



☐ North Broward (Margate) Campus

☐ South Broward (Ft. Lauderdale) Campus

☐ Hollywood 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 2026/2027 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 _____

Margate Campus

954-246-4004

1117 Banks Road

Margate, FL 33063

Hollywood Campus

954-866-0065

6565 Taft St.

Hollywood, FL 33024

Ft. Lauderdale Campus

954-284-7000

2744 Davie Blvd.

Ft. Lauderdale, FL 33312

2026-2027 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Number:	School/Teacher:	Date:	Grade Level:	Entry Code:
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)
Gender		Date of Birth		Birthplace (City/State/Country)
☐ Male ☐ Female				
Social Security Number		Preferred Name(s)/Nickname(s)		
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.		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
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? (SSMP) ☐ 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				

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade	Type
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ 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? ☐ Yes ☐ No If not, will the records be available at a later date? ☐ Yes ☐ 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? ☐ Yes ☐ No

Do parents have shared (or joint) parental rights and responsibilities? ☐ Yes ☐ No

Does one parent have final decision-making authority regarding educational decisions for the student? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No If yes, which division? _____

A veteran, medically discharged, or killed while on active duty from the uniformed services? ☐ Yes ☐ 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

- 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, and if the arrest resulted in the student being formally charged. If your answer is "YES," please list 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? If "YES," please list each and every service.

Student's Name: _____ ID#: _____

Ethnicity (Check all that apply): Race: White ☐ Black ☐ Asian ☐ Hispanic ☐ American Indian ☐
Native Pacific Islander ☐

Date of Birth: _____ Parent/Guardian Name: _____

Address: _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



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: _____



Acknowledgement

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/school-board/school-board-policies>
- 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 XI 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 V), 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 VII 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 (All Grades) 2026-27

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 a section, then the choice will default to "I **WILL NOT** permit.")

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 (All Grades) 2026-2027

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.

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

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

Check all that apply

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

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

CASE NUMBER (NOTEBOOK NUMBER):

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

Write only one case number in this space.

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?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other				How often received?			
	Weekly	2 Weeks	1 Month	Annually	Weekly	2 Weeks	1 Month	Annually	Weekly	2 Weeks	1 Month	Annually	Weekly	2 Weeks	1 Month	Annually				

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 \$

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.

How often received?			
Weekly	2 Weeks	1 Month	Annually

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

Mailing Address (if available)

City

State

Zip

Phone (optional)

Today's Date

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	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
- Salary, wages, cash bonuses, tips, commissions - Net income from self-employment (farm or business)	- Unemployment benefits - Workers' compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veterans benefits - Strike benefits	- A child has a regular full or part-time job where they earn a salary or wages - 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
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FISA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing		

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 x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	Household size	Categorical Eligibility	Eligibility
☐ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annual		☐	☐ Free ☐ Reduced ☐ Denied
Determining Official's Signature	Confirming Official's Signature	Date	Date
		Verifying Official's Signature	

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) 255-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

Return completed form to your child's school.

This institution is an equal opportunity provider.

2026-27 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Office Use Only	Student #	Grade Level:	☐ Court Order	☐ Medical
	Date Enrolled:		☐ Special Needs	☐ 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(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: ☐ Medical ☐ Court Order ☐ Special needs ☐ Other					
	Has student changed address since last registration? ☐ Yes ☐ No					
	Is there a court order on file that prevents a parent from having contact with the student? ☐ No ☐ 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.					
	Signature:		Date:		Relationship:	

Parent	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 their child up 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.

2026-27 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

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.). ☐ 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 offsite school activities, including field trips. ☐ 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 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.		
Medical Information	☐ 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:		
	☐ ADD/ADHD	☐ Allergies (Non-life-threatening)	☐ Allergies (Life-threatening)
	☐ Autism	☐ Bleeding disorder	☐ Cancer
	☐ Cystic fibrosis	☐ Diabetes – Type 1	☐ Diabetes – Type 2
	☐ Kidney disorder	☐ Lupus	☐ Mental / behavioral health conditions
	☐ Asthma (currently uses daily or emergency medication) ☐ Cardiac conditions ☐ Epilepsy/ Seizure disorders (NOT including seizures from high fever) ☐ Sickle cell disease (NOT Sickle cell trait)		
☐ Other (Specify): _____			
Does your child wear glasses/contacts? ☐ Yes ☐ No			
Does your child wear hearing aid(s)? ☐ Yes ☐ No			
Health Insurance	Please check the appropriate box: ☐ Private Health Insurance ☐ Florida KidCare/ Florida Healthy Kids ☐ Medicaid ☐ 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? ☐ Yes, please sign here: _____ ☐ 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 service 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: _____		
Dismissal Information	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permitted 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.		
	Regular Dismissal Procedures: On a typical day, how will your child leave school?		
	☐ Ride in a car	☐ Ride a school bus	☐ Ride public transportation
	☐ Attend ON-site after-care program	☐ Attend OFF-site after-care program	☐ Walk or bike home
	Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:		
Siblings and Home Language	☐ Walk home	☐ Ride a school bus as usual	☐ Ride public transportation
	☐ Ride home with parent only	☐ Ride home with person indicated on authorized contact list	
	Last Name: _____	First: _____	Grade Level: _____
	Please list any other languages spoken at home: _____		
Survey Question	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?		☐ Yes ☐ No
	Do you have home internet access?		☐ Yes ☐ No
	Does your child have access to the internet on your home computer?		☐ Yes ☐ No
	Do you have internet access outside your home?		☐ Yes ☐ No
Please indicate the method of contact you prefer: ☐ Phone Call ☐ Text ☐ Email			



SunEd High School 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 the 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: _____



CELLULAR PHONES / ELECTRONIC DEVICES

SUNED HIGH SCHOOL 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 device there is an automatic 2 day suspension.



Student name : _____ Date: _____

Student signature: _____

Parent signature : _____ Date: _____



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 VII-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?

- ☐ Eviction; Domestic Violence; Unemployment; Medical/Mental Disability; Poverty; Lack of Affordable Housing (O)
☐ Mortgage Foreclosure (M) ☐ Hurricane (H) ☐ Earthquake (E) ☐ Flooding (F) ☐ Man-made Disaster (D)
☐ Tropical Storm (S) ☐ Tornado (T) ☐ Wildfire or house fire (W) ☐ Natural Disaster – Other (N)

*** 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/yyyy)	Grade	School Currently Enrolled

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

Print Full Name (person completing this form)

Signature

Date

Mailing Address

City

State

Zip Code

Telephone Number

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.

Rev. 2.07.2020



Established 1915
BROWARD
County Public Schools

2026/27 SCHOOL CALENDAR

For an ADA accessible version of this calendar, visit browardschools.com/accessiblecalendar.



AUGUST				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JANUARY				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

FEBRUARY				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

MARCH				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

JUNE				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

- Employee Planning (no school for students)
- Schools and Administrative Offices Closed
- Schools Closed
- Report Cards Issued Grade 12 K - Grade 11
- Interim Reports Issued
- Early Release Day
- First and Last Day of School

Severe Weather Make-Up Days: 10/9/26, 12/18/26, 3/18/27, 4/30/27 & 5/28/27

This calendar is subject to change. Any updates will be communicated and reflected digitally.