

**CHECKLIST FOR NEW STUDENT ENROLLMENT  
2026-27**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**New to Broward County Public Schools**

- REGISTRATION PACKAGE COMPLETED AND RETURNED (all forms)
- IMMUNIZATION RECORD (form #680 or #681 – must be signed by a physician)
- PHYSICAL - SCHOOL ENTRY HEALTH FORM within the last year
- PROOF OF AGE (birth certificate or passport)
- PRIMARY PROOF OF ADDRESS (see below for approved documents)
- SECONDARY PROOF OF ADDRESS (see below for approved documents)

**Transfer Within Broward County Public Schools**

- REGISTRATION PACKAGE COMPLETED AND RETURNED (all forms)
- PRIMARY PROOF OF ADDRESS (see below for approved documents)
- SECONDARY PROOF OF ADDRESS (see below for approved documents)

**Approved Proof of Address Documents**

- PRIMARY PROOF OF ADDRESS (pick one)
  - If you **OWN** your home:
    - Property tax bill (print-out from bcpa.net acceptable)
    - Homestead exemption card
    - Deed
    - Current mortgage statement
    - Home purchase contract with closing date
  - If you **RENT** your home:
    - Current lease agreement with contact information of the landlord
    - Current rent receipt with contact information of the landlord
- SECONDARY PROOF OF ADDRESS (pick one)
  - Current utility Bill (electricity, water, trash/sewage)
  - Current home or cell phone bill
  - Driver's license or Florida ID card
  - Car insurance or registration
  - Current credit card statement
  - Last 2 bank account statements
  - Address change notification from US Post Office

## 2026-2027 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)
Suffix				
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	Home Phone #
<b>English Language Learners (ELL) and Home Language Survey</b> (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? (SSMP) <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
<b>Previous School Information</b>				

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?  Yes  No      If not, will the records be available at a later date?  Yes  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: \_\_\_\_\_

<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> <b>Zip Code</b>

Is there a court order barring either parent from removing the student from school?  Yes  No

Do parents have shared (or joint) parental rights and responsibilities?  Yes  No

Does one parent have final decision-making authority regarding educational decisions for the student?  Yes  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?  Yes  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?  Yes  No    If yes, which division? \_\_\_\_\_

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

Employed in agriculture or fishing industries anytime in the past three years?  Yes  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.

<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>

# 2026-27 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
<p>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.</p>				
<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. 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 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.				

# 2026-27 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.

<b>Parent</b>	Last Name:	First:	Cell Phone:
	Home Address (if different from student):	City, State, Zip:	
	Employer:	Work Phone:	Parent Email:

<b>Other Parent</b>	Last Name:	First:	Cell Phone:
	Home Address (if different from student):	City, State, Zip:	
	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. 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 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.

# 2026-27 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

<b>Health Services Consent</b>	<b>Consent for School Clinic Services:</b> 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.).		
	<input type="checkbox"/> <b>YES</b> , 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 offsite school activities, including field trips.		
	<input type="checkbox"/> <b>NO</b> , I understand that my child will <b>NOT</b> receive any non-emergency care from the healthcare personnel or school staff. If this section is left blank or unsigned, school personnel will <b>NOT</b> be able to care for your child unless there is a medical emergency.		
	<b>State Mandated Health Screenings, F.S. 381.0056(3):</b> Students in state mandated screening grades (Kindergarten, 1 <sup>st</sup> Grade, 3 <sup>rd</sup> Grade, and 6 <sup>th</sup> 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.		
I consent to my child receiving health services as indicated above. I understand if consent is granted; BCPS will disclose child's education records (including medical information) to contracted nursing vendors who provide treatment to my child.			
<b>Signature: _____ Date: _____ Relationship: _____</b>			
<b>Medical Information</b>	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.		
	<input type="checkbox"/> <b>My child does NOT have or no longer has any of the health conditions listed below</b> Please check all health conditions that are current and have been diagnosed by a healthcare provider:		
	<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"/> Cardiac conditions	<input type="checkbox"/> Epilepsy/ Seizure disorders ( <b>NOT</b> including seizures from high fever)
	<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2
<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental / behavioral health conditions	
<input type="checkbox"/> Sickle cell disease ( <b>NOT</b> Sickle cell trait)			
<input type="checkbox"/> Other (Specify): _____			
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</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"/> Medicaid <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>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: _____ Date: _____</b>		
<b>Dismissal Information</b>	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permitted 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>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>	Last Name:	First:	Grade Level:
Please list any other languages spoken at home: _____			
<b>Survey Question</b>	Please assist us in understanding the needs of our school community by answering the following questions:		
	Does your child have access to a computer in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have home internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child have access to the internet on your home computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have internet access outside your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email			

# 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



# 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/school-board/school-board-policies>
- 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 XI 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 V), 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 VII 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 (All Grades) 2026-27

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 a section, then the choice will default to "I WILL NOT permit.")

### 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

# FERPA Opt-Out Notification Form (All Grades) 2026-2027

**ATTENTION!** Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form. For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

## PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

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

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

## TYPES OF DIRECTORY INFORMATION

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

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

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

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

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

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

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

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

For parents in selected occupations:

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

# 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, <b>SEVERE</b> /ANAPHYLAXIS | ___ SPINA BIFIDA                |
| ___ ALLERGIES, <b>NOT SEVERE</b>          | ___ 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: \_\_\_\_\_

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# 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**



**OUR ACTIVITIES**

- ✓ **HOMEWORK**
- ✓ **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**

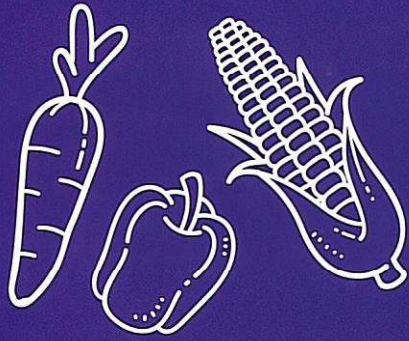
**WE ACCEPT ELC !!!**  
THE EARLY LEARNING COALITION  
GRANT IS USED TO ASSIST WITH THE  
COST OF TUITION. APPLY TODAY  
[WWW.ELCBROWARD.ORG](http://WWW.ELCBROWARD.ORG)

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



## Aftercare Programs Serving McNab 2025-26

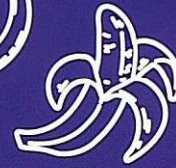
<u>NAME OF PROGRAM</u>	<u>PHONE NUMBER</u>
ASP Kids (on campus)	954-637-9107
Brighton Academy	954-782-1234
Windsor Park	954-489-0181
Children's Love	888-666-7319
	954-508-1256
Excelsior	754-205-2427
Children of the Spirit	954-942-0211
Kiddyland	954-942-2545
Champions World	954-826-6362 (Ms. Desiree)
Tribo - Velocity Martial Arts	954-937-4666
Kidz on the Rise	954-933-7630
Our Children's Workshop	954-646-3993
Ninja Kids	954-564-1119
First Baptist	954-745-6131
	cell: 954-650-4869
City of Pompano	954-786-4111



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](mailto: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](mailto:eeo@browardschools.com).