____

City _____ State _____ Phone _____

Please check program(s) they were enrolled in:

_____ Speech and Language

_____ Gifted

_____ Specific Learning Disability (SLD)

_____ Emotionally Handicapped

_____ Occupational Therapy

_____ Physical Therapy

_____ Other – Please specify _____

Parent/Guardian Signature _____ Date: _____

Please route this form to the ESE Specialist

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 1 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: _____

McNab Elementary Unified Dress Policy



- Students may wear any solid color polo type shirt with a collar. This may be the three-button kind or full button-down shirts.
- Students may wear black, navy blue, or khaki bottoms. For boys, this means pants or shorts. For girls, it can also include skirts, skorts and capri pants or jumpers.
- Students may wear a McNab Elementary t-shirt (that can be purchased through the PTA) on Fridays.
- Students who do not come to school in the correct uniform will be given a warning. Multiple warnings will result in a referral.

*Shoes must still meet the Broward County Student Code of Conduct standards and should be close-toed and have backs. No sandals or flip-flops allowed.

*Students may not wear jeans or jean shorts except on Fridays with their McNab t-shirts OR if the weather is below 55 degrees.



**WE ARE OPEN FOR
REGISTRATION**



JULY 7, 2025

OUR ACTIVITIES

- ✓ **HOMESCHOOL**
- ✓ **OUTDOOR PLAY**
- ✓ **ARTS AND CRAFTS**
- ✓ **S.T.E.M**
- ✓ **FUN ACTIVITIES**

**\$36 REGISTRATION FEE PER FAMILY
\$256.20 PER SESSION
MONDAY TO FRIDAY
2:00 TO 6:00 PM**

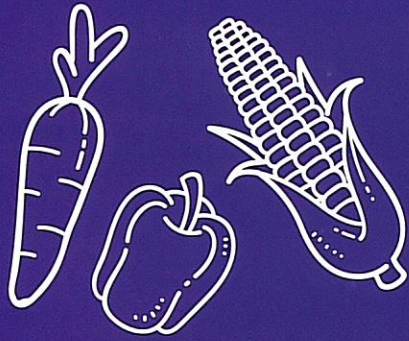
WE ACCEPT ELC !!!
THE EARLY LEARNING COALITION
GRANT IS USED TO ASSIST WITH THE
COST OF TUITION. APPLY TODAY
WWW.ELCBROWARD.ORG

**MULTIPLE CHILD AND BROWARD
SCHOOL BOARD EMPLOYEE
DISCOUNTS AVAILABLE**



AFTERSCHOOL PROGRAM'S SERVING MCNAB ELEMENTARY

| NAME OF PROGRAMS | PHONE NUMBER |
|--|--|
| BABYVILLE | 954-549-6800 |
| PAUL'S EARLY LEARNING | 754-307-5774 |
| CHILDREN WORKSHOP | 954-941-0369 |
| CITY OF POMPANO BCH | 954-786-4111 |
| EDUCATION STATION | 954-782-2226 |
| EXCELSIOR INTERNATIONAL ACADEMY | 754-205 -2427 |
| FIRST BAPTIST DAY CAMP | 954-745-6132 Woody -Recreation Director 954-745-6131 - 954-650-4869 |
| FORT LAUDERDALE KARATE | 954-654-0031 |
| BRIGHTON ACADEMY | 954-782-1234 |
| JUST FOR KIDS | 954-783-0019 |
| KIDDYLAND | 954-942-2545 |
| KIMLINGS ACADEMY | 954-564-3833 |
| LOVING KIDZ ACADEMY | 954-532-9855 |
| <i>Little Scholars</i> MASK AFTERCARE ON CAMPUS | 954-786-1007 754-322-7075 |
| NINJA KIDS | 954-564-1119 |
| PRO AM DANCE STUDIO | 954-782-9908 |
| OUR CHILDRENS WORKSHOP | 954- 646-3993 |
| POMPANO TENNIS CENTER | 954-709-8181 |
| POMPANO BEACH ACADEMY | 954-784-4364 |
| PRECIOUS MOMENTS | 954-786-1007 |
| QUEENS LITTLE ANGELS | 954-783-9722 |
| VELOCITY MARTIAL ARTS | 954-943-4011 |
| WINDSOR PARK PRESCHOOL | 954-489-0181 |



It's time to
POWER UP!



Established 1915
BROWARD
County Public Schools



Broward County Public Schools
Food and Nutrition Services

APPLICATIONS ARE BACK!

APPLY ONLINE FOR FREE OR REDUCED LUNCH

Students will pay full price for lunch, if not approved for free or reduced-price meals. Completing a Meal Benefits Application may qualify your student for free or reduced price meals.

APPLY NOW!

APPLY NOW!

APPLY NOW!



or apply online at

MYSCHOOLAPPS.COM

754-321-0250

**Freeandreducedmeals
@browardschools.com**

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or email eeo@browardschools.com. Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or email eeo@browardschools.com.