

West Shore Junior Senior High School

Returning Student Pre-registration

2021-2022 Forms Checklist

(Use this form as the cover sheet for your completed forms)

Forms are located at on our webpage under School News as fillable PDF's

<http://bit.ly/WSreg21-22>

Please place your forms in the order indicated below. Only the forms listed below need to be submitted for returning students.

Student Last Name, First Name (printed)	Student Number	Grade
1. Student Registration Form (4 pages)		
2. Student Technology Access Information		N/A
3. Annual Student Declaration (2 pages)		
4. K-12 and Adult Education Addendum		
5. Student Photographs, Video and Directory Information		
6. Medicaid Reimbursement		
7. Student Residency Statement		
8. Cell Phone Wireless Device Contract		
9. Health Card		
10. Out of County Student Medical Release Form (Optional)		
This form is needed for any student travel out of Brevard County (We have notary available at West Shore to notarize your signature, please bring a photo ID if you need our Notary services)		
11. PTA Membership (Optional)		

Please return all these forms to your homeroom teacher with your FINAL course selection sheet on Friday, March 12, 2021.



School Board of Brevard County, Florida
STUDENT REGISTRATION FORM

Please Print

INSTRUCTIONS: All students entering the Brevard Public School district must complete a *Student Registration Form*. Only one (1) form per student should be completed annually, regardless of custody.

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	MIDDLE	NAME STUDENT GOES BY	FORMER NAME (Legal)
RESIDENTIAL ADDRESS		APT. NUMBER	CITY	STATE	ZIP CODE
MAILING ADDRESS		APT. NUMBER	CITY	STATE	ZIP CODE
RACE (Choose One) Brevard Schools		ETHNICITY/RACES (Check All That Apply) U.S. Dept of Education	GENDER (Choose One)	BIRTHDATE Month/Day/Year	BIRTHPLACE City/State/Country
Asian Black Hispanic Indian Multiracial Hawaiian/Pacific White	American Indian/Alaska Native Asian Black/African Native American Hawaiian/Pacific White	Hispanic Yes No	Male Female		STUDENT'S RESIDENT STATUS (Choose One)
					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

REGISTERING PARENT/LEGAL GUARDIAN

LAST NAME	FIRST	MIDDLE	EMPLOYER	BUSINESS PH
RESIDENTIAL ADDRESS		HOME PH (if different)	**CELL PHONE	
PRIMARY E-MAIL ADDRESS		Is parents transitioning active military and not yet a Brevard County resident?		
		Y N If yes, Transitioning Active Military form must be attached.		
PARENT/GUARDIAN (Choose One)	RELATION (Choose One)		PASSWORD (If applicable)	
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	Divorced/Legally Separated (please provide all legal documents, including a parenting plan that is signed by a Judge). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		F - Father M - Mother L - Legal Guardian G - Grandmother H - Grandfather	A - Aunt U - Uncle B - Brother S - Sister N - Neighbor
Does this person have authority to pick up student?		Does this person have legal custody of student?		
Yes No		Yes 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				

** I grant prior express consent to receive calls/messages on the above cell phone for school related business.

NON-REGISTERING PARENT/LEGAL GUARDIAN

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH
RESIDENTIAL ADDRESS (if different from student)			HOME PH (if different)	**CELL PHONE	
PRIMARY E-MAIL ADDRESS			ALTERNATIVE EMAIL ADDRESS		
PARENT/GUARDIAN (Check One)		RELATION (Check One)			PASSWORD (If applicable)
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	Divorced/Legally Separated (please provide all legal documents, including a parenting plan that is signed by a Judge). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? Yes No	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 pick up student?		Yes No	Does this person have legal custody of student?		Yes 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					

** I grant prior express consent to receive calls/messages on the above cell phone for school related business.

IMPORTANT: REGISTERING PARENT MUST ANSWER ALL QUESTIONS BELOW

<p>A. Is there any Court Order barring either parent from removing the student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, provide school with a copy of the most current Court Order signed by a Judge.</p> <p>If divorced or separated:</p>	
<p>B. Do parents have shared (or joint) parental rights and responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If no, provide the school with a copy of the Court Order signed by a Judge which limits either parent's parental rights or responsibilities regarding the student.</p>	
<p>C. Does either parent have final decision-making authority regarding educational decisions for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, provide the school with a copy of the Court Order signed by a Judge stating that one parent has final parental decision-making authority regarding education.</p>	
<p>D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact or other Court Order that restricts or impacts access to the student by anyone, including a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, please provide school with a copy of the most current Court Order signed by a Judge.</p>	

In the **case of an emergency**, it is imperative that the school be able to reach the student's parent/legal guardian as defined in Section 1000.21 (5), Florida Statutes. Both the registering parent/legal guardian and the non-registering parent/legal guardian of a student shall be listed on the emergency contact list as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a signed copy of such Court Order has been provided to the school per Domestic Relations Court Administrative Order 15-10-B. Both the registering and non-registering parent/legal guardian shall designate on the Emergency Contact List those persons authorized to pick up their child from school **in an emergency**. No parent shall delete or in any way alter the names provided by the other parent/legal guardian on the emergency contact list. It is both parents' responsibility to inform the school of any changes to the information each has provided on the emergency contact list.

Any and all persons listed as an "emergency contact" will only be called and allowed to pick-up the student during an emergency. The registering parent/legal guardian will need to contact the school prior to the release of a student for "non-emergency pick-ups".

EMERGENCY CONTACT LIST

LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:		Password (if applicable):		
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:		Password (if applicable):		
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:		Password (if applicable):		
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:		Password (if applicable):		

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)	LAST GR.	REPEAT?
1.				
2.				
3.				

Please Print

ADDITIONAL STUDENT INFORMATION	Check Applicable Box
Please answer the following questions.	
Has this student ever been enrolled in a Florida Public School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, When? (Year/Grade Level) _____ Where?(City/County) _____	
Is a language other than English used in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate language. _____	
Has the student ever received any Exceptional Education and/or Federal/State Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, When (Year/Grade Level) _____	
Where?(County/State/Country) _____	
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 the parent/legal guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize emergency treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student/Physician Name: _____ Phone: _____	
Does the student have a unusual or chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide documentation to the Administration/Clinic Staff.	

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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please check applicable and explain:	Suspension	Expulsion	Date	School
Has student ever been arrested and charged?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:	Dates			
Charge(s)				
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
Has student been referred for corresponding mental health services by a school district for the disclosures above? (Section 1006.07(1)(b), Florida Statutes)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

*[Section 1008.386](#), Florida Statutes 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. [Section 1008.386, Florida Statutes](#) 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. [Section 1008.386, Florida Statutes](#) requires Brevard Public Schools to request this information for the student's permanent record.

Only the registering parent/legal guardian (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise.

Please be advised the students of parents/legal 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.

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.

Registering Parent/Legal Guardian Name (*Please print*)

Signature of Registering Parent/Legal Guardian

Date

Revised 08/31/2020 Student Services



STUDENT TECHNOLOGY ACCESS INFORMATION

School Board of Brevard County, Florida

Dear Parent/Guardian:

Brevard Public Schools strives to foster a culture of collaboration and an atmosphere of engagement as we prepare students to thrive in a digital world. While we remain committed to the high standards of Florida's curriculum, we also believe that school districts are obligated to provide students with skill in digital literacy within the context of those standards. For this reason, the District provides students with computer access to the Internet, email, digital communication and collaboration tools, and online educational resources. These resources are managed at a grade appropriate level as described below.

Standard accounts and applications that are created for students include:

- Student Account – Provides each student with a unique username and password that is used to access the district computers and applications.
- Google for Education – Google accounts provide students with access to web-based programs and collaboration tools.
 - Students in grades PK-6 are provided with limited access to communicate and share with district staff and other students enrolled in Brevard Public Schools.
 - Students in grades 7-12 are provided with open, authentic access to communicate with others via email and web posting.
- Office365 - Students will have access to Microsoft Office applications at school and at home. Students will also have an email account and cloud storage space provisioned for them.
- Classlink Launchpad- Launchpad provides students with single sign-on access to a variety of educational resources and digital textbooks utilized to support standards-based instruction.

Students are expected to comply with the terms of the the Brevard Public Schools Acceptable Use Policy while accessing District technology resources. Please review the Acceptable Use Policy that is located in the student handbook with your child. District technology resources are to be utilized for educational purposes only. Should students not comply with this policy, disciplinary action may result.

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 Brevard's intention to provide a completely safe and sterile computing environment, doing so with absolute fidelity is impossible to guarantee. Brevard's system administrators will have full authority and ability to monitor content and investigate concerns. District administrators may disable access if a student is found to be using the systems inappropriately, violating the acceptable use policy, or at the discretion of the school Principal or district official. All student web traffic will be filtered at or beyond CIPA compliance.

Parents have the right to terminate their child's access to technology tools and resources. If you choose to restrict your child's access to technology, request that your school provide you with the Technology Opt-Out form 7540.03f1 for your signature. Please be aware that your decision to eliminate your child's access to these tools may significantly impact your child's ability to work collaboratively with his or her peers and may inhibit the development of digital skills.



School Board of Brevard County, Florida
ANNUAL STUDENT DECLARATION
New and Returning Students

INSTRUCTIONS: This form is to be used each year to meet state reporting requirements. 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.

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
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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

Foster Care and Out of Home Care - This information will aid schools in providing timely responses to placement of students and various considerations in all aspects of a student's enrollment, academics, and attendance.

Is this student in licensed foster care? (F)	Yes <input type="checkbox"/> No
Is this student in court ordered relative or non-relative care? (sheltered) (O)	<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/Legal Guardian Name (*please print*): _____

Parent/Legal Guardian Signature: _____ Date: _____

Student Name (*please print*): _____

Student Signature: _____ Date: _____

School Board of Brevard County, Florida

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:

Pursuant to State law, the Board prohibits students from openly carrying a handgun or carrying a concealed weapon or firearm, in any school safety zone, elementary and/or secondary school, alternative learning center, adult education center, administration building, Board meeting, and 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, or in a District vehicle. Weapons and firearms are defined in F.S. 790.001 and include, but are not limited to, firearms, guns of any type, knives, razors, clubs, electric weapons, metallic knuckles, martial arts weapons, ammunition, and explosives. For purposes of this policy, the term "weapon" also 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. 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. The Superintendent is authorized to establish administrative procedures on weapons which require students to immediately report knowledge of weapons and threats of violence by students and staff to the building principal. Failure to report such knowledge may subject the student to immediate suspension and potential expulsion from school. Exceptions to the Board's prohibition from openly carrying a handgun or carrying a concealed weapon or firearm in any school safety zone, elementary and/or secondary school, alternative learning center, adult education center, administration building, Board meeting, and 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, any school-sponsored event, or in a District vehicle include the following:

- A. Members of the Armed Forces, National Guard, police or other licensed law enforcement officers, as well as students enrolled in the District's Junior ROTC Program while under the direct supervision of District staff members may possess a firearm or weapon.
- B. Items pre-approved by the Principal or site administrator as part of a class or individual presentation or a theatrical prop used under adult supervision, is used for the purpose and in the manner approved, would be an exception to this policy. (Working firearms and any ammunition will never be approved as part of a presentation.)

The Superintendent will refer any student who violates this policy to the student's parents/legal guardians and to the criminal justice or juvenile delinquency system. The student may also be subject to disciplinary action, up to and including expulsion.

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)



School Board of Brevard County, Florida

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"/> 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)	<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"/> 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)	<div style="background-color: #d3d3d3; padding: 5px;"> For School Use Only (This form will remain on file at the school until student withdraws.) </div> <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> • "X" is entered for Do Not Release Directory Information to Military Recruiters on the S313 screen. <i>Leave field blank for permission to release.</i> • L309, Format N on AS400 will give schools a list of who has an "N" in the Do Not Publish Field. • If no option selected under Release of Directory Information, leave it blank on the S313 screen. • <u>All students</u> 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. <p>A school roster may be run to verify that all students have a code for Consent to Publish Video/Photograph from L309, Format M.</p>

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 PARENT. A NEW FORM IS REQUIRED UPON ENTRY INTO A NEW SCHOOL.



BREVARD PUBLIC SCHOOLS

Parent Consent to Release Personal Student Information for Medicaid Reimbursement

Medicaid reimbursement helps the school district fund costs of providing special education, related services, and any other services allowable by Medicaid. Our school district wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement.

Individual Educational Plan (IEP) Services

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

Non-IEP Services

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

Consent given or denied (please read, initial, sign and date at the bottom):

- ☐ **I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Social Security number, Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

- ☐ **I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

Parent/Guardian's Signature: _____ **Date signed:** _____

Parent/Guardian's Name (printed): _____

Student's Name (printed): _____

Student ID _____ **Student's Date of Birth (printed):** _____



Medicaid Questions Answered

Dear BPS Parent,

The State of Florida participates in a federal program called Medicaid School Match. This program helps school districts by allowing them to receive reimbursement for services provided to Medicaid Eligible Students. School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing education services.

In order to assist you further, we have put together frequently asked questions to guide you.

Who can the district submit reimbursement for?

While services will be provided to all students, as determined necessary by the school IEP/504/MTSS team, school districts may only receive reimbursement for services provided to students who are Medicaid Eligible.

What services does Medicaid cover?

Occupational Therapy	Physical Therapy	Nursing Services
Speech/Language Therapy	Psychological Services	Social Work Services
Audiology Services	Special Transportation	School Health Aides
Screenings/Evaluations	Counseling Services	

Why does the district need parental consent?

Federal law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

Is there a cost to me?

No. Services provided to a student within a school setting are provided at no cost to the parent/guardian.

Will this impact my child's outside Medicaid benefits?

Not at all. Granting permission for the school district to bill Medicaid will **not** reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits.

Who will see this information?

Your student's demographic and service information will be shared with the Agency for Health Care Administration (AHCA) for the purpose of verifying Medicaid eligibility and submitting claims.

What if I deny consent? – What if I change my mind?

You have the right to add or withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

If you have further questions, please contact:

Cheryl Wratchford, Medicaid Specialist

ESE Program Support Services

Brevard County Public Schools

321-633-1000 ext. 11508

Wratchford.cheryl@brevardschools.org



2021-2022 Student Residency Statement

The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. For more information, contact BPS SIT office at 321-633-1000 ext. 11557.

Where are you and your family currently staying at night? (only check one box):

- ☐ Rent or own my own house, condo, apartment or other permanent residence. **(If you checked this box, you DO NOT need to complete the rest of this questionnaire.)**
- ☐ Living with someone else by choice in a house or apartment that properly accommodates all residents. **(If you checked this box, you DO NOT need to complete the rest of this questionnaire.)**
- ☐ Staying somewhere temporarily (if you checked this box, please **complete** the rest of this questionnaire).

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):					
Current Student Nighttime Street Address:				City/ Zip Code:	
How long have you been at this Address?		Phone Number:		Email Address:	

Please list ALL students within the family, (including pre-K children) enrolling at ANY BPS school.

Student Name	Student ID#	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Check only **ONE** box that applies to your situation:

- ☐ We are temporarily staying with another family member or friend
- ☐ We are staying in a motel or hotel. Name of Motel/Hotel _____
- ☐ We are sleeping in a vehicle or staying in a trailer park or campground, or in an abandoned building, or other substandard housing
- ☐ We are staying in an emergency or transitional shelter. Name of Shelter/Transitional housing _____
- ☐ If the above do not apply, describe where the student most recently spent the night: _____

Check only **ONE** box that applies to the cause of your temporary living situation:

- ☐ Economic hardship due to **COVID pandemic** (illness, loss of job, etc.) that resulted in loss of housing.
- ☐ Economic hardship or other circumstances (**NOT Related to COVID pandemic**) that resulted in foreclosure, eviction, or inability to obtain a residence at this time
- ☐ Lost our housing due to a Natural Disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the Natural Disaster type here: _____
- ☐ Lost our housing due to a Manmade Disaster (mold, poison gas release, domestic violence, etc.) and have no place else to go
- ☐ Recently moved to the area and are looking for a place to buy or rent
- ☐ Recently sold residence or lease ended and looking for a place to buy or rent
- ☐ Repairing or remodeling current residence
- ☐ If the above do not apply, describe the cause of your temporary living situation: _____

Please continue residency questionnaire on the next page





2021-2022 Student Residency Statement

The enrolling student(s) is/are:

- ☐ Staying with a parent or legal guardian
- ☐ Not staying with a parent or legal guardian, but staying with an adult that is not a parent or legal guardian If you checked this box, please complete the following:
 Caregiver Name: _____
 Relationship to Student: _____
 Phone Number: _____
- ☐ Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent as defined in s. 1000.21(5), Florida Statutes.
 If you checked this box, how long has the student been living alone? _____
- ☐ Other (explain): _____

ADDITIONAL RESOURCES INFORMATION RELEASE

Release of information to social service and community agencies:

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin. Please check 'yes' if you allow this information to be released to social service and/or community agencies for possible assistance. Release of information expires on 6/30/2022.

- ☐ Yes
☐ No

At this time, what is the greatest need for your child? (check all that apply)

- ☐ School Supplies
☐ Help for Academic improvement
☐ Medical Referral/immunizations
☐ Referral for food assistance
☐ Help for behavior improvement
☐ Other _____

VERIFICATION OF INFORMATION

The undersigned certifies that the information provided is accurate.

Please note that Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge; (2) my permission for someone from the Office of Students in Transition to contact me to share district and community resources that may assist my child's success in school and our family's needs.

 Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

 Date

FOR BPS STAFF ONLY

If it is determined that this student is eligible for McKinney-Vento Program services, please scan this Student Residency Statement and email it to the following:

- ☐ District SIT Office – sitforms@brevardschools.org
☐ School-based SIT Lead.

All schools are required to keep a file (digital or paper) of all SRS forms submitted. Do not file in Permanent file.



School Board of Brevard County, Florida

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

Protecting students, staff and maintaining the integrity of the learning environment is the top priority

- Use of cellphones/WCDs, except those approved by a teacher or administrator is prohibited and must be either powered completely off (or placed into vibrate or silent mode) and stored out of sight.
- When authorized and approved by the site principal or site leadership team, students may use cellphones/WCDs before and after school, during their lunch break, in between classes, during after school activities, and at school-related functions, as long as they do not create a distraction or disruption educational environment.
- Students may use cellphones/WCDs while riding to and from school on a school bus for school-sponsored activities, at the discretion of the bus driver, teacher, or sponsor. Distracting behavior that creates an unsafe environment will not be tolerated.
- When directed by the administrator or sponsor, Cellphones/WCDs shall be powered completely off during after school activities and stored out of sight.
- Students shall have no expectation of confidentiality with respect to their use of cellphones/WCDs on school property.
- Possession of cellphones/WCDs by a student at school during school hours and/or during extra-curricular activities is a privilege that may be forfeited by any student who fails to abide by the terms of this policy, or abuses this privilege.

Should a student be observed using a cellphone/WCD, or a cellphone/WCD rings during the school day, discipline action may include but is not limited to an office discipline 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 cellphone/WCD permanently, or for a period of time as determined by an administrator.

- Student behavior concerning cellphones/WCD must be consistent with the School Board Policy 5136.
- Student cellphones/WCD ringing or vibrating in class may result in confiscation of the phone and disciplinary action.

During times of testing and other student evaluations, teachers may request that students remove their cellphone/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 cellphone/WCD blackouts. During such contingencies, cell phone/WCD usage may be limited or prohibited.

STUDENT CONTRACT

I, _____ (student's name) understand that possession of a cell phone/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 cell phone/WCD while on school grounds. The school is not obligated to investigate the loss or damage of any phone.

Student signature: _____ Date: _____

Cellphone make, model and phone number: _____
(This information may 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 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 cell phone/WCD on campus. I understand that the school and its employees are in no way responsible for any theft or damage of my child's cell phone/WCD while on campus. 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: _____



School Board of Brevard County, Florida HEALTH CARD

NAME _____ DOB _____ GRADE _____ SEX _____
 LAST FIRST

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

Other Emergency Medication: _____

ALLERGIES:

☐ Insect Bites

Specific Allergies:

☐ Foods

☐ Medicine

☐ Other

EMERGENCY MEDICATION: EPINEPHRINE (EpiPen):

☐ Home

☐ School

☐ Both

SPECIAL

☐ Glasses/Contacts

☐ Wheelchair

☐ Gastric Tube

☐ Shunt

EQUIPMENT:

☐ 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: _____

STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

School Year _____

Name of Student (Please print) _____

Address _____

Home Phone _____ Date of Birth _____ Place of Birth _____

Parent's Work Phone _____ Other Emergency Phone _____

This agreement to travel and participate in activities or events sponsored by the Brevard County schools is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County and the school.

The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a voluntary extracurricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trips.

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.
2. I/We will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
3. I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost, stolen, or damaged.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the district. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.
7. Some extracurricular activities may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable and unforeseeable causes. I/We give permission for my child to participate in these activities when supervised by a sponsor(s) and I will indemnify and hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while my child is engaged in the water related activity (ies).

Student's Signature_____
Mother's or Guardian's Signature_____
Date_____
Father's or Guardian's Signature

(OFFICIAL SEAL)

State of Florida, County of _____. Sworn to and subscribed before me this _____ day of _____, 20 _____ by

_____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public_____
Typed, Printed, or Stamped Name of Notary_____
My Commission Expires_____
Notary Public Commission Number



JOIN TODAY

IT'S EASY | IT'S ONLINE

Why should you join PTA?

- A PTA membership earns you a minimum of 3 volunteer hours. This is a great way to get started on your family's 20 hours of volunteer service requested of each family annually.
- PTA membership funds create the starting operational budget for the 2021-2022 school year.
- PTA enhances your child's education by funding over \$10,000 a year of classroom and school-wide "extras".
- By signing up now, you earn the privilege of skipping the PTA station at registration!

West Shore PTA needs you. Your registration will help us continue to enhance school sports, clubs, academics, and student activities. We were not able to do as many fundraisers last year due to the pandemic, yet we still provided the school with invaluable funds including paying for PSAT for all junior students, purchasing corn hole for PE classes, enriching the curriculum through teacher request for curricula funds, and providing morale boosting signs and treats for teachers to name a few. This is a no pressure organization where members are free to do as little or as much as their comfort and time permits. Being a member requires NOTHING more than signing up. You are obligated to do nothing more.

Join by going to <https://westshorepta.memberhub.store>

- Choose your membership (\$15 Basic, \$50 Silver, \$75 Gold, or \$100 Platinum)
- Be sure to choose 2021-2022 from the school year dropdown menu
- Choose parent/guardian from the member type dropdown menu
- Click "Add to Cart"
- Click the Shopping Cart to pay and complete your order
- Complete the information below and hand this paper in with your registration packet. You will be able to skip the PTA line at registration.

STUDENT NAME(S) _____

PARENT #1 NAME: _____ ORDER NUMBER: _____

PARENT #1 EMAIL: _____ DATE REGISTERED: _____

PARENT #2 NAME: _____ ORDER NUMBER: _____

PARENT #2 EMAIL: _____ DATE REGISTERED: _____