



☐ North Broward (Margate) Campus

☐ South Broward (Ft. Lauderdale) Campus

STUDENT NAME: _____

STUDENT ID # _____

SESSION:

☐ AM 7:00 AM – 12:00 PM

☐ INT 8:30 AM – 1:30 PM

☐ PM 12:00 PM – 5:00 PM

STUDENT APPLICATION CHECKLIST 2025/2026 SY

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)**

_____ **Y/N NCAA? – School & Sport:** _____

HOW DID YOU HEAR ABOUT SUNED HIGH SCHOOL?

☐ Website

☐ Postcard

☐ Guidance Counselor _____

☐ Community Agency _____

☐ SundEd Student/Friend _____

☐ Other: _____

PARENT CELL # _____ STUDENT CELL # _____

PARENT EMAIL ADDRESS _____

STUDENT EMAIL ADDRESS _____

North Broward (Margate) Campus
1117 Banks Road, Margate, FL 33063
Phone: 954-246-4004

South Broward (Ft. Lauderdale) Campus
2744 Davie Blvd, Ft. Lauderdale, FL 33312
Phone: 954-284-7000

www.sunedhigh.com

2025-2026 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Number:	School/Teacher:	Date:	Grade Level:	Entry Code:
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Only the parent/guardian (F.S. §1000.21(5)) 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 (Legal)	Suffix
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Gender

☐ Male ☐ Female

Date of Birth

Birthplace (City/State/Country)

Social Security Number

*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.

Preferred Name(s)/Nickname(s)

All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.

Student's Primary Home Address

Apt #

City

Zip Code

Home Phone #

English Language Learners (ELL) and Home Language Survey

(If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)

Parent Preferred Communication Language: _____ Date Student First Entered School in USA: ____/____/____

Does the student have a first language other than English? ☐ Yes ☐ No If "Yes", which language? _____

Is a language other than English used in the home? ☐ Yes ☐ No If "Yes", which language? _____

Does the student most frequently speak a language other than English? ☐ Yes ☐ No If "Yes", which language? _____

Ethnicity

Race (Check all that apply)

☐ Non-Hispanic or Non-Latino ☐ Hispanic or Latino

☐ White ☐ Black/African American ☐ Asian
☐ Native American/Native Alaskan ☐ Native Hawaiian/Pacific

Has the Student Previously Been:

Does the Student:

Assessed for a behavioral threat? ☐ Yes ☐ No

Have an active safety plan? ☐ Yes ☐ No

Referred for mental health services? ☐ Yes ☐ No

Have an active monitoring plan? ☐ Yes ☐ No

Assessed for risk of suicide or self-harm? ☐ Yes ☐ No

The Student's Primary Residence is: (Check Only One)

☐ Owned by the parent/guardian

☐ Rented with a valid lease agreement. Expiration Date: _____

☐ Shared with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency

☐ Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)

Is the Student's Primary Residence a:

Public space, vehicle of any kind, bus, 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? ☐ Yes ☐ No

Does the Student Live:

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

On Indigenous lands? ☐ Yes ☐ No

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

Has the Student Previously Been:

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

Enrolled in a Charter School in Broward? ☐ 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

In a Gifted program? ☐ Yes ☐ No

Previous School Information

This form contains confidential information (including sensitive information) protected by the Family Educational Rights and Privacy Act (FERPA). The information may not be used or disclosed except as allowable by federal and state law.

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

Students shall present an official transcript of work or credit at the time of entrance. If a transcript is not presented, the student shall be enrolled provisionally, based upon educational records available or the grade level to which they indicate membership. A **Temporary Placement Form** should be completed by the parent with the understanding that the student will be placed temporarily until the records are received and reviewed for appropriate grade placement.

Are you providing school records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, will the records be available at a later date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Cell Phone #	Student's E-mail Address		

Parent/Guardian Information

Student Lives With:

☐ One Parent
 ☐ Both Parents (same address)
 ☐ Both Parents (different address)
 ☐ Legal Guardian
☐ Independent Student
☐ Other: _____

Parent/ Guardian	First Name (Legal)	Last Name (Legal)	Driver's License #	Relationship to Student
	Parent E-mail	Parent Cell Phone #	Parent Work Phone #	

Other Parent/ Guardian	First Name (Legal)	Last Name (Legal)	Driver's License #	Relationship to Student
	Parent E-mail	Parent Cell Phone #	Parent Work Phone #	
	Parent Home Address	Apt #	City	State

Is there a court order barring either parent from removing the student from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do parents have shared (or joint) parental rights and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does one parent have final decision-making authority regarding educational decisions for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the school with a copy of any applicable court orders.

Is Either Parent:

An active-duty member of the uniformed services, including the National Guard and Reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which division? _____
A veteran, medically discharged, or killed while on active duty from the uniformed services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which division? _____

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

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) business 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 5070. 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 Parent/Guardian Name	Parent/Guardian Signature	Date
Print Other Parent/Guardian Name	Parent/Guardian 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's Name _____ ID. # _____
(Please Print)

Ethnicity (Check all that apply): Race: White ☐ Black ☐ Asian ☐
Hispanic – Yes ☐ No ☐ American Indian ☐ Native Pacific Islander ☐

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



Established 1915

BROWARD
County Public Schools

Code of Student Conduct

Summary of Changes

Additions and Revisions pertaining to:

Additions

- Section II - Parental Rights
- Section III - Scope of Authority
- Section VII - Administrative assignment to a behavior intervention program
- Section VII - Deep Fakes

Revisions

Section V - Respect for Persons and Property

- Wireless Electronic Communication Devices

Section VII - Discipline Policy for Suspension and/or Exoulsion (Policy 5100)

- Definition of self-defense
- Mandatory expulsion with continuing education services
- Possession of a chemical weapon/pepper canister with capacity to hold less than 2 ounces
- Other Definitions for this Policy

Section VIII– Right to Appeal

Appendix – Discipline Matrices, Grades K-2; 3-5; 6-8 and 9-12

SBBC Policy 5090, 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 from the Focus Parent Portal

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 SBBC Policies 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 SBBC Policy 5100. SBBC Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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: <https://www.browardschools.com/Page/37754>
- 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



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: _____

Prototype Household Application for Free and Reduced Price School Meals

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIIR?

☐ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOTE: NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance, Child Support, Alimony	How often received?	How often received?	Pensions, Retirement, Social Security, VA Benefits, All Other	How often received?		
	Every 2 Weeks	Weekly	2x Month	Monthly	Every 2 Weeks	Weekly	2x Month	Monthly

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Child Income

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Mailing Address (if available)	State	Phone (optional)
City	Zip	Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often? ☐ Weekly ☐ Every 2 Weeks ☐ 2x/Month ☐ Monthly ☐ Annual

Household size

Categorical Eligibility ☐

Eligibility ☐ Free ☐ Reduced ☐ Denied

Determining Official's Signature Date

Verifying Official's Signature Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, "Check if no Social Security Number." Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.



SunEd High School of 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
- B. Shirts:
 - 1. Tees, button down shirts, and polos — **NO** tank tops are allowed
- C. 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 _____

Media Release Form 2024/2025 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped and/or interviewed by news media, schools and the District for informational and/or promotional purposes, 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 Choice #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 (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities. **Note: To facilitate school publications, the District may disclose information to approved vendors, such as student's name, student's home address, student/parent phone number, grade level, teacher names and classroom numbers. For sporting events, athletic team member positions and jersey numbers may be disclosed.**
2. ☐ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

FERPA Opt-Out Notification Form 2024/2025 School Year (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 the Family Educational Rights and Privacy Act (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:

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

ESSA Opt-Out Form (11th & 12th Grades) 2024/2025 School Year

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 Book for Student Conduct.

Student Name _____ Grade _____

School Name _____

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

Parent/Guardian/Eligible Student's Signature _____

Date _____

Life Skills and Wellness Student Survey Opt Out 2024/2025 (Grades 4-12)

Life Skills and Wellness (LSW) Student Survey Opt-Out Form

Life Skills and Wellness (LSW) builds confidence and supports mental and emotional health, enabling students to overcome challenges and thrive as they prepare for the 21st-century workplace. As part of the District's School Improvement Plan (SIP), the LSW initiative promotes whole-child-centered support services, helping students succeed academically while building employability skills and resiliency. To guide effective LSW instruction, the District will administer a brief Fall and Spring survey. The data collected will solely be used by authorized BCPS staff to direct school activities and provide personalized LSW services for students. Specifically, the type of formative data collected will focus on self-awareness, self-management, relationship skills, decision-making and resiliency.

To learn more about the LSW Student Survey for grades 4-12, visit the [LSW District website](#) or by scheduling an appointment with your school's LSW Liaison. Additional parent resources and strategies on how to incorporate LSW at home can be found in our [LSW Families and Students Resources](#) page.

TO BE COMPLETED BY THE PARENT/GUARDIAN

Your student will automatically be registered to take the Fall and Spring LSW Surveys. **You only need to complete this form if you would like to opt-out of the LSW 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 LSW Surveys.

☐ I **DO NOT** want my child to participate in the LSW Fall and Spring student surveys.,

Student Name _____

Date of Birth: _____ Grade Level: _____ Student # _____

School Name: _____

Parent/Guardian (Print) _____

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

Library Reading Materials Opt Out Form 2024/2025 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
LIBRARY MEDIA SERVICES
LIBRARY READING MATERIALS OPT OUT FORM

As a parent, you always have the right to opt your child out of any library material. Please complete the Opt Out Form.

Upon submission of the Opt Out Form, please discuss this decision with your child to ensure they are aware before visiting the library. Upon the Opt Out Form submission, your child's account will be updated in the library checkout system. It is our goal to make this process easy for parents.

Please contact your building principal if you have questions or need additional information.

_____ I **WILL NOT** permit my student to check out library materials.

Student Name (PRINT) Student

Signature Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature Date

2025-26 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

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

In the case of an emergency, it is imperative that the school be able to reach the student's parents (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(6), Florida Statutes), the parent(s)/guardian(s) 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 parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Student Information	Last Name:	First:	Middle:	
	Date of Birth: / /		Teacher (elementary school only):	
	Home Address:			
	Mailing Address (if different from above):			
	Check any that apply to student residents: <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			
	Preferred Name(s)/Nickname(s):			
All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.				
Parent	Signature:		Date:	Relationship:
	Last Name:	First:	Cell Phone:	
	Home Address (if different from student):		City, State, Zip:	Home Phone:
	Employer:	Work Phone:	Parent Email:	
Other Parent	Last Name:		First:	Cell Phone:
	Home Address (if different from student):		City, State, Zip:	Home Phone:
	Employer:	Work Phone:	Parent Email:	
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. Both parents may designate on the Emergency Contact Card those persons authorized to pick up their child from school. 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:	
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.

2025-26 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Student Last Name:

First:

Middle:

Grade Level:

Health Services Consent	Consent for School Clinic Services: Care and treatment for illness and injury (For example: School Clinic Visits for stomachache, headache, cold/flu symptoms, nosebleed, Band-Aid for cuts and scrapes, etc.). <input type="checkbox"/> YES , I give consent for my child to receive care from the school nurse, trained healthcare personnel, or trained school staff during the school day and at off-site school activities, including field trips. <input type="checkbox"/> NO , I understand that my child will NOT receive any non-emergency care from the healthcare personnel or school staff. If this section is left blank or unsigned, school personnel will NOT be able to care for your child unless there is a medical emergency.		
	State Mandated Health Screenings, F.S. 381.0056(3): Students in state-mandated screening grades (Kindergarten, 1 st Grade, 3 rd Grade, and 6 th Grade) will receive specified health screenings for vision, hearing, growth and development, and scoliosis as provided for in the district health services plan. A student will be exempt from any health screening if his or her parent or guardian requests such exemption in writing.		
	I consent to my child receiving health services as indicated above. I understand if consent is granted, BCPS will disclose my child's education records (including medical information) to contracted nursing vendors who provide treatment to my child.		
	Signature: _____ Date: _____ Relationship: _____		
Medical Information	Medical Information must be reported every school year and as changes occur. Information regarding health conditions reported in previous years will not be considered current unless indicated below. If you check that your child has a current health condition, you must complete the <i>Health Condition Review Form</i> AND submit documentation from a healthcare provider to your child's school. <input type="checkbox"/> My child does NOT have or no longer has any of the health conditions listed below Please check all health conditions that are current and have been diagnosed by a healthcare provider:		
	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Non-life-threatening)	<input type="checkbox"/> Allergies (Life-threatening)
	<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2
	<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental/behavioral health conditions
<input type="checkbox"/> Asthma (Currently uses daily or emergency medication) <input type="checkbox"/> Cardiac conditions <input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including seizures from high fever) <input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)			
<input type="checkbox"/> Other (Specify): _____			
Health Insurance	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		
	Please check the appropriate box: <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare/ Florida Healthy Kids <input type="checkbox"/> Medicaid <input type="checkbox"/> None		
	If NONE, do we have your permission to forward the student's name, parent's name, contact information and current health insurance coverage status to Florida KidCare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? <input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No		
Release of Medical Information and Emergency	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 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 monitoring to assure program compliance by the District and schools, and assess the delivery of services.		
	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 Dismissal Procedures: On a typical day, how will your child leave school? <input type="checkbox"/> Ride in a car <input type="checkbox"/> Ride a 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 home		
	Emergency Dismissal 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 a 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		

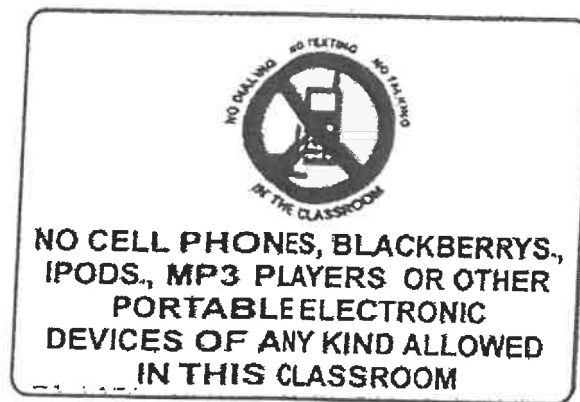
Siblings and Home Language	Last Name: _____ First: _____ Grade Level: _____		
	Please list any other languages spoken at home: _____		
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions:		
	Does your child have access to a computer 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			



SUNED HIGH SCHOOL OF NORTH BROWARD POLICY OF CELL PHONES ON CAMPUS DURING SESSION HOURS.

All students **MUST** turn in cell phones, MP3 players, I-Pods, I-Pads, tablets, laptops, 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 devices there is an
automatic 2 day suspension.***



Student Name: _____ Date: _____

Student Signature: _____

Parent Signature: _____ Date: _____



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 _____

Student Housing Questionnaire (SHQ) 2024/2025 (All Grades)



STUDENT HOUSING QUESTIONNAIRE (SHQ)

ATTENTION parents, legal guardians, 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 who lack a fixed, regular, and adequate nighttime residence as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal regulation, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law through the Homeless Education Assistance Resource Team (HEART).

INSTRUCTIONS: ONLY COMPLETE THIS QUESTIONNAIRE IF YOU DO NOT OWN OR LEASE A RENTAL PROPERTY IN YOUR NAME.

By completing this questionnaire, your school-aged child(ren) (or unaccompanied homeless youth) may qualify for McKinney-Vento services and resources through the HEART program to help ensure educational stability.

PLEASE RETURN THIS FORM TO YOUR CHILD OR CHILDREN'S SCHOOL(S) IMMEDIATELY!

1. WHO DOES THE STUDENT(S) LIVE WITH? Parent

- ☐ Legal guardian
☐ An adult (+18) caring for student(s) who is/are currently
☐ unable to live with their parent or legal guardian*
☐ I am an **unaccompanied youth**. I do not live with either
☐ of my parents or a legal guardian currently.

***IMPORTANT: Please contact the student's school to complete the required HEART Caregiver Authorization Form.**

2. I CURRENTLY RESIDE IN ONE OF THE NIGHTTIME RESIDENCES LISTED BELOW WITH MY SCHOOL-AGED CHILD(REN)/STUDENTS:

- ☐ In an emergency or transitional shelter, abandoned in hospital (A)
☐ Sharing housing with a family member or friend (doubled-up) due to loss of housing, economic hardship, or similar reason (B)
☐ In a vehicle, park, temporary trailer park or campground due to lack of alternative adequate accommodations; public spaces, abandoned building, substandard housing; bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar setting (D)
☐ In a hotel or motel due to lack of alternative adequate accommodation due to loss of housing, financial hardship, or similar reason (E)

*** Please check one:** ☐ hotel or motel that I am paying for myself
☐ hotel or motel paid for by a social services agency or organization

3. WHAT CAUSED YOU AND YOUR CHILD(REN), OR UNACCOMPANIED YOUTH TO LIVE IN YOUR CURRENT NIGHTTIME RESIDENCE?

- ☐ Man-made Disaster (D) ☐ Unknown (U) ☐ Pandemic (P)
☐ Flooding (F) ☐ Earthquake (E) ☐ Tornado (T)
☐ Mortgage Foreclosure (M) ☐ Hurricane (H) ☐ Wildfire (W)
☐ Tropical Storm (S)
☐ Other homeless cause: lack of affordable housing, long-term poverty, unemployment or underemployment, domestic violence, forced eviction, etc. (N)

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW FOR ALL SCHOOL-AGED CHILDREN (PREK-12) ENROLLED IN, OR SOON TO BE ENROLLED 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, Middle Initial, and Last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. 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.

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

Parent/Guardian Print Full Name

Relationship to student(s)

Signature

Date

Student(s) Current

City, State, Zip Code

Student(s) Former Address

City, State, Zip Code

Length of time at current address

Telephone Number

E-mail Address

- ☐ I was given authorization by the parent, guardian, caregiver, or unaccompanied homeless youth named above, to complete the SHQ on behalf of the identified student(s) listed above.

Name of person completing this form:

Signature

Title/Organization



New Entry (for internal use only)

Student Name: _____

Current Grade Level: _____ Current GPA: _____

Graduation Program enrolled in and Credits Remaining:

24 Credit: Y / N Credits Remaining for Graduation: _____

18 Credit: Y / N Credits Remaining for Graduation: _____

Course schedule policy:

Six classes are scheduled at a time. Each course is worth $\frac{1}{2}$ (or .05) credit. New classes are added when the class is completed, if needed.

Testing Requirement met for current graduation status:

Reading (FAST, FSA ELA): Y / N / Waived

Algebra (EOC): Y / N / Waived

Community Service Hours (24-credit plan only): _____ / 40

Obligations currently owed: \$ _____

By signing below you acknowledge that you have received and understand all of the above information.

Student Name (Print) _____ (Signature) _____

Parent Name (Print) _____ (Signature) _____

Date: _____