

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

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

Student's Last Name (Legal)	First Name (Legal)	Middle Name	Affirmed Name

Student's Primary Home Address	Apt #	City	Zip Code	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Home Phone #	Student's Cell Phone #	Student's E-mail Address

SSN <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>	Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country)

Student Lives With	Ethnicity	Race (Check all that apply)
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American

Registering Parent's Last Name (Legal)	First Name (Legal)	Driver License #	Relationship to Student

Registering Parent's Work Phone #	Registering Parent's Cell Phone #	Registering Parent's E-mail Address

Non-Registering Parent's Last Name (Legal)	First Name (Legal)	Driver License #	Relationship to Student

Non-Registering Parent's Work Phone #	Non-Registering Parent's Cell Phone #	Non-Registering Parent's E-mail Address

Non-Registering Parent's Home Address	Apt #	City	State	Zip Code

Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home? If "yes", which language?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English? If "yes", which language?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English? If "yes", which language?

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

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> owned by the parent/guardian. | <input type="checkbox"/> shared with someone by choice (<u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency. |
| <input type="checkbox"/> rented with a valid lease agreement. Expiration Date: _____ | <input type="checkbox"/> shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible) |

Is the student's primary residence a:	Does the student live <u>or</u> is either parent employed:
<input type="checkbox"/> Yes <input type="checkbox"/> No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No In low rent housing (such as Section 8 subsidized housing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional/emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No On Indian Lands?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:

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

Has the student previously been:

- | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Broward County Public School? | <input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program? | <input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school? | <input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Magnet program? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in the Juvenile Justice System? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services? | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program? |

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

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

The School Board of Broward County, Florida
PARENTALLY PLACED PRIVATE SCHOOL STUDENTS
REQUEST FOR SPECIAL EDUCATION SERVICES

Parent Request
(Parent check all that apply)

Educational Evaluation

Private School Services

Reevaluation

Student Information

Name _____
(First) (Middle) (Last)

Date of Birth ____ / ____ / ____ Country of Birth _____ Race _____ Gender M ____ F ____

Current grade level _____ Attending on a McKay Scholarship? Yes ____ No ____

Home Address _____
(City) (Zip)

Parent First Name _____ Last Name _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Parent Cell (____) ____ - ____

Parent Email _____ @ _____

Name of PUBLIC school child is assigned to attend _____

Private School Information

Name of PRIVATE school child is currently attending _____

Principal's Name _____ Teacher's Name _____

Street Address _____ Phone _____

City _____ Zip _____

Student History

Did your child ever attend a public school in Broward County? YES NO If yes, what was last year attended? _____

Has your child ever been evaluated by the school district? YES NO Do you have a private evaluation for your child? YES NO

Has your child had an Individual Education Plan (IEP) developed by the school district? YES NO

How did you hear about these services? _____

What are your concerns with your child? _____

Parent's Signature _____ Date _____
(not valid unless signed)

Your signature acknowledges that the Broward County School District may contact all parties listed above.

Email or Fax your completed form to the ESE Private School Services Office

School Board of Broward County
Exceptional Student Education- Private School Services

Email: ESEPSS@browardschools.com

Phone 754-321-3426

Fax 754-321-3448

KEEP A COPY FOR YOUR RECORDS

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
AUTHORIZATION FOR RELEASE AND/OR REQUEST
FOR INFORMATION

I hereby request and authorize: Broward County Public Schools
(Name of Person, School, or Department)
600 S.E.3rd Avenue Fort Lauderdale FL 33301 754-321-0000 to engage
(Street Address) (City) (State) (Zip) (Telephone #)

in verbal and/or written communication with and release records to : The Jewish Academy
(Name of Person, Job Title and/or School/Agency/Entity)
5100 Sheridan Street Hollywood FL 33021
(Street Address) (City) (State) (Zip) (Telephone #)

regarding the **information checked below** concerning my child* _____, whose date of birth is _____. I understand that information concerning psychiatric, psychological, medical diagnosis, drug or alcohol abuse, economic status, and educational information regarding my child will be released and/or communicated if indicated below. I further understand that this information might contain information regarding my family, in addition to my child.

- _____ Treatment Plans
- _____ Treatment / Discharge Summaries
- _____ Health / Medical Records
- _____ Case / Progress / Therapy Notes

Student Identification Number

Academic / School-related Records:

- Grades**
- Test Scores**
- Attendance**

_____ Suspensions / Expulsions

Exceptional Student Education / Section 504 records

Other any pertinent records regarding evaluation needs

- _____ Substance Abuse Treatment Records
- Social and/or Developmental History**
- Psychological and/or Psychiatric Evaluations**
- _____ Restorative Support Services
- _____ Social Support Services (Food, Clothing, Shelter)
- _____ Medical Services
- _____ HIV/AIDS test results or related conditions (to disclose or receive this information, specific individuals must be named above)

For the Purpose of: an educational psychological evaluation

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed, or on _____, 2024, whichever is earlier. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent in writing at any time.

Print Name of Parent / Guardian / Eligible Student

Signature of Parent / Guardian / Eligible Student

Date

Relationship to Child

*Eligible students (age 18 or over) may authorize the release of their education records.

(USE THIS SPACE IF CONSENT IS WITHDRAWN)

I hereby withdraw my previous consent to the release of information about my child.

Date Consent Is Withdrawn

Signature of Parent / Guardian / Eligible Student



The Jewish Academy
INSPIRATION • INNOVATION • VALUES



Consent Form for Mutual Exchange of Information

Date _____

Student Name _____ DOB _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, between Miami Dade and Broward County School District, and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child)

Name	Position	Affiliation	Phone	Email
Kate McConnell	VP of Student Advocacy	ADAC		katemcconnell@theadac.com
Malka Kownat-Rhodes	Director of Government Programs	Teach Florida	(216) 970-0777	kownatM@teachcoalition.org
Kelly Walker	Private School Liaison	Teach Florida		walkerk@teachcoalition.org
Udyss Romano	Parent Advocate	Teach Florida		uromano@aol.com
Shelly Yeckes	Parent Advocate	Teach Florida		yeckes@bellsouth.net

The specific records to be disclosed pertain to: the evaluation of my child to determine eligibility for special education services.

The purpose for making these records available is: to make informed educational decisions and to ensure that Miami Dade and Broward County School district has a comprehensive picture of my child's needs to facilitate the child find process as outlined in the Individuals with Disabilities Education Act (IDEA).

The receiving party will not disclose the information to any other party without signed consent.

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign the release. I am formally requesting that all those listed in the table above are copied on all communication from anyone in the district office. This document also acts as my consent to evaluate my child.

Name (print)

Signature