

# PROOF OF RESIDENCY REQUIREMENTS

Parent/Guardian is required to provide a copy of two (2) current proofs of residency for each of their students.

**YOU MUST SELECT ONE OF THE FOLLOWING PROOFS FROM EACH TIER.**

**PACKETS WILL BE RETURNED IF THE CORRECT PROOFS OF RESIDENCY ARE NOT SUBMITTED:**

## **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 and the back page with your name and the landlord's name and signatures)

## **Tier 2**

- Current utilities statement (within the last 30-45 days)
  - Gas, Water, FPL, AT&T, etc.
- 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.

Florida Statutes: 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 F.S. 775.082 – imprisonment not exceeding 60 days; F.S. 775.083 - \$500 fine. History – s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

**\*\*\*Must attach 2 proofs of residency to this form  
See Residency paperwork for acceptable documentation**

\_\_\_\_\_  
**Student Full Name**

(Print clearly)

### Student Information Page

Current address: \_\_\_\_\_

Student resides with: \_\_\_\_\_

Parent(s)/Guardian(s) name

**Parent/guardian #1** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell

Home

Work

Email: \_\_\_\_\_

**Parent/guardian #2** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell

Home

Work

Email: \_\_\_\_\_

### Check out/Emergency contact

Please list those you give permission to check out your child if needed. No one else will be allowed unless listed.

Must be 18+ and not enrolled in Space Coast. *Please use back of page if need.*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Cell

Home

Work

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Cell

Home

Work

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Cell

Home

Work

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Cell

Home

Work

\_\_\_\_\_  
**Parent Initial**

\_\_\_\_\_  
**Parent signature**

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Student Name (print clearly)

## Student/Parent Cell Phone Contract

### **Maintaining the integrity of the learning environment is the top priority.**

Students will be permitted to have cell phones in their possession and *may use only before/after school, during lunch and during class change.*

Cell phone use is NOT permitted during instructional time and should be turned off or put on silent mode. Should a student be observed having their cell phone in view, using a cell phone or the cell phone rings during class, discipline action will be taken.

During class time, particularly during testing or other student evaluations, teachers may request that students remove their cell phone from their possession and place phone in a location designated by the teacher, reducing the possibility of compromised test security.

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

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### STUDENT CONTRACT

I, \_\_\_\_\_ (print student's name) understand that possession of a cellular telephone 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 may be used in attempt to locate your phone should it be lost or stolen.)*

*\*\*\*Should you acquire a new cell phone, you must furnish the make, model and number of your phone to the dean's office immediately.*

### PARENT CONTRACT

I, \_\_\_\_\_ (print 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 while on school grounds. The school is not obligated to investigate the loss or damage of a cell phone.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



2700 Judge Fran Jamieson Way  
Viera, FL 32940

## OPT-OUT FORM

### Student Photographs/Videos and Directory Information

<b>Student's Full Name (Please Print):</b>	
<b>School Name:</b>	<b>Date of Birth:</b>

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.**

<b>Consent to Publish Video/Photograph Student (Please check one)</b>	<b>Release of Directory Information (Please check one)</b>
<input type="checkbox"/> <b>Unrestricted Usage:</b> 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"/> <b>Limited Usage: Consent for Yearbook Only</b> Selecting this option allows the district to provide your student's directory information and photograph to the yearbook vendor. (L)	<b>For School Use Only (This form will remain on file at the school until student withdraws.)</b> <ul style="list-style-type: none"> <li>• "N" is entered for <b>Do Not Release Directory Information</b> on the S313 screen. <i>Leave field blank for permission to release.</i></li> <li>• S306, Format 4 on AS400 will give schools a list of who have an "N" in the Do Not Publish Field.</li> <li>• If no option selected under Release of Directory Information, leave it blank on the S313 screen.</li> </ul>
<input type="checkbox"/> <b>Deny permission to use my child's image in any publication.</b> 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"> <li>• <b>All students</b> must have a code for <b>Consent to Publish Video/Photograph</b></li> <li>• Codes (Y, L or N) for permissions to photograph are entered on the S318 screen.</li> <li>• 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"> <li>○ 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.</li> </ul> </li> </ul>

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.**

**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)



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

**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: \_\_\_\_\_





# 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: \_\_\_\_\_