



- North Broward (Margate) Campus
- South Broward (Ft. Lauderdale) Campus

Student Name : _____

Student ID : _____

Session : AM 7 :00 AM – 12 :00 PM

PM 12 :00 PM – 5 :00 PM

STUDENT APPLICATION CHECKLIST 2022/2023

The following documents **MUST** accompany the completed SunEd student application. Missing documents will result in a delayed enrollment process.

- ___ PICTURE ID (DRIVER'S LICENSE, STATE ID)
- ___ PROOF OF RESIDENCY (UTILITY BILL, LEASE/MORTGAGE, OR GOVERNMENT DOCUMENT)
- ___ BIRTH CERTIFICATE/PASSPORT
- ___ WITHDRAW FORM (IF APPLICABLE)
- ___ IMMUNIZATION RECORDS (**ONLY** IF STUDENT IS NEW TO BROWARD SCHOOLS)
- ___ TRANSCRIPTS FROM PREVIOUS SCHOOL (**ONLY** IF STUDENT IS NEW TO BROWARD SCHOOLS)
- ___ IEP AND/OR 504 PLAN (IF APPLICABLE)

HOW DID YOU HEAR ABOUT SUNED HIGH SCHOOLS ?

- WEB SITE
- POSTCARD
- GUIDANCE COUNSELOR _____
- COMMUNITY AGENCY _____
- SUNED STUDENT/FRIEND _____
- OTHER : _____

PARENT CELL # _____

STUDENT CELL # _____

PARENT EMAIL ADDRESS : _____

STUDENT EMAIL ADDRESS : _____

Student #:	School/Teacher:	Date:	Grade Level:	Entry Code:
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Student Registration Form

Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

Student's Last Name (Legal)		First Name (Legal)		Middle Name		Affirmed Name	
Student's Primary Home Address		Apt #	City	Zip Code	Gender		
					<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone #		Student's E-mail Address					
SSN <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		Date Student First Entered School in USA		Date of Birth		Birthplace (City/State/Country)	
Student Lives With		Ethnicity		Race (Check all that apply)			
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____		<input type="checkbox"/> White <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American			
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #		Relationship to Student	
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address			
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #		Relationship to Student	
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address			
Non-Registering Parent's Home Address		Apt #	City	State	Zip Code		
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?			

The student's primary residence is: (Check only one)

owned by the parent/guardian. **shared** with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency.

rented with a valid lease agreement. Expiration Date: **shared** with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:

Yes No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?

Yes No Transitional/emergency shelter?

Yes No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?

Does the student live or is either parent employed:

Yes No In low rent housing (such as Section 8 subsidized housing)?

Yes No On Indian Lands?

Yes No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:

Yes No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____

Yes No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____

Yes No Employed in agriculture or fishing industries anytime in the past three years?

Has the student previously been:

Yes No Enrolled in Broward County Public School? Yes No Retained (repeated the same grade)?

Yes No Enrolled in a Charter School in Broward County? Yes No In Exceptional Student Education (ESE)?

Yes No Enrolled in a Home Education program? Yes No On a 504 plan?

Yes No Expelled from school? Yes No In an English Speakers of Other Languages (ESOL) program?

Yes No Convicted of a felony? Yes No In a Magnet program?

Yes No Involved in the Juvenile Justice System? Yes No In Foster Care?

Yes No Referred for mental health services? Yes No In a Gifted program?

Yes No Assessed for a behavioral threat? Yes No Assessed for risk of suicide or self-harm?

Yes No Has an active monitoring plan? Yes No Has an active safety plan?

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §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. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name _____ **Registering Parent Signature** _____ **Date** _____

DISCLOSURE AT TIME OF REGISTRATION

Chapter 1006.07(1)(b) requires that any student seeking admission to a public school in the State of Florida will provide the following information at the time of initial registration:

- 1) Has the student ever been expelled from any school in or out of the State of Florida?
 Yes No

If the answer to question 1 is "Yes" please list each and every instance for which the student was expelled.

- 2) Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "Yes" please list each and every arrest which resulted in a formal charge.

- 3) Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System. If so, state each action by the Juvenile Justice System which involved the student.

- 4) Has the student ever been referred to mental health services?
 Yes No

If "Yes" please list each and every service.

Student Name: _____

ID # _____

Ethnicity (Check all that apply): Race:
Hispanic – Yes No

White Black Asian
 American Indian Native Pacific Islander

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Parent/Guardian Signature: _____

Student Signature: _____

Date Signed: _____



SUNED HIGH

CODE OF CONDUCT

Broward County School Code of Student Conduct provides specific information regarding the rules that all students are expected to adhere to, as well as consequences for violations. Important among these rules are consistent and timely attendance, respect for people and property, appropriate dress, technology usage, student publications, student activities, student records and the right to appeal, including grievance procedures.

The SunEd School website www.sunedhigh.com has a link to the Code of Conduct. The Code is available in English, Spanish, Haitian-Creole, and Portuguese versions.

I agree to read and follow the Code of Conduct.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____



SUNED HIGH

**SUNED HIGH OF SOUTH BROWARD
PARENT / STUDENT CONTRACT
SY 2022 - 2023**

Student Name: _____

Parent/Guardian Name: _____
(if student is under 18 Years of age)

I/We have read and understood all of the information contained in the Parent/Student Handbook.
I/We agree to abide by and support all of SunEd High School's rules and regulations, ***including the Code of Conduct and all other policies***, as outlined in the Parent/ Student Handbook.

Although this Parent/Student Handbook reflects the current policies of the SunEd High School, it may be necessary to make changes from time to time to best serve the needs of the School and its students.

Agreed by:

Parent/Guardian Signature: _____ Date: _____
(Must signed if student is under 18 Years of age)

Student Signature: _____ Date: _____

This agreement will be placed in the student's file.



SUNED HIGH

PARENT STUDENT SCHOOL COMPACT SY 22-23

This compact recognizes the shared responsibility of the school, home, and student for high student academic achievement. Toward that end, the following are the actions that SunEd High of Broward's stakeholders will take to ensure that all community members are living their SunEd Best, therefore fulfilling the school's vision.

Administrators

1. Administrators supervise students during passing times by being at their duty posts.
2. Administrators respond to all staff emails or queries within 36 hours.
3. Administrators refer to "SunEd Code of Conduct" when disciplining students.
4. Administrators employ all available and appropriate interventions prior to suspending students.
5. Administrators consistently visit classrooms weekly to insure academic relevance and rigor.

Counselors/Coordinators

1. Counselors/Coordinators meet the academic, career, and personal/social needs of each student.
2. Counselors/Coordinators provide and assist in the student's post-secondary endeavors.
3. Counselors/Coordinators offer a variety of resources to meet students' educational needs.
4. Counselors/Coordinators utilize community agencies to provide strategies for family success.
5. Counselors/Coordinators communicate with all stakeholders in timely manner.

Teachers

1. Teachers positively greet students at their door and in the hallways.
2. Teachers assist in enforcing all school policies.
3. Teachers engage students in active learning from bell to bell.
4. Teachers provide descriptive, meaningful communication in a timely manner with all stakeholders.
5. Teachers collaborate with one another through Learning Team Meetings and Small Learning Communities.

Parents

1. Parents ensure that their children come to school every day prepared to learn.
2. Parents encourage their children to model SunEd's Best.
3. Parents communicate regularly with teachers.
4. Parents hold their children accountable for completing daily work assignments and promote good study habits.
5. Parents attend and support extracurricular activities and encourage their children to participate in them as an important part of their high school experience.

Students

1. Students take pride in their school and strive to succeed beyond graduation.
2. Students show respect towards themselves, each other, faculty and staff, the school building, and the community.
3. Students display school spirit, and motivate their peers to succeed by being their SunEd Best.
4. Students handle positive and negative criticism without being offended; they will show maturity in difficult situations.
5. Students are prompt and prepared for rigorous learning on a daily basis.

Student Name: _____ Student ID# _____

Teacher

Parent/Guardian

Student

Date

Date

Date

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/bts-onlineforms>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <http://www.Broward.k12.fl.us/sbbcpolicies>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.

Student Name (PRINT)

Student Signature

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Media Release Form 2022/2023 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic media as indicated below.

You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choose #1)

Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1. I **WILL** permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.
2. I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the news media.

Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1. I **WILL** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests). **Note: Student's name, student's home address, student/ parent phone number, grade level, student identification number, teacher's name and room number may be released in order to facilitate school-based publications. Athletic team member's team position and jersey number may be disclosed during sporting events.**
2. I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

MILITARY & POSTSECONDARY

Pursuant to the Every Student Succeeds Act (ESSA), the District is required to disclose, upon request, **student name, address, and telephone number** of 11th and 12th graders without prior written consent to:

- **Armed services/military recruiters** (the District Commander or Senior Officer of the regional or satellite offices of the Armed Forces, including the United States Coast Guard) for their use in mailing notices to students in regard to opportunities available to them in the United States Armed Forces. Confidentiality of the list shall be protected by the armed services personnel responsible for such lists.
- **Institutions of higher education** (postsecondary institutions). Confidentiality of the list shall be protected by the higher education personnel responsible for such lists.

However, parents/guardians and eligible students (those over the age of 18), may opt out of having this information disclosed by indicating their choice below.

Information disclosed to armed services/military recruiters:

1. _____ I **WILL** permit the limited information listed above to be disclosed to armed services/military recruiters.
2. _____ I **WILL NOT** permit the limited information listed above to be disclosed to armed services/military recruiters without prior permission.

Information disclosed to postsecondary institutions:

1. _____ I **WILL** permit the limited information listed above to be disclosed to postsecondary institutions.
2. _____ I **WILL NOT** permit the limited information listed above to be disclosed to postsecondary institutions without my prior permission.

Note: This form must be completed and submitted to the school on an annual basis, regardless of the chosen option, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.

In addition to this form, all 11th and 12th grade students must also complete the FERPA Opt-Out Notification Form provided in the Code of Student Conduct.

Student Name _____ Grade _____

School Name _____

Parent/Guardian/Eligible Student's Name (Print) _____

Parent/Guardian/Eligible Student's Signature _____

Date _____

FERPA Opt-Out Notification Form 2022/2023 (All Grades)

ATTENTION! Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form.

For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to FERPA, SBBC may disclose, in its discretion, directory information of a student in any grade level, if the parent or student age 18 or over did not "opt out" of the disclosure. SBBC reserves the right to release the Directory Information only:

- (a) to colleges, universities or other institutes of higher education in which the student is enrolled, may seek enrollment or may be recruited;
- (b) for athletic events, school publications, instructional materials and other school communication tools (including, but not limited to, yearbooks, athletic programs, graduation programs, recruitment brochures, theatrical programs, school and District websites, social media, and postings and displays throughout the school facility);
- (c) to Broward County health officials for purposes of communicating with parents to address conditions of public health importance as determined by Florida Department of Health (64D-3, F.A.C.), including information to meet or to prepare for a potential or confirmed health threat; and/or
- (d) to class reunion committees (and the like) for purposes of class reunion activities.

TYPES OF DIRECTORY INFORMATION

Parents/guardians of students in any grade level, or eligible students (those over the age of 18, emancipated, or attending a postsecondary institution), may opt out of having any or all of the following types of directory information disclosed by indicating, with a check mark (✓), those items NOT TO BE DISCLOSED:

<input type="checkbox"/> Student's Name	<input type="checkbox"/> Parent's Name	<input type="checkbox"/> Residential Address
<input type="checkbox"/> Telephone Number(s)	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Place of Birth
<input type="checkbox"/> Major Field of Study	<input type="checkbox"/> School-Sponsored Activities and Sports	<input type="checkbox"/> Height and Weight of Athletic Team Members
<input type="checkbox"/> School Grade Level	<input type="checkbox"/> Dates of School Attendance	<input type="checkbox"/> Jersey Number and Team Position
<input type="checkbox"/> Degrees & Awards*	<input type="checkbox"/> Name of the Most Recent/Previous School or Program Attended	<input type="checkbox"/> Room Number

*Degrees and awards include exemplary work (including artwork), recognitions of all types, and graduation status (i.e., a list of graduating students), and exclude Grade Point Average (GPA).

Note: This form must be completed and submitted to the school on an annual basis, regardless of whether any of the above items were checked or not, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.

Student Name _____ School _____

Parent/Guardian/Eligible Student's Name (Print) _____

Parent/Guardian/Eligible Student's Signature _____ Date _____

Note: Regarding former students, SBBC shall continue to honor any valid request to opt out of the disclosure of directory information made while a student was in attendance, unless the former student rescinds the opt out request (34 CFR 99.37(b)).

For parents in selected occupations:

Note: Pursuant to Florida Statute 119.071, for individuals in certain occupations (as well as their spouses and children), selected personal information is confidential and exempt from public disclosure, only if the individual submits a written request for the exemption. If you are employed in a qualifying occupation and wish to request that your, your spouse's and your child's personal information remain confidential, please schedule an appointment with your child's school in order to complete the Parental Request for Exemption of Personal Information for Selected Occupations form.

Family Life/Human Sexuality Exemption Form 2022/2023 (All Grades)

Florida Statute 1003.42, requires instruction in Human Sexuality Education as part of a Comprehensive Health Education Program. The School Board of Broward County, Florida, has authorized teaching Family Life/Human Sexuality and HIV/AIDS Prevention as a component of Health Education.

Policy 5315, Family Life/Human Sexuality, states in part:

"It is essential that a universal comprehensive sexual health curriculum that follows the National Sexuality Education Standards be in place in order to make certain every student receives the same quality information necessary to support their education and live a healthy life."

Broward County Public Schools respects the rights of parents and their role in the education of their children. According to F.S. 1003.42(3), "Any student whose parent makes written request to the school principal shall be exempt from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment. A student so exempted may not be penalized by reason of that exemption."

Only if you wish for your child to be excused from attending this course, should you complete the form below and return it to the school. Your child will then be scheduled into an alternative assignment during the Family Life/Human Sexuality lessons.

We appreciate your interest and cooperation in the implementation of our Comprehensive Health Education Program.

The Family Life/Human Sexuality curriculum will be presented by District trained teachers selected by your school principal and may include presentations from District approved experts in the field of sexually transmitted infection prevention as a supplemental resource.

You may review the curriculum content and instructional materials by visiting <https://www.browardschools.com/page/33679> or by scheduling an appointment with your child's school. Additional parent resources and videos for strategies on how to talk to your child about sexual health are available at <https://www.browardschools.com/page/45860>.

Note: Please check the box and sign below, to exempt your child from participation in the curriculum. This form should be completed and submitted to the school on an annual basis, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year. Failure to return this form constitutes permission for your child to participate in the Family Life/Human Sexuality curriculum.

I DO NOT want my child to participate in any of the Family Life/Human Sexuality lessons.

School Name _____

Student Name _____ Grade _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Housing Questionnaire (SHQ) 2022/2023 (All Grades)



STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, caregivers and unaccompanied youth (not living with a parent or legal guardian):

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability as defined by Subtitle V11-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.) According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure educational stability.

1. With whom does the student(s) live?

- Parent
- Legal guardian
- An adult (18+) caring for student who is unable to live with parent or legal guardian at this time.
- Name (first and last): _____ Relationship: _____
***IMPORTANT: Please contact the student's school to complete the required Caregiver Authorization Form.**
- I am an unaccompanied youth. I do not live with either of my parents or a legal guardian at this time.

2. Where do you currently live?

- I rent or own my home → **STOP HERE AND SKIP TO QUESTION #4.**
- In an emergency or transitional shelter (A)
- Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

3. What caused your temporary residence?

- Man-made Disaster (D) Earthquake (E) Flooding (F) Hurricane (H) Mortgage Foreclosure (M)
- Eviction; Domestic Violence; Unemployment; Medical/Mental Disability, Poverty; Lack of Affordable Housing (N)
- Pandemic (P) Tropical Storm (S) Tomado (T) Unknown (U) Wildfire or house fire (W)

Is either parent employed in agriculture or fishing industries anytime in the past three (3) years? Yes No

***IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending enrollment in a Broward County, FL public or charter school. If you have children enrolled in multiple schools, please return a completed questionnaire to each school.**

Student's Full Name (First and Last)	Student ID #	M/F	Date of Birth (mm/dd/yy)	Grade	School Currently Enrolled

By signing below, I am attesting that the information provided is accurate:

PRINT FULL NAME (Person completing this form) SIGNATURE DATE

CURRENT ADDRESS CITY STATE ZIP CODE

TELEPHONE #: _____ E-MAIL ADDRESS: _____

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.



Social and Emotional Learning Student Survey (SEL) Opt-Out Form

Social/Emotional Learning (SEL) is the process of developing the self-awareness, self-control, decision-making, and interpersonal skills that are vital for school, work, and life success. In order to guide effective SEL instruction, the District will administer a series of brief surveys. The data collected will solely be used by authorized BCPS staff to direct school activities and provide personalized SEL services for students. Specifically, the type of formative data collected will focus on self-awareness, self-management, social awareness, relationship skills, and decision-making.

The SEL sample surveys for 3rd - 12th grade and instructional materials can be viewed at: <https://www.browardschools.com/Page/62627> or by scheduling an appointment with your school's SEL Liaison. Additional parent resources and strategies on how to incorporate SEL at home can be found in our SEL & Mindfulness Toolkit for Families and Students: <https://browardschools.instructure.com/enroll/WDB374>.

Note: Your student will be automatically registered to take the SEL Surveys. You only need to complete this form if you would like to opt-out of the SEL Surveys. To opt-out, please check the box, complete the information below, sign the form, and return it to your child's school within 10 days from the first day of enrollment in the school. Failure to return this form constitutes permission for your child to participate in the SEL Surveys.

I DO NOT want my child to participate in any SEL survey.

School Name _____

Student Name _____ Grade _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

NO COST EYE EXAMS & GLASSES FOR CHILDREN

*Accessible on any internet enabled smart phone/tablet/computer
English / Español / Kreyòl / Português*

PARENTS APPLY NOW!
www.floridaheiken.org



- Florida Students
- Pre-K through 12th Grade
- Reapply Every School Year

USE THE HEIKEN PORTAL

- Confidential
- Secure



All student information is kept confidential and not shared with any other entity.

Partially funded by:



INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM FLORIDA SNAP, FLORIDA TANF, OR [THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

- Part 1:** List only household members and the name of each child's school (if known).
- Part 2:** List the case number for any household member (including adults) receiving **FLORIDA SNAP, FLORIDA TANF, or [FDPIR]** benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 5:** Answer this question if you choose.

Turn the form in to **REGISTRAR** at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS FLORIDA SNAP, FLORIDA TANF, OR [FDPIR] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.
- Part 2:** Skip this part.
- Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.
- Part 5:** Answer this question if you choose.

Turn the form in to **REGISTRAR** at your school.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 5:** Answer this question if you choose.

Turn the form in to **REGISTRAR** at your school.

If some of the children in the household are foster children:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.
 - Part 2:** Skip this part.
 - Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.
 - Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
 - Part 5:** Answer this question if you choose.
- Turn the form in to **REGISTRAR** at your school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **[your school or appropriate official]**.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

FEDERAL ELIGIBILITY INCOME CHART for School Year 2020-2021			
Household size	Yearly	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	+8,288	+691	+160

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

Part 5: Answer this question if you choose.

Turn the form in to **REGISTRAR** at your school.

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS RETURN THIS APPLICATION TO YOUR CHILD'S SCHOOL****

Names of all household members (First, Middle Initial, Last)	Student ID	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FLORIDA SNAP, [FDPIR] OR FLORIDA TANF Assistance, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																				
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$200	X				\$150		X			\$0					\$0					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed name: _____ Date: _____
 Address: _____ Phone Number: _____
 Email: _____ City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: *** - ** - ____ I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs No Yes Child(ren) may also qualify for free or low-cost health and dental insurance with Florida KidCare. Apply at floridakidcare.org or call 1-888-540-5437.

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific Islander

*******DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY*******

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason for denial or withdrawal: _____ **Check if Error Prone Application**

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue,
SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received

Student Emergency Contact Card

This form shall be updated every year

For Office Use Only:	<input type="checkbox"/> Medical
School #:	<input type="checkbox"/> Court Order
Student #:	<input type="checkbox"/> Special Needs
Date Enrolled:	<input type="checkbox"/> Other

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:	First:	Middle:
		Teacher (elementary school only):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
		Home Address:	City, State, Zip:	Home Phone:
		Mailing Address (if different from above):	City, State, Zip:	Student Cell Phone:
		Date of Birth: / /	Student lives with:	Student Email:
		Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other	Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school
Student Identification Number:	Registering Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
Student Identification Number:	Other Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
Student Identification Number:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
		Name:	Relationship:	Phone:
Student:	Non-Registering Parent Authorized Release/Contact	I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.		
		Signature:	Date:	Relationship:
		This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:	Date:	Relationship:		

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Broward County Public Schools Student Emergency Contact Card

Student Last Name: _____

First: _____

Middle: _____

Medication Information	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.		
	Medication:		Dosage:		Hour(s) Given:
Health Insurance and Providers	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None				
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:				
	Physician:				Phone:
	Dentist:				Phone:
Health Plan/Group name:				Phone:	
Medical Information	Medical Conditions		Please check all that apply:		
	<input type="checkbox"/> Asthma. If checked, uses inhaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication		
	<input type="checkbox"/> Seizures. If checked, on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Movement limitations (specify):				
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe):				
<input type="checkbox"/> Severe Allergies. If checked, specify Type:		Allergies require:			
<input type="checkbox"/> Food/environmental:		<input type="checkbox"/> EpiPen			
<input type="checkbox"/> Insect stings/bites:		<input type="checkbox"/> Benadryl			
<input type="checkbox"/> Medicines/Drugs:		<input type="checkbox"/> Other:			
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Release of Medical Information and Emergency Treatment	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.				
	Parent Signature: _____				Date: _____
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.				
Dismissal Information	Regular Dismissals Procedures. On a typical day, how will your child leave school?				
	<input type="checkbox"/> Ride in Car		<input type="checkbox"/> Ride School Bus		<input type="checkbox"/> Ride Public Transportation
<input type="checkbox"/> Attend ON-site after-care program		<input type="checkbox"/> Attend OFF-site after-care program		<input type="checkbox"/> Walk or Bike ride home	
Emergency Dismissals Procedures. In the event of a severe storm or other unscheduled emergency your child is instructed to:					
<input type="checkbox"/> Walk home		<input type="checkbox"/> Ride School Bus as usual		<input type="checkbox"/> Ride Public Transportation	
<input type="checkbox"/> Ride home with parent only		<input type="checkbox"/> Ride home with person indicated on authorized contact list			
Siblings and Home Language	Last Name:		First Name:		Grade level:
Please list any other languages spoken at home:					
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:				
	Does your child have access to a computer in your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have home internet access?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child have access to the internet on your home computer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have internet access outside your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email					



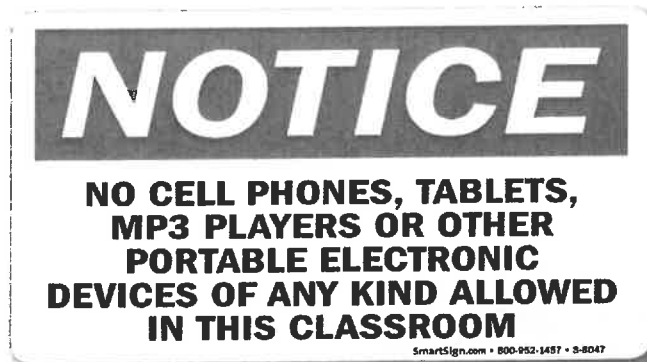
CELLULAR PHONE AND OTHER ELECTRONIC DEVICES

SUNED HIGH SCHOOL OF SOUTH BROWARD POLICY OF CELLPHONES ON CAMPUS DURING SESSION HOURS

All students **MUST** turn in cellphones, MP 3 players, I-Pods, tablets, laptops, smart watches, or any electronic devices at the door during intake. Items will be given back at the end of your session.



***IF YOU ARE CAUGHT WITH AN ELECTRONIC DEVICE
THERE IS AN AUTOMATIC 2 DAYS SUSPENSION***



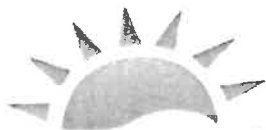
STUDENT NAME: _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

DATE: _____

DATE: _____



SUNED HIGH

SunEd High School of South Broward Dress Code Policy during session hours.

SunEd High finds that a dress code is necessary for the safety and welfare of students and school personnel. A dress code promotes an environment that enhances learning and safety; students are required to wear the dress code at all times while attending school.

Specific Requirements:

A. Pants/Bottom :

1. Pants, jeans, or long shorts with **NO** holes, rips, or tears
2. Female students may wear dresses and skirts

1. Tees, bottom down shirts, and polos – **NO** tank tops are allowed

Shoes:

1. Sneakers, ballet flats, sandals

The following general rules apply to dress code:

- A. Shorts, skirts, or jumpers are acceptable if they are within 4" above the knee.
- B. Head coverings (hats, bandanas, sweatbands, and du-rags, etc.) **WILL NOT** be allowed.
- C. **No** undergarments are to be seen at any time.
- D. **NO** miniskirts, **NO** belly shirts, **NO** leggings are allowed.
- E. Wearing apparel with profanity, obscenity, drug paraphernalia, or which tends to identify association with gangs, **ARE PROHIBITED AND ARE NOT ALLOWED.**
- F. **No** sunglasses can be worn inside building.
- G. Footwear that is a safety hazard **WILL NOT** be allowed. (Ex. footwear with wheels, slippers or sliders.)

Discipline:

- Initial (First) Violation - Verbal warning and parent will be contacted
- Second Violation – Student is sent home and/or parent **MUST** come with change of clothing/shoes
- Third Violation – Referral. Student is sent home and **MUST** returned to school with parent

Date _____

Student Name _____

Student Signature _____

Parent Name _____

Parent Signature _____



STUDENTS 18 YEARS OLD AND OLDER

Authorization to Release and Consent to Exchange Information with Parents and/or Guardians

You Must Mark a Choice – if no choice is marked, then the choice will default to #1

Student Name (Print): _____ **D.O.B** _____

1. I authorize SunEd High School Administration and/or staff to exchange confidential information with my parents and/or guardians. My consent to the exchange of information applies to the following sources of information:

- Assessment Information
- Progress Reports / Report Cards
- Attendance
- General Class Information

2. I **DO NOT** authorize SunEd High School Administration and/or staff to exchange confidential information with my parents and/or guardians.

I have read and understand this authorization and consent will remain effective until I revoke it by notifying school administration in writing.

Student Signature

Cell Phone No.

Student Email:

Date:

FILL OUT IF AUTHORIZING EXCHANGE OF INFORMATION WITH PARENTS AND/OR GUARDIAN

The following person(s) may be contacted:

Parent/Guardian 1 Information:

First Name: _____

Last Name: _____

Telephone No _____

Email _____

Parent/Guardian 1 Information:

First Name: _____

Last Name: _____

Telephone No _____

Email _____



SUNED HIGH

"Educating Our Community, One Student At A Time.."

Date: _____

To the Parents of: _____

SunEd High School of South Broward is committed to Academic Excellence. We are also committed to our mission to prepare each student for success. This Academic Success Contract is intended to provide you with an opportunity to succeed academically.

Below are good behaviors/habits that successful students regularly exhibit. By participating in this plan, I will agree to meet all of my goals and work diligently to remain in good academic standing.

_____ I will conference with my teacher(s) about my performance and seek ways to improve my grade

_____ **I will log onto Apex every day and complete 3 to 5 or more assignments daily**

_____ **I will complete a half credit every 4-6 weeks**

_____ I will attend class, come prepared with my binder, and complete all assignments.

_____ I will participate actively in every class by asking/answering questions & volunteering for activities

_____ **I will attend school regularly and I understand that attendance is mandatory every day.**

_____ I have read and understand that it is my responsibility to observe and adhere to SunEd High School of South Broward's curriculum to prepare me for success out of high school.

I agree and accept the conditions outlined in this contract with the understanding that if I fail to meet the requirements, I will be considered for parent contact, parent/teacher conference, placement on academic probation, and/or other interventions/ disciplinary actions.

Student's Signature Date

Teacher Signature Date

Parent Signature Date

Administrator Signature Date

