



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)



Student Name _____

Please Print

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 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

ADD/ADHD Cystic Fibrosis Sickle Cell Disease Other _____
 Asthma Diabetes Developmental Delay Other _____
 Bleeding Disorder Epilepsy/Seizures Surgery Other _____
 Cancer Kidney Disorders
 Cardiac Conditions 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
 Home School Both

EMERGENCY MEDICATION: Glucagon:

ALLERGIES: Insect Bites **Specific Allergies:**
 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: _____



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)	<input type="checkbox"/> 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: _____