

*****IMPORTANT INFORMATION*****

The following information is required to enroll a student in a Florida school:

- Proof of age. A certified birth certificate for US citizens may be requested online at <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>. If a birth certificate is not available refer to 1003.21, FS, for other acceptable documentation.
- A Florida Certificate of Immunization, Form 680 (blue card), completed by a Florida physician or by a Florida county health department. Parents should obtain a copy of their child's complete immunization history before leaving their current residence, as this form is not available to the general public. Information on Florida school immunization requirements is available at http://www.doh.state.fl.us/Family/school/parent/parent_info.html.
- Evidence of a medical exam completed no less than 12 months prior to the child's school entry date. As long as the medical exam meets this 12-month requirement, parents may submit this information on the School-Entry Health Exam Form (DH 3040) or provide a copy of the exam obtained from their current physician before moving to Florida.
- Official documentation that the parent(s) or guardian(s) is a legal resident(s) of the school district attendance area.

District Registration Forms

All students are required to provide two (2) forms of verification of residence at registration this year. Proof of residence may include the following:

Proof of your residence with one(1) of the following from each tier:

Tier 1

- Current driver license (F.S. 322.19(2) requires that you update your address information on your driver's license within 10 days of moving)
- Current Homestead Exemption Card or Purchase Contract (with expected closing date within 90 days of school) or Warranty Deed
- Lease/Rental Agreement (with your name as the renter)

Tier 2

- Current utilities statement (within the last 30-45 days)
- Florida Voter Registration Card
- Florida Vehicle Registration or Title
- A utility hook up or work order dated within 60 days
- Medical or health card with address listed
- Current homeowner's insurance policy or bill
- Current automobile insurance policy or bill
- A letter from a homeless shelter, transitional service provider, or a half-way house verifying they receive mail.

For families who may be sharing housing (students in transition), there is a new shared tenancy affidavit that must be completed in order for the student to enroll and register in school. For students who may be living temporarily with another family, the in loco parentis form has been updated to reflect a maximum of 30 days. The form may not be used in lieu of the district's out of area request process to gain admittance into a school outside the student's zoned school.

- The forms below are in .pdf format and require Adobe Reader to open. Please contact your school to verify the required forms.



Brevard County Public Schools

School Enrollment Information *(new and returning students)*

To enter kindergarten, children must be 5 years old on or before September 1. To enter first grade, children must be 6 years old on or before September 1. The students of parents/guardians who falsify address information will be withdrawn and required to enroll at the zoned school. Student may forfeit any future opportunity to attend a school other than his/her zoned school.

First Time Entry - To register your child in school, the following documentation is needed:

- 1. Verification of age (with one of the following):
 - A. Transcript of child's birth (Birth Certificate)
 - B. Insurance policy
 - C. Passport
 - D. School record
 - E. Certification of baptism, accompanied by parent's affidavit
 - F. Bona fide Bible record, accompanied by parent's affidavit
 - G. Affidavit of age sworn by parent, accompanied by a medical practitioner's statement
- 2. Proof of immunizations on Department of Health Form 680 (Florida Statutes require that school districts grant homeless children a temporary exemption for thirty (30) school days to submit the certification of immunization.)
- 3. Proof of physical examination within the last year. If documentation cannot be provided, a physical examination must be scheduled within 30 days. **Please note that 30 days is not extended to PreK and Kindergarten students.*
- 4. Academic history
 - A. Last report card
 - B. Transcript
 - C. Withdrawal form
- 5. Exceptional Student Education information
- 6. Proof of your residence with **one (1)** of the following from **each tier**:
 - Tier 1
 - A. Current driver license (*F. S. 322.19 (2) requires that you update your address information on your driver's license within ten days of moving*)
 - B. Current Homestead Exemption Card or Purchase Contract (with expected closing date within 90 days of school) or Warranty Deed
 - C. Lease/rental agreement (with your name as the renter)
 - Tier 2
 - A. Current utilities statement (within the last 30-45 days)
 - B. Florida Voter Registration Card
 - C. Florida Vehicle Registration or Title
 - D. A utility hook up or work order dated within 60 days
 - E. Medical or health card with address listed
 - F. Current homeowner's insurance policy or bill
 - G. Current automobile insurance policy or bill
 - H. A letter from a homeless shelter, transitional service provider, or a half-way house verifying they receive mail.

7. Legal Guardianship – If you are not the legal guardian or residential custodial parent of a student, state law requires that one of the following documents be provided for enrollment:
- A. Court custody documentation
 - B. Power of Attorney (*if accepted by school principal*)
 - C. Guardianship Affidavit (*if accepted by school principal*)
 - D. Department of Children and Families placement letter

Previously Enrolled - To register your child in school, the following documentation is needed:

1. Proof of your residence with **one (1)** of the following from **each tier**:

Tier 1

- A. Current driver license (*F. S. 322.19 (2) requires that you update your address information on your driver's license within ten days of moving*)
- B. Current Homestead Exemption Card or Purchase Contract (with expected closing date within 90 days of school) or Warranty Deed
- C. Lease/rental agreement (with your name as the renter)

Tier 2

- A. Current utilities statement (within the last 30-45 days)
- B. Florida Voter Registration Card
- C. Florida Vehicle Registration or Title
- D. A utility hook up or work order dated within 60 days
- E. Medical or health card with address listed
- F. Current homeowner's insurance policy or bill
- G. Current automobile insurance policy or bill
- H. A letter from a homeless shelter, transitional service provider, or a half-way house verifying they receive mail.

2. Legal Guardianship – If you are not the legal guardian or residential custodial parent of a student, state law requires that one of the following documents be provided for enrollment:
- A. Court custody documentation
 - B. Power of Attorney (*if accepted by school principal*)
 - C. Guardianship Affidavit (*if accepted by school principal*)
 - D. Department of Children and Families placement letter

837.06 False official statements - Whoever knowingly makes a false statement in writing with the 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 as provided in s. 775.082 or s. 775.083. History.—s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.



Student Name _____

Please Print

**Brevard County Public Schools
STUDENT REGISTRATION FORM**

All students new to the Brevard Public School district and former students who have withdrawn from the district must complete a "New Student Registration Form". The students of parents/guardians who falsify address information will be withdrawn and required to enroll at the zoned school. Student may forfeit any future opportunity to attend a school other than his/her zoned school.

FOR SCHOOL USE ONLY

District _____		School Year _____		School Number _____		Grade Level _____	
District Student Number _____				Florida Student Number _____			
Entry Information:		ECode _____	EDate _____	Prior School Status:		District PD _____	State PS _____
						Country PC _____	
Verification of: Check all applicable boxes and state type of verification given (i.e. Birth – Birth Certificate)							
<input type="checkbox"/> Birth	<input type="checkbox"/> Address	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Immunization	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete		

STUDENT INFORMATION

LAST NAME (Legal)		APP	FIRST NAME (Legal)		MIDDLE	NAME STUDENT GOES BY		FORMER NAME (Legal)
RESIDENTIAL ADDRESS			APT. NUMBER	CITY	STATE	ZIP CODE	HOME/+CELL PHONE	
MAILING ADDRESS			APT. NUMBER	CITY	STATE	ZIP CODE	STUDENT *Social Security # (optional)	
RACE (Circle One) Brevard Schools	ETHNICITY/RACES (Circle All That Apply) U.S. Dept of Education		GENDER (Circle One)	BIRTHDATE Month/Day/Year	BIRTHPLACE City/State/Country		STUDENT'S RESIDENT STATUS (Circle One)	
Asian Black Hispanic Indian Multiracial Hawaiian/Pacific Isr White	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White	Hispanic Yes No	Male Female		If not U.S., date entered in the United States: _____		A - Out-of-County Resident, ESE B - Out-of-County Resident Z - School 9995 only 0 - Foreign Exchange Student 2 - Out of State Resident 3 - In County Resident	

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH
RESIDENTIAL ADDRESS			HOME PH (if different)	+CELL PHONE	PAGER
E-MAIL ADDRESS - DAY			E-MAIL ADDRESS - EVENING		
PARENT/GUARDIAN (Circle One)	RELATION (Circle One)				PASSWORD (If applicable)
P - Parent G - Legal Guardian O - Other/Relative A - Guardian Ad Litem S - Surrogate Parent	Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide custody documents in all cases of divorce or separation.		F - Father M - Mother L - Legal Guardian G - Grandmother H - Grandfather	A - Aunt U - Uncle B - Brother S - Sister N - Neighbor	C - Cousin V - Stepfather W - Stepmother O - Other
Does this person have authority to pickup student?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have legal custody of student?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contact allowed to access student information via the web?			<input type="checkbox"/> Y - Yes, contact has access <input type="checkbox"/> X - No, student is over 18 years of age <input type="checkbox"/> N - No, contact has no access		

Student Name _____
Please Print

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

- Both parents shall designate on the emergency contact card those persons authorized to pick their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the emergency contact card. It is both parents' responsibility to inform the school of any changes to the information each of them has provided on the emergency contact card. +By providing cell phone number, you expressly grant Brevard Public Schools permission to send non-emergency information to your cell phone.

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH		
RESIDENTIAL ADDRESS (if different from student)			HOME PH (if different)	+CELL PHONE	PAGER		
E-MAIL ADDRESS - DAY			E-MAIL ADDRESS - EVENING				
PARENT/GUARDIAN (Circle One)		RELATION (Circle One)			PASSWORD (If applicable)		
P - Parent G - Legal Guardian O - Other/Relative A - Guardian Ad Litem S - Surrogate Parent		Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide court custody documents in all cases of divorce or separation.			F - Father M - Mother L - Legal Guardian G - Grandmother H - Grandfather	A - Aunt U - Uncle B - Brother S - Sister N - Neighbor	C - Cousin V - Stepfather W - Stepmother O - Other
Does this person have authority to pickup student?			Does this person have legal custody of student?				
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contact allowed to access student information via the web?			<input type="checkbox"/> Y - Yes, contact has access <input type="checkbox"/> X - No, student is over 18 years of age <input type="checkbox"/> N - No, contact has no access				

OTHER CONTACT(S)

LAST NAME		FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student _____		PASSWORD		Does this person have authority to pickup student?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
LAST NAME		FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student _____		PASSWORD		Does this person have authority to pickup student?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
LAST NAME		FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student _____		PASSWORD		Does this person have authority to pickup student?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL AGE CHILDREN LIVING AT HOME

CHILD'S NAME (FIRST & LAST)	GR	RELATION	CHILD'S NAME (FIRST & LAST)	GR	RELATION
1.			4.		
2.			5.		
3.			6.		

LAST THREE SCHOOLS ATTENDED (Begin with the most recent - Kindergarten, list Pre-School)

NAME OF SCHOOL	COUNTY	ADDRESS OF SCHOOL (If other than Brevard County)	LAST GR.	REPEAT?
1.				
2.				
3.				

Student Name _____
Please Print

ADDITIONAL STUDENT INFORMATION

Please answer the following questions.		Check applicable box below.	
Has the student ever been enrolled in a Florida Public School? If yes, When? (Year/Grade Level) _____ Where? (City/County) _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a language other than English used in the home? If yes, indicate language: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever received any Exceptional Education and/or Federal/State Services? If yes, When? (Year/Grade Level) _____ Where? (County/State/Country) _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you authorize health screening for your student? If the answer is no, or you wish to limit the type of screenings a waiver must be completed and signed by parent/guardian.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you authorize emergency medical treatment? Student Physician Name: _____ Phone: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have an Unusual or Chronic Health Condition? If yes, please provide documentation to the Administration/Clinic Staff.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT DISCLOSURES

FS 1006.07 Student Disclosures required at School Registration – According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile Justice actions the student has had.			
Is student presently under suspension/expulsion from another school or school system? If yes, please check applicable and explain: Suspension _____ Expulsion _____ Date _____ School _____			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Has student ever been arrested and charged? If yes, please explain: _____ Dates _____ Charge(s) _____			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is student currently under Juvenile System actions?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is student on Community Control?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

**FS 1008.386 requires school district personnel to request the Social Security Number from each student enrolling in a Florida public school beginning with the 1990-91 school year. FS 1008.386 also specifically states, "However, a student shall not be required to provide his Social Security Number as a condition for enrollment or graduation." Providing the Social Security Number by the parent or student is strictly voluntary. F.S. 1008.386 requires BPS to request this information for the student's permanent record.*

Only the parent 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.

This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements - Whoever knowingly makes a false statement in writing with the 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 as provided in s. 775.082 or s. 775.083. History.—s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

 Parent/Guardian Name *(Please print)*

 Signature of Parent/Guardian

 Date



THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
HOME LANGUAGE SURVEY

Student Name: _____ Grade: _____ School: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is a language other than English used in the home?
If yes, what language? (HM) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the student have a first language other than English?
If yes, what language? (PL) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English?
If yes, what language? (SL) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Parent or Guardian Signature: _____ Date: _____

FILE IN CUMULATIVE FOLDER



Distrito Escolar del Condado de Brevard, Florida
ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR

Nombre del Estudiante: _____ Grado: _____ Escuela: _____

- | | SÍ | NO |
|---|--------------------------|--------------------------|
| 1. ¿Se utiliza otro idioma además del inglés en su hogar?
En caso afirmativo, ¿cuál es? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante un primer idioma que no es el inglés?
De ser así, ¿cuál fue? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ¿Frecuentemente habla el estudiante otro idioma que no es el inglés?
De ser afirmativo, ¿cuál idioma? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Firma del padre o tutor: _____ Fecha: _____

COLOQUE EN LA CARPETA ACUMULATIVA



Annual Student Declaration New and Returning Students

The information contained in this declaration is needed for state and federal reporting purposes. This form will be completed annually at the start of the school year.

837.06 False official statements - Whoever knowingly makes a false statement in writing with the 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 as provided in s. 775.082 or s. 775.083.

History.—s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

Military Family Student - This information will be used to identify military family students. This will aid the schools in providing timely responses to placement of students and various considerations in all aspects of a student's enrollment, academics and attendance.

Is the student a child of:

An active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A member or veteran of the uniformed services who are severely injured, medically discharged or retired for a period of 1 year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A member of the uniformed services who died on/or as a result of injuries sustained on active duty for a period of 1 year after death?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hurricane/Earthquake Affected -- This information will aid the schools in promptly enrolling students affected by natural disasters.

Please indicate yes or no to the following:

Did the student move to this school district this school year due to a hurricane? (Y)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student change schools within this district this school year due to a hurricane? (W)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student move to this district this school year due to an earthquake? (E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student change schools within this district this school year due to an earthquake? (Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immigrant -- This information will be used in order to provide services and specialized instruction to students identified as immigrants. **Note:** The children of U.S. military personnel born overseas are to be included in any count of immigrant children or youth.

Please indicate which of the following is true. The term immigrant children and youth means individuals who:

The student is ages 3 through 21; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student was not born in any state, the District of Columbia or Puerto Rico; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student has not been attending one or more schools in any one or more states for more than 3 full academic years.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Name _____

Please Print

Students-In-Transition – This information will be used in order to provide services to those who qualify based on their economic needs.

Please indicate which of the following is the student’s primary nighttime residence:

Is the student living in emergency or transitional shelters, FEMA Trailers, abandoned in hospitals? (A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student sharing the housing of other persons (doubled-up) due to loss of housing, economic hardship or a similar reason, and did this living arrangement begin within the last 12 months? (B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student living in a car, park, temporary trailer park or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or train stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings? (D)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student living in a hotel or motel due to economic hardship? (E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student awaiting foster care? (F)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cause – Check the reason below if you answered yes to any of the nighttime residency questions above.

Mortgage Foreclosure (M)	Natural Disaster – Tornado (T)
Natural Disaster – Earthquake (E)	Natural Disaster – Wildfire or Fire (W)
Natural Disaster – Flooding (F)	Man-made Disaster (Major) (D)
Natural Disaster – Hurricane (H)	Unknown – (U)
Natural Disaster – Tropical Storm (S)	*Other – (O)
*Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.	

Is the student an unaccompanied youth: not in the physical custody of a parent or guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Migrant – This information will be used in order to provide services and special instruction to those who are identified as migrant. *** For school use only:** For any family checking “yes” for migrant, please copy and send this form to Office of Title I at ESF.

Has the student’s parent/guardian moved to Brevard looking for work in the farming, dairy, or fishing industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student moved to Brevard looking for work in the farming, dairy, or fishing industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student and family moved within the past three years from one school district to another looking for temporary or seasonal work in the farming, dairy or fishing industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I the undersigned parent/guardian/student have read, understood, and responded to the above survey questions.

Parent/Guardian Name *(please print)*: _____

Parent/Guardian Signature: _____ Date: _____

Student Name *(please print)*: _____

Student Signature: _____ Date: _____

GRADES K-12/ADULT REGISTRATION FORM ADDENDUM

Control - Pupils shall, during the time they are being transported to and from school at public school expense, attending school, engaged in a school-sponsored activity, and on the school premises; and during a reasonable time (30 minutes) before and after a pupil is on the premises for attendance at school or for authorized participation in a school-sponsored activity, and only when on the premises, be under the control and direction of the principal or designee and under the immediate control and direction of the teacher or other member of the instructional staff, or bus driver to whom such responsibility may be assigned by the principal.

Brevard School Board Policy 5772 Weapons:

The Board prohibits students from possessing, storing, making, carrying, concealing in a locker or vehicle, or using a weapon or other devices designed to inflict serious bodily harm in any setting that is under the control and supervision of the District for the purpose of school activities approved and authorized by the District including, but not limited to, property leased, owned, or contracted for by the District, a school-sponsored event, in a District vehicle, or in school-sponsored transportation, without the written authorization of the Superintendent. The term "weapon" means any object which, in the manner in which it is used, is intended to be used, or is represented, is capable of inflicting serious bodily harm or property damage, as well as endangering the health and safety of persons. Weapons include, but are not limited to: those objects defined in F.S. Chapter 790, firearms, guns of any type whatsoever, including air and gas-powered guns (whether loaded or unloaded), an antique firearm, a rifle, shotgun, BB gun, pellet gun, facsimile of a firearm, chemical weapon with a chemical propellant, knives, pocket knife, butter knife, sword, sword cane, dirk, metallic weapons, ammunition and explosives, shotgun shells, cartridges, or ammunition of a firearm, and common objects found to be weapons (box cutters, pencils, razor blades, etc.), or any destructive device such as any bomb, grenade, mine, rocket, missile, pipe bomb, explosive firearm (including a starter gun) which may readily be converted to expel a projectile, the frame or receiver of any such weapon, any firearm muffler firearm silencer, machine gun, or short-barreled shotgun. This policy shall also encompass such actions as look-alike items, false fire alarms, bomb threats, or intentional calls to falsely report a dangerous condition.

Brevard School Board Policy 5530 Drug Prevention:

The Board prohibits the use, possession, concealment, or distribution of any drug or any drug-related paraphernalia as the term is defined by law, or the misuse of a product containing a substance that can provide an intoxicating or mood-altering effect on school grounds; on school vehicles; and at any school-sponsored event. It further establishes a drug-free zone within 1000 feet of any facility used by the District for educational purposes. The Superintendent shall prepare procedures for the identification, amelioration, and regulation of drug use in the schools. Such procedures shall establish means for dealing with students suspected of drug use or suspected of possessing or distributing drugs in school and ensure that the District's policy and administrative procedures on Search and Seizure Policy 5771, Suspension and Expulsion Policy 5610, and Permanent Exclusion Policy 5610.01 are complied with fully.

Brevard School Board Policy 5500 Student Conduct:

Notwithstanding any other provision of Board policy, pursuant to F.S. 1006.13(5), any student found to have committed an act of assault or aggravated assault, or battery or aggravated battery, on any elected official of the School District, teacher, administrator, or other School District personnel, shall be recommended for expulsion or placement in an alternative school setting, as appropriate, for a minimum period of one (1) year. Upon being charged with such offense, the student shall be removed from the classroom immediately and placed in an alternative school setting pending disposition. This is notice from the School Board, the Superintendent, and the principal and staff of your school that **violence and violent behavior** by a pupil or adult student will not be permitted at any time, at school; on school property; at school bus stops; on school sponsored transportation; or during school sponsored activities.

I/We acknowledge awareness of these **Policies**.

Student Name (*please print*): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (*please print*): _____

Parent/Guardian Signature: _____ Date: _____

(Elementary-Required; Secondary/Adult -Optional)



Student Name _____

Please Print

STUDENT/PARENT CELL PHONE OR WIRELESS COMMUNICATION DEVICE (WCD) CONTRACT

Should a student not have this signed contract on file, he/she will lose the opportunity for a warning and have the cell phone/WCD privilege revoked for the remainder of the school year.

Maintaining the integrity of the learning environment is the top priority

- Students will be permitted to have cell phones/WCD in their possession throughout the school day. However, cell phone/WCD use will only be permitted during lunch and between class change. Cell phone/WCD use will not be permitted during instructional time.
- Cell phones/WCD shall cause no disruption to instructional time or during bus transportation.
- During the expressed time when cell phones/WCD are allowed to be on and in use, students are encouraged to keep their phone on a "silent" mode, should that telephone option be available.
- Cell phones/WCD will not be visible during class time.
- The only exception to the above policies is as follows: Technology including, but not limited to, laptop computers, cell phones, WCD, and personal digital assistants intended and actually used for instructional purposes will be permitted, with the teacher's permission and supervision and the permission of the administrator.

Should a student be observed using a cell phone/WCD, or a cell phone/WCD rings during the school day, discipline action **may include but is not limited to a dean's referral and confiscation of the phone**. Additionally, student abuse of this policy will result in the student losing the privilege to be able to carry a cell phone/WCD permanently, or for a period of time as determined by an administrator.

- Student behavior concerning cell phones/WCD must be consistent with the School Board Policy 5500.
- Student cell phones/WCD ringing or vibrating in class will result in confiscation of the phone and disciplinary action.
- Should confiscation occur the phone will only be returned when retrieved by a parent or guardian.

During times of testing and other student evaluations, teachers may request that students remove their cell phone/WCD from their possession, either by returning to a locker or placing under a desk, reducing the possibility of compromised test security.

Fire drills, assemblies, or other school evacuations are considered cell phone/WCD blackouts. During such contingencies, there will be absolute **ZERO TOLERANCE** on cell phone/WCD use.

STUDENT CONTRACT

I, _____ (student's name) understand that possession of a cellular telephone/WCD on school campus is a privilege, and that it may be revoked at any time by the administration for violating this school policy regarding such possession, which I have been provided with and read. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my cellular phone while on school grounds. The school is not obligated to investigate the loss or damage of any phone.

Student signature: _____ Date: _____

Cell phone make, model and phone number: _____

(This information will be used in any attempt to locate your phone should it be lost or stolen.)

*****Should you acquire a new cell phone/WCD, you must furnish the make, model and number of your phone to the dean's office immediately, or this contract will be null and void.*****

PARENT CONTRACT

I, _____ (parent's name) understand this contract regarding my student's possession of a cellular telephone on campus. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my child's cellular phone/WCD while on school grounds. The school is not obligated to investigate the loss or damage of a cell phone/WCD. Should my student's cell phone/WCD be confiscated, I understand that it will only be returned when I come to school to retrieve it.

Parent/Guardian Name *(Please print)*

Parent/guardian Signature: _____ Date: _____

Revised by Student Services January, 2017

Please note: Some changes have been made to this document, specifically for Viera High School students only. This was approved by Student Services in order to reflect the current cell phone/WCD device policies at Viera High School.

OPT-OUT FORM
 Student Photographs/Videos and Directory Information

Student's Full Name (Please Print):	
School Name:	Date of Birth:

The Family Educational Rights and Privacy Act, a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. School Board Policy 8330 designates as student "directory information:" *a student's name; address; telephone number, if it is a listed number; date and place of birth; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation or program completion; and awards received.*

This form will be used to allow you the opportunity to restrict the release of "directory information," and to provide appropriate permissions. Please complete this form and return it to your child's school within **15 business days** after enrollment. **If signed form is not received by the school and/or options selected, it will be assumed that permissions for release of directory information and/or permission to publish photos and videos have been granted.**

Consent to Publish Video/Photograph Student (Please check one)	Release of Directory Information (Please check one)
<input type="checkbox"/> Unrestricted Usage: I give permission for my child's image to be used in print, video, and other public media. I agree that these images may be used by Brevard Public Schools for a variety of purposes in accordance with School Board rules, policies and procedures. I understand that these images may be used without further notifying me and I also understand that my child's first and last name may appear. (Y)	<input type="checkbox"/> You have my permission to release directory information on my student in accordance with SB Policy 8330. <input type="checkbox"/> Do not release my student's directory information. I understand that my child's name will not appear in yearbook/school publications, playbills, graduation lists, honor roll lists, will not be supplied to military recruiters, or yearbook and ring vendors. (N)
<input type="checkbox"/> Limited Usage: Consent for Yearbook Only Selecting this option allows the district to provide your student's directory information and photograph to the yearbook vendor. (L)	For School Use Only (This form will remain on file at the school until student withdraws.) <ul style="list-style-type: none"> • "N" is entered for Do Not Release Directory Information on the S313 screen. <i>Leave field blank for permission to release.</i> • S306, Format 4 on AS400 will give schools a list of who have an "N" in the Do Not Publish Field. • If no option selected under Release of Directory Information, leave it blank on the S313 screen.
<input type="checkbox"/> Deny permission to use my child's image in any publication. I understand that my child's picture will not appear in the yearbook, any other school or district publication, or other public media. (N)	<ul style="list-style-type: none"> • All students must have a code for Consent to Publish Video/Photograph • Codes (Y, L or N) for permissions to photograph are entered on the S318 screen. • If no option is selected under Consent to Publish Video/Photograph, enter a Y on the S318 screen of AS400. <ul style="list-style-type: none"> ○ A school roster may be run to verify that all students have a code for Consent to Publish Video/Photograph from S306, Format 3, Sequences E and F.

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____

THIS AUTHORIZATION IS IN EFFECT UNTIL STUDENT WITHDRAWS FROM SCHOOL OR NOTIFICATION IS SENT IN WRITING BY THE PARENT. A NEW FORM IS REQUIRED UPON ENTRY INTO A NEW SCHOOL.

7540.03F1 - STUDENT INTERNET ACCEPTABLE USE – Opt Out

My signature below indicates my request for "Internet" and "Web Posting of my Child's Work". "Internet" is considered access to "Internet Resources" other than District and State approved applications such as "FAIR Testing".

The choices selected will remain effective until submission of a new form revoking this request.

Please complete the following information:

Student User's Full Name (please print): _____ Student ID: _____

School: _____ DOB: ___/___/___ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy (7540.03) and Procedures (7540.03) and have discussed them with my child. I understand that my child's access to the Internet will be restricted but local "intranet" access will be available.

Please circle "No" below for any area that you do not authorize for your child.

Not circling below noted items indicates PERMISSION IS GRANTED.

Yes No I authorize my child's access to non-District sponsored internet access.

Yes No I authorize and license District staff to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name may accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Attachment 1

Cloud Collaboration Permission (Grades 7-12)

Student's Full Name: _____ Student ID: _____

Current School Site: _____

Brevard Public Schools is pleased to offer an innovative cloud technology solution to our students and staff. This service includes ad-free, secure and highly engaging web applications that help teachers and students communicate and collaborate with one another.

Our District strives to foster a culture of collaboration and an atmosphere of engagement as we prepare students to thrive in a world that is becoming increasingly connected by the Internet. While we remain committed to the high standards of Florida's curriculum, we also believe that school districts are implicitly and explicitly obligated to introduce 21st Century Skills within the context of those standards. This initiative strengthens Brevard's ability to meet that obligation.

With this cloud-based initiative for Education, students and teachers will have *open, authentic access to and from the internet for the following tools:

- Online Docs—Online documents, spreadsheets, presentations and forms.
- Web Sites—Individual and team websites with videos, images, gadgets, and documents integration.
- E-mail account—webmail service accounts that are intended to be used for instructional purposes.

Video sharing will only be available to Brevard County School Board Staff and Students.

Brevard's Cloud-based Apps will have several layers of security designed to protect students and enforce our Student Acceptable Use Policy (7540.03). While it is impossible to guarantee a foolproof system, our District's system administrators will have full authority and ability to monitor content, investigate concerns and, should the need arise, disable accounts for inappropriate use.

We hope that parents are as excited as we are about bringing these engaging new tools into Brevard's classrooms and into the hands of our teachers and students. Please indicate your approval below. Should you choose to deny permission, we would be interested to know your concerns so that we can either satisfy them or work to find an alternative solution.

Please choose ONE of the following:

- I grant permission for my child to receive an *open and authentic Cloud Collaboration Account and authorize my child to post work samples on the Internet for instructional purposes.
- I do not want my child to be given a Cloud Collaboration Account.

*open and authentic access is not limited to Brevard County School Board network users.

This approval will stay in effect until a written change is submitted by the parent/guardian.

Parent Signature

Date



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines for Florida Schools, Childcare Facilities and Family Daycare Homes" for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A					
DT	B					
Tdap/Td	C				Tdap	
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F					
	G, H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
		Year				
PneumoConju	N					

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
 Authorized Signature: _____
 Issued By: _____
 Date: _____



**STATE OF FLORIDA
School Entry Health Exam**

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

- | | |
|---|--|
| 1. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any concerns about general health (eating and sleeping habits, weight, etc.)? |
| 2. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any other specific illness or social/emotional or behavioral problems? |
| 3. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any allergies (food, insect, medication, etc.)? |
| 4. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any prescription medication (daily or occasionally)? |
| 5. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)? |
| 6. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any hospitalization, operation or major illness (specify problem)? |
| 7. Yes <input type="checkbox"/> No <input type="checkbox"/> | Any significant injury or accident (specify problem)? |
| 8. Yes <input type="checkbox"/> No <input type="checkbox"/> | Would you like to discuss anything about your child's health with a school nurse? |

To Parent/Guardian: Please explain any "Yes" answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle)	Birth Date
-------------------------------------	------------

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____
(Exam must be within one year of enrollment) Month Day Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/_____	Left 20/_____	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>		Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

- | | | | |
|-------------------------------|---------------------------------|-----------------------------------|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Head/scalp/skin | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Chest/Lungs/Hear | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Abdomen | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Postural assessment | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	__/__/__	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

VIERA HIGH SCHOOL GUIDANCE OFFICE

PHYSICAL EXAMINATION REQUIREMENT

Within 30 schools days of initial entry date into a Brevard County school, a student must present evidence of a physical examination performed within one year of the entry date. This is a Florida law and failure to do so will exclude the student from school. Reports of physical examinations and immunizations must be made on form provided by the Department of Health available from the Health Department or physician.

A student who has had a physical to play sports may submit a copy of this to Guidance Office to meet the requirement.

If your student's records from their previous school are not received within 30 days of the initial date of entry, your student will be excluded from school until in compliance.

I hereby understand this requirement and will do everything possible to expedite my student's health records.

Print student's Name _____

Parent or Guardian Signature

Date



THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA HEALTH CARD

NAME _____ DOB _____ GRADE _____ SEX _____
 LAST FIRST MI
 ADDRESS _____ HOME PHONE _____
 STREET CITY ZIP
 FATHER _____ EMPLOYER _____ (W) PHONE _____ (C) PHONE _____
 MOTHER _____ EMPLOYER _____ (W) PHONE _____ (C) PHONE _____

HEALTH CONDITIONS/ SPECIAL NEEDS -- PLEASE CHECK

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Surgery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney Disorders | | |
| <input type="checkbox"/> Cardiac Conditions | <input type="checkbox"/> Psychiatric Conditions | | |

Will any medications or treatments be required at school? Yes No

DAILY MEDICATIONS HOME 1. _____ SCHOOL 1. _____
 2. _____ 2. _____

DIABETES: Type I Type II

Equipment/Intervention: Insulin Pen Insulin Pump Diet Management

EMERGENCY MEDICATION: Gloucagon; Home School Both

ALLERGIES: Insect Bites
 Foods
 Medicine
 Other

EMERGENCY MEDICATION: EPINEPHRINE (EpiPen): Home School Both

SPECIAL EQUIPMENT: Glasses/Contacts Wheelchair Gastric Tube Shunt
 Hearing Aid Arm/Leg Braces Tracheostomy Catheter

Do you authorize emergency medical treatment? Yes No

Student's Physician Name: _____ Phone: _____

Parent/Guardian Name (Please print): _____

Parent/guardian Signature: _____ Date: _____

VIERA HIGH SCHOOL
HALLWAY LOCKER ASSIGNMENT

NAME: _____

YEAR _____

LOCKER NUMBER _____

COMBINATION _____

Welcome to the 2015-2016 school year. You have been assigned to this locker and lock for this school year. If you have any questions or problems with your lock of locker please contact Mr. Rooney in 3-113. Please read the following guidelines for you're your lockers

To open your lock, turn right 3 times, and stop at the 1st number. Turn left one full turn passing the 1st number to stop at the second number. Turn right and stop at the 3rd number. Pull the shackle and the lock should open.

1. Lockers are owned and issued by Viera High School and only school issued locks are to be used on your locker.
2. Lockers are not to be shared with anyone else.
3. Lockers are to be maintained, as you will be responsible for any damage to the lockers during the school year.
4. You are not to give your combination to any other students. You should also be sure not to leave your locker unlocked or combination lock on the last number.
5. You are to remain in the locker you were assigned unless otherwise directed by an administrator. Administrators reserve the right to relocate students to another locker or revoke locker privilege as the need arises.
6. Students have no right or expectation of privacy in the locker in so far as a right or expectation of privacy as it pertains to the school. School authorities have the right to search any locker with reasonable suspicion without the student present and with or without the students' permission.

6103 Stadium Parkway
 Viera, Florida 32940
 Phone: (321) 433-4337
 Fax: (321) 433-4338



Viera High School
 Guidance Department

AUTHORIZATION TO RELEASE SCHOOL RECORDS

TO:	FROM:
ATTN:	DATE:
FAX:	PAGES:
COMMENTS:	

THE SCHOOL BOARD OF BREVARD COUNTY, FL

THIS IS TO REQUEST/AUTHORIZE THE RELEASE OF SCHOOL RECORDS FOR THE STUDENT(S) LISTED BELOW.

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

RECORDS TO BE RELEASED

<input type="checkbox"/> CUMALATIVE SCHOOL RECORD (BCPS)	<input type="checkbox"/> OFFICIAL SCHOOL TRANSCRIPTS
<input type="checkbox"/> REPORT CARD	<input type="checkbox"/> WITHDRAW GRADES
<input type="checkbox"/> HEALTH RECORD	<input type="checkbox"/> ESE/504 RECORDS
<input type="checkbox"/> TEST SCORES	<input type="checkbox"/> OTHER/

PLEASE FAX OR EMAIL ALL RECORDS TO

<input type="checkbox"/> FAX	<input type="checkbox"/> EMAIL
(321) 433-4338	<input type="checkbox"/> spicer.sandra@brevardschools.org
	<input type="checkbox"/> ramsey.joanna@brevardschools.org

 Signature of Parent of Guardian

 Signature of School Representative

HOME OF THE HAWKS!!