

# NEW STUDENT REGISTRATION CHECKLIST FOR ENROLLMENT

School Year: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

## **New Kindergartener (MUST BE AGE 5 on or before September 1<sup>st</sup>)**

- Registration package completed and returned (**ALL** forms)
- Original immunization (FL Dept. of Health Form 680 - signed by the Doctor)
- Physical examination (FL Dept. of Health Form 3040 - less than one year old)
- Proof of age (Birth Certificate or Passport)
- Primary address proof (**see below for approved proofs**)
- Secondary address proof (**see below for approved proofs**)

## **Transfer from another Broward County Public School (excluding Charter Schools)**

- Registration package completed and returned (**ALL** forms)
- Primary address proof (**see below for approved proofs**)
- Secondary address proof (**see below for approved proofs**)

## **Transfer from a Broward County Charter or ANY other non-Broward County Public School**

- Registration package completed and returned (**ALL** forms)
- Original immunization (FL Dept. of Health Form 680 - signed by the Doctor)
- Physical examination (FL Dept. of Health Form 3040 - less than a year old)
- Proof of age (Birth Certificate or Passport)
- Primary address proof (**see below for approved proofs**)
- Secondary address Proof (**see below for approved proofs**)
- Proof of grade (last Report Card or Transcript)

## **APPROVED PROOF OF ADDRESS**

Primary Proof (**choose one from the list below**):

- Current Property Tax Bill (printout from BCPA.net website is acceptable)
- Homestead Exemption Card
- Deed
- Mortgage Statement
- Notarized Lease Agreement

Secondary Proof (**choose one from the list below**):

- Utility Bill (current electric or water)
- Home Phone or Cell Phone Bill current
- Driver's License or Florida ID Card
- Automobile Insurance Card or Automobile Registration Card
- Two Consecutive Bank Account Statements (current)
- Address Change form Post Office

**DO NOT WRITE BELOW THE LINE – FOR SCHOOL PURPOSES ONLY**

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- Print out of current medical, ESE and ESOL Status

# NEW REGISTRATION STUDENT CONTACT INFORMATION

STUDENT: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Last Name First Name

STUDENT ADDRESS: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

MOTHER: \_\_\_\_\_ Registering Parent:  Yes  No  
Last Name First Name

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

FATHER: \_\_\_\_\_ Registering Parent:  Yes  No  
Last Name First Name

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

BROTHERS AND/OR SISTERS ENROLLED AT BROWARD COUNTY PUBLIC SCHOOL:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Please **SELECT ONE** of the categories below for the last school of enrollment

STUDENT NAME: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

### PUBLIC SCHOOL

Broward County    Another County in Florida    Another State    Outside the U.S.

Last grade attended: \_\_\_\_\_ Student #: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Country

Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### CHARTER SCHOOL

Last grade attended: \_\_\_\_\_ Student #: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Country

Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please check ONE reason for returning to Public School:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic       | <input type="checkbox"/> More convenient                  | <input type="checkbox"/> After school care          |
| <input type="checkbox"/> ESE Services   | <input type="checkbox"/> Administrative support           | <input type="checkbox"/> Extracurricular activities |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Safe/secure learning environment | <input type="checkbox"/> Other                      |

### PRIVATE SCHOOL

Last grade attended: \_\_\_\_\_ Student #: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Country

Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### OTHER

- |   |                            |
|---|----------------------------|
| <input type="checkbox"/> Home Education Program | Last grade attended: _____ |
| <input type="checkbox"/> No school to date      | Entering grade: _____      |

# NEW STUDENT HEALTH INFORMATION SURVEY

**DATE:** \_\_\_\_\_ **ENTERING GRADE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**PLEASE CIRCLE YES or NO:**

DOES YOUR CHILD HAVE A PEANUT ALLERGY?      YES or NO  
DOES YOUR CHILD USE AN EPI-PEN?              YES or NO  
DOES YOUR CHILD HAVE DIABETES?            YES or NO

**PLEASE CHECK THE HEALTH CODES BELOW THAT PERTAIN TO YOUR CHILD:**

- |  |  |
|--|--|
| <input type="checkbox"/> GASTROINTESTINAL DISORDERS            | <input type="checkbox"/> SICKLE CELL DISEASE         |
| <input type="checkbox"/> ALLERGIES, <b>SEVERE</b> /ANAPHYLAXIS | <input type="checkbox"/> SPINA BIFIDA                |
| <input type="checkbox"/> ALLERGIES, <b>NOT SEVERE</b>          | <input type="checkbox"/> CANCER                      |
| <input type="checkbox"/> EATING DISORDER (ANOREXIA/BULIMIA)    | <input type="checkbox"/> TOURETTE SYNDROME           |
| <input type="checkbox"/> ARTHRITIS                             | <input type="checkbox"/> OTHER DISABILITIES          |
| <input type="checkbox"/> ASTHMA/REACTIVE AIRWAY DISEASE        | <input type="checkbox"/> HEARING IMPAIRED            |
| <input type="checkbox"/> LUPUS                                 | <input type="checkbox"/> VISION IMPAIRED             |
| <input type="checkbox"/> CEREBRAL PALSY                        | <input type="checkbox"/> CYSTIC FIBROSIS             |
| <input type="checkbox"/> TYPE 1 DIABETES                       | <input type="checkbox"/> KIDNEY DISEASE              |
| <input type="checkbox"/> TYPE II DIABETES                      | <input type="checkbox"/> MIGRAINE HEADACHES          |
| <input type="checkbox"/> EPILEPSY/SEIZURE DISORDERS            | <input type="checkbox"/> MENTAL/BEHAVIORAL DISORDERS |
| <input type="checkbox"/> CARDIAC CONDITION                     | <input type="checkbox"/> AUTISM                      |
| <input type="checkbox"/> BLEEDING DISORDER/HEMOPHILIA          | <input type="checkbox"/> ORTHOPEDIC DISORDERS        |
| <input type="checkbox"/> IMMUNE DEFICIENCY                     | <input type="checkbox"/> NEUROLOGICAL DISORDERS      |
| <input type="checkbox"/> MUSCULAR DYSTROPHY                    | <input type="checkbox"/> MASK EXCEPTION              |
| <input type="checkbox"/> SCOLIOSIS                             | <input type="checkbox"/> ADD/ADHD                    |

Other/Notes: \_\_\_\_\_

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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.

## 2024-2025 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Number:	School/Teacher:	Date:	Grade Lvl:	Entry Cd:
<p>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.</p>				
Student's Last Name (Legal)		First Name (Legal)		Middle Name (Legal)
Suffix				
Gender	Date of Birth		Birthplace (City/State/Country)	
<input type="checkbox"/> Male <input type="checkbox"/> 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
				Home Phone #
<b>English Language Learners (ELL) and Home Language Survey</b> (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?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language?		
Is a language other than English used in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language?		
Does the student most frequently speak a language other than _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which language?		
Ethnicity		Race (Check all that apply)		
<input type="checkbox"/> Non-Hispanic or Non-Latino		<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian		
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Has the Student Previously Been:		Does the Student:		
Assessed for a behavioral threat? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have an active safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have an active monitoring plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Assessed for risk of suicide or self-harm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>The Student's Primary Residence is: (Check Only One)</b>				
<input type="checkbox"/> Owned by the parent/guardian				
<input type="checkbox"/> Rented with a valid lease agreement. Expiration Date: _____				
<input type="checkbox"/> Shared with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency				
<input type="checkbox"/> Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)				
<b>Is the Student's Primary Residence a:</b>				
Public space, vehicle of any kind, bus, train station, abandoned building, substandard housing, or similar setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transitional/emergency shelter?		<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		
<b>Does the Student Live:</b>				
In low rent housing (such as Section 8 subsidized housing)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
On Indigenous lands?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
On federal property, a federally owned military installation, or NASA owned property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has the Student Previously Been:</b>				
Enrolled in Broward County Public <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? <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 English Speakers of Other Languages (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
		In a Gifted program?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Previous School Information**

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

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: \_\_\_\_\_

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

<b>Print Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Print Other Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>

# 2024-25 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

<b>Office Use Only</b>	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 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.					
<b>Student Information</b>	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.				
	Signature:		Date:	Relationship:	
<b>Parent</b>	Last Name:		First:	Cell Phone:	
	Home Address (if different from student):		City, State, Zip:	Home Phone:	
	Employer:	Work Phone:	Parent Email:		
<b>Other Parent</b>	Last Name:		First:	Cell Phone:	
	Home Address (if different from student):		City, State, Zip:	Home Phone:	
	Employer:	Work Phone:	Parent Email:		
<b>Authorized Release/Contact</b>	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.					

# 2024-25 Broward County Public Schools Student Emergency Contact Card

**This form shall be updated every year**

Student Last Name:

First:

Middle:

Grade Level:

<b>Health Services Consent</b>	<b>Health Screenings:</b> Students in screening grades may receive non-invasive health screenings for vision, hearing, scoliosis, and growth and development (BMI) pursuant to F.S. 381.0056(6)(e), unless the parent or guardian opts out in writing by checking "No" below:			
	Vision screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Growth and Development screening (BMI) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Signature:</b> _____		<b>Date:</b> _____	<b>Relationship:</b> _____
	<b>Consent for Health Care Services:</b> Care and treatment for illness and injury (i.e., School Clinic Visit, Basic First Aid). I give permission for my child to receive care: <input type="checkbox"/> Yes <input type="checkbox"/> No  I consent to my child receiving health services indicated above. I understand if consent is granted, SBBC will disclose my child's education records (including medical information) to nursing vendors who provide treatment to my child. <b>Signature:</b> _____ <b>Date:</b> _____ <b>Relationship:</b> _____			
<b>Medical Information</b>	<b>Is your child currently diagnosed and followed by a healthcare provider for any of the following?</b> <input type="checkbox"/> My child does not have or no longer has any of the conditions listed below.			
	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Not life-threatening)	<input type="checkbox"/> Allergies (Life-threatening)	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)
	<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac conditions
	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2	<input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including febrile seizures)
	<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental / behavioral health conditions	<input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)
<input type="checkbox"/> Other (Specify): _____				
<b>Does your child require medication while at school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked that your child has a current health condition (above), please complete the Health Condition Review Form. All conditions must have a provider diagnosis with the exception of 1) ADD/ADHD 2) Allergies (Non-life threatening) 3) Mental/behavioral health conditions 4) "Others" which can be based on documented parental report.				
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		
<b>Health Insurance &amp; Providers</b>	<b>Please check the appropriate box:</b> <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare / Florida Healthy Kids <input type="checkbox"/> None			
	<b>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?</b> <input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No			
	<b>Health Care Provider:</b> _____		<b>Phone:</b> _____	
<b>Release of Medical Information and Emergency</b>	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. <b>Signature:</b> _____ <b>Date:</b> _____			
	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.			
<b>Dismissal Information</b>	<b>Regular Dismissal Procedures: On a typical day, how will your child leave school?</b>			
	<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	
	<b>Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:</b>			
<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			
<b>Siblings and Home Language</b>	<b>Last Name:</b> _____	<b>First:</b> _____	<b>Grade Level:</b> _____	
	_____			
	_____			
	_____			
<b>Please list any other languages spoken at home:</b> _____				
<b>Survey Questions</b>	<b>Please assist us in understanding the needs of our school community by answering the following questions:</b>			
	<b>Does your child have access to a computer in your home?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Do you have home internet access?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Does your child have access to the internet on your home computer?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Do you have internet access outside your home?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please indicate the method of contact you prefer:</b> <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				