

COCOA HIGH SCHOOL STUDENT PRE-REGISTRATION FORM

STUDENT NAME: _____ STUDENT # _____
please print clearly

DATE OF BIRTH: _____

STUDENT'S ADDRESS: _____

**if address has changed, attach two proofs of residency with this form (driver's license, lease, utility bill) in parent/guardian's name*

PREFERRED CONTACT PERSON: _____ PHONE# _____
**must be a parent or legal guardian* print contact name first number to call

STUDENT LIVES WITH (must reside with the parent/s or legal guardian)

(check only one box below)

Both Mother and Father

| | | | |
|----------------|--------|--------|--------|
| name of mother | home # | cell # | work # |
|----------------|--------|--------|--------|

| | | | |
|----------------|--------|--------|--------|
| name of father | home # | cell # | work # |
|----------------|--------|--------|--------|

**if student does not reside with both parents, you must provide court documentation showing who has custody*

Mother only _____
name of mother home # cell # work #

Father only _____
name of father home # cell # work #

**if student does not reside with either the mother or father, you must attach proof of guardianship with this form*

Legal Guardian _____
name of legal guardian home # cell # work #

Emergency contact information: (other than parent/legal guardian)

Name: _____

Relationship to student: _____

Home phone number: _____ Cell phone number: _____ Work number: _____

Able to pick up student? Y N (circle one)

Emergency contact information: (other than parent/legal guardian)

Name: _____

Relationship to student: _____

Home phone number: _____ Cell phone number: _____ Work number: _____

Able to pick up student? Y N (circle one)

Emergency contact information: (other than parent/legal guardian)

Name: _____

Relationship to student: _____

Home phone number: _____ Cell phone number: _____ Work number: _____

Able to pick up student? Y N (circle one)

Emergency contact information: (other than parent/legal guardian)

Name: _____

Relationship to student: _____

Home phone number: _____ Cell phone number: _____ Work number: _____

Able to pick up student? Y N (circle one)

Parent/Guardian Name *(please print)*

Date: _____

Parent/Guardian Signature

For school use only:

- _____ verified proof of residency
- _____ verified proof of legal guardianship
- _____ call made to parent/guardian
- _____ changes made
- _____ no changes made



Student Name _____
Please Print

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 |

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 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------|

Migrant – This information will be used in order to provide services and special instruction to those who are identified as migrant.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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 before the first bell and after the last bell of the day.
- Students **MUST** have their cell phones/WCD turned off during the school day and while being transported on the school bus; cell phones/WCD shall cause no disruption.
- 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 the school day.
- 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: _____



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: Glucagon 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: _____