Established 1915
BROWARD
County Public Schools

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 2026/27 School Year (All Grades)

As a parent/guardian of a student enrolled in Broward County Public Schools, I understand there may be opportunities for my child to be photographed, videotaped and/or interviewed by news media, school representatives, and District staff for school publications and/or to promote schools and the District.

Please Complete Both Section A and Section B Below

(If no choice is marked in a section, the choice will default to "I DO NOT consent.")

Section A – External Communications

Please select your preference:

1. ____ I **CONSENT** to my child being photographed, videotaped, and/or interviewed by the news media (with proper District authorization) and school and District personnel for public communications (e.g., broadcast news, websites and social media).

2. ____ I **DO NOT CONSENT** to my child being photographed, videotaped, and/or interviewed by the news media and school and District personnel for public communications.

Section B – Internal Use by Schools and Departments

Please select your preference:

1. ___ I **CONSENT** to my child being photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers) 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 **DO NOT CONSENT** to my child being photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers) 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-sponsored activities, band, color guard, prom, 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 (Grades 11 & 12) 2026-2027

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.

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.

Student Name _____ Grade _____

School Name _____

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

Parent/Guardian/Eligible Student's Signature _____

ESE & Specialized Instruction
Coordinated Student Health Services
Andrea Ciotti, Director
1400 NW 14 Court
Fort Lauderdale, Florida 33311
phone: 754-321-1575 • fax: 754-321-1695
andrea.ciotti@browardschools.com
www.browardschools.com/cshs

The School Board of Broward County, Florida

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Superintendent of Schools

Dear Parent/Guardian,

This letter is designed to inform you of the health services offered by Broward County Public Schools (BCPS) Coordinated Student Health Services Department.

School Health Services
BCPS collaborates with the Florida Department of Health (FDOH) in Broward County to ensure the health and safety of your student. Currently, Coordinated Student Health Services provides District level registered nurses who are available to assist in the coordination of school health services and any health concerns you may have. The designated onsite healthcare personnel at your child's school may be contacted directly by calling your child's school clinic. You may also contact Coordinated Student Health Services at 754-321-1575 for any health service-related questions.

Student Health Services Consent Forms
The Health Services Consent section on the Student Emergency Contact Card (SECC) must be completed, signed, and dated each school year by the parent/guardian to ensure students can receive care for illness/injury in the school clinic (for example: school clinic visits for stomachache, headache, cold/flu symptoms, nosebleed, Band-Aid for cuts and scrapes, etc.) during the school day or during school-sponsored activities.

When Your Child is Sick
Keeping your child home when they are sick helps your child get well and protects classmates. Please do not send your child to school if they are exhibiting any symptoms listed below:

- Bad cough
- Temperature greater than 100.4 F
- Severe sore throat
- Eye infection
- Diarrhea
- Persistent vomiting
- Rash
- Head lice

Your child must be symptom-free, without vomiting, diarrhea, or fever, for at least 24 hours, without the use of fever-reducing medication, before returning to school. BCPS has partnered with Hazel to provide telehealth services free of charge to all students enrolled in BCPS. Consent is required. Please visit www.browardschools.com/cshs for consent and additional information.

State Mandated Health Screenings
Florida Statute 381.0056 requires that non-invasive health screenings be conducted for all students in KG, 1st, 3rd, and 6th grades. If a student does not pass a health screening, a referral letter will be sent home indicating that follow-up is recommended. If you desire to opt your child out of a screening, it must be

in writing. Health screening information is confidential, and the results are filed in each student's cumulative folder. Below are the grade level screenings:

- Vision: Students in kindergarten grades, 1, 3, 6, and new to BCPS up to grade 5
- Hearing: Students in grades kindergarten,1, 3, 6, and new to BCPS up to grade 5
- Body Mass Index (BMI): Students in grades 1, 3 and 6, and new to BCPS up to grade 5
- Scoliosis: Students in grade 6

Health Conditions
If your child has any of the following health conditions, including, but not limited to, anaphylaxis, asthma, diabetes, cystic fibrosis, and seizures, please inform the school by completing both sides of the Student Emergency Contact Card and a Health Condition Review form. Depending on the reported health condition, you may be asked to submit documentation from a healthcare provider. Please visit Coordinated Student Health Services/Chronic Health Conditions (browardschools.com) for more information.

Medication Administration at School (Prescription/Over the Counter)
If medication or treatments are medically necessary during the school day, please submit a current Medication/Treatment Authorization form signed by both a healthcare provider and a parent/guardian to the school. To retrieve the form, visit www.browardschools.com/healthforms.

The Diabetes Medical Management Plan (DMMP) is required for students with diabetes and must be completed and signed by both the healthcare provider and parent/guardian. To access the form, visit www.browardschools.com/healthforms.

Authorization for Selected Over-the-Counter Medication/Products (OTC) with Parental Approval
Authorization for selected over-the-counter medication for students in grades 9-12 to self-carry can be completed and signed by the parent/guardian. For more information, please visit www.browardschools.com/healthforms.

Immunizations
In accordance with Florida Statute 1003.22, all students entering or attending a Florida public or private school—grades Kindergarten through 12—must provide proof of immunization documented on a Florida Department of Health (FDOH) Form DH 680 or DH 681. To ensure your child is ready for school, you may verify that they have the required immunizations by visiting your child's healthcare provider or by contacting the FDOH in Broward at (954) 467-4700. Religious exemptions, if desired, must be issued by the FDOH. For more information, including how to obtain these vaccinations at no cost, please visit https://www.browardschools.com/immunizations.

Community Resources
If you do not have insurance, you may request an application for Florida Kid Care Insurance KidCare Outreach-Florida Department of Health in Broward.

Florida Heiken Children's Vision Program provides vision examinations and eyeglasses when prescribed, to students in need of comprehensive vision services at no cost to the student. Please visit Heiken-Flyer-English.pdf (browardschools.com)

If you have any questions, please contact Coordinated Student Health Services at 754-321-1575, or visit www.browardschools.com/cshs

Established 1915 BROWARD County Public Schools

Coordinated Student Health Services

Health Condition Review

School Year 20___- 20_____

HAVE YOU COMPLETED THE ANNUAL STUDENT EMERGENCY CONTACT CARD? **Yes ❑ No ❑**

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade: _____

Health conditions are defined as those conditions that last 1 year or more and require ongoing medical attention, limit activities of daily living, or both.

STUDENT CARE/TRAINING

- Individual Healthcare Plan (IHCP) is a plan of action for management of actual and potential healthcare needs during the school day, on field trips, and during school-sponsored activities.
  - An IHCP may be developed for students with a *verified* health condition that requires medication, or a procedure, during the school day.
- Emergency Care Plan (ECP) is a step by step set of instructions for what to do in an emergency.
  - An ECP may be developed for students with a potential risk of emergency (i.e., anaphylaxis, seizure, diabetes, asthma).
- As permissible by the Family Educational Rights and Privacy Act (FERPA),health condition information on an ECP will be shared with applicable school staff.
- All conditions must have a documented provider diagnosis except ADD/ADHD, allergies non-life threatening, mental/behavioral health conditions and "others".

Health Condition:

ONLY check current health conditions. *Indicates conditions that **require** written documentation of diagnosis from a healthcare provider.

- ❑ ADD/ADHD (Attention Deficit / Hyperactivity)
- ❑ Allergies – nonlife threatening (not severe)
- ❑ Allergies – life threatening (severe)*
- ❑ Asthma*
- ❑ Bleeding Disorder*
- ❑ Cancer*
- ❑ Cardiac Conditions*
- ❑ Cystic fibrosis*
- ❑ Diabetes – Type 1*
- ❑ Diabetes – Type 2*
- ❑ Epilepsy / Seizure disorders*
- ❑ Kidney disorders*
- ❑ Lupus*
- ❑ Sickle cell disease*
- ❑ No current health condition
- ❑ Other

_____

_____

_____

Date of diagnosis: _____

Signs and symptoms (if any): _____

Triggers/Allergens (if any): _____

Recent hospitalization related to diagnosis? **Yes ❑ No ❑** Date: _____

Recent surgery related to diagnosis? **Yes ❑ No ❑** Date: _____

Activity restriction in school? **Yes ❑ No ❑**

Additional information ***(including known student-specific side effects to medication)***:

_____

_____

Medication Needs Assessment:

Is it medically necessary for your child to receive medication during the school day?

Yes ❑ No ❑

If **Yes**, an Authorization for Medication/Treatment Form completed by a healthcare provider must be submitted for medication administration (www.browardschools.com/healthforms).

Is the student currently taking medication that would be required for an offsite school related or school sponsored activity (including overnight trips) that occur outside of traditional school hours?

Yes ❑ No ❑

Per Florida Statute 1002.20 and School Board Policy 6305, self-carry of student medication is allowed for Metered Dose Inhaler (MDI), epinephrine autoinjector, diabetic supplies and medication, and/or pancreatic enzyme supplements with an Authorization for Medication/Treatment Form completed by a healthcare provider stating that the student is trained and independent.

Does student self-carry ANY medication? **Yes ❑ No ❑**
If yes, list the medication: _____

Please provide the best contact information, including name and number, for school staff to refer to when communicating about your child's health condition.

Parent/Guardian (Print Name): _____ Best Contact Phone Number: _____

Parent/Guardian (Signature): _____ Relationship to Student: _____

**********CLINIC USE ONLY**********

PARENT / HEALTHCARE STAFF COMMUNICATION:

Date/Time:_____ Medication Authorization Form ❑ Emergency Contact Card ❑ Unable to reach parent/guardian ❑ Letter sent home ❑

Date/Time:_____ Medication Authorization Form ❑ Emergency Contact Card ❑ Unable to reach parent/guardian ❑ Letter sent home ❑

Date/Time:_____ Medication Authorization Form ❑ Emergency Contact Card ❑ Unable to reach parent/guardian ❑ Letter sent home ❑

Date/Time:_____ No verified health condition [Remove from School Application] ❑
Referral (Admin, Social Work, Food & Nutrition, etc.) if applicable for conditions requiring written documentation ❑

The signature below serves as an annual health record review:

RN Name: _____ RN Signature: _____ Date: _____

❑ Student needs IHP only ❑ Student needs IHP and ECP ❑ No plan required at this time

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BROWARD
County Public Schools

2026-2027
School Immunization Requirements

Before entering or attending school in-person or virtually (kindergarten through twelfth grade) each child must provide a *Florida Certification of Immunization* (DH 680 form) *, documenting the following vaccinations:

Kindergarten through Twelfth Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine±
- Three doses of hepatitis B (Hep B) vaccine
- Four or five doses of polio (IPV) vaccine**
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine†

Seventh Grade:

In addition to kindergarten through twelfth grade vaccines, students entering or attending seventh grade complete the following:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

Visit your health care provider or pediatrician to obtain a DH 680 Form*.
For information regarding free immunization clinics, visit browardschools.com/vaccinations

Students without a completed Certificate of Immunization* indicating compliance with the current required schedule of immunizations <u>will not be allowed to attend classes</u> until this document is provided.

Absences due to noncompliance with immunization requirements shall be considered <u>unexcused</u>. (F.S. s. 1003.22(1)) (BCPS Policy 5.5-IV.C.2)

* *Students may attend school without a DH 680 form if they have a medical exemption (DH 680-Part B/C form) or religious exemption (DH 681 form).*

± *The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.*

** *If four or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous dose.*

† *Varicella vaccine is not required if varicella disease is documented by the health care provider.*

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or email eeo@browardschools.com. Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or email eeo@browardschools.com.

06/2025

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 of the first day of enrollment**. 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 (All Grades) 2026-2027

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

HEART
Homeless Education Assistance Resource Team
Tel #: (754) 321-1566

Established 1915
BROWARD County Public Schools

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 NIGHTIME 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)
- ☐ Flooding (F)
- ☐ Mortgage Forclosure (M)
- ☐ Tropical Storm (S)
- ☐ Unknown (U)
- ☐ Earthquake (E)
- ☐ Hurricane (H)
- ☐ Pandemic (P)
- ☐ Tornado (T)
- ☐ Wildfire (W)
- ☐ 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. NOTE: If your child(ren) are McKinney-Vento eligible, you will receive an Acceptance Letter for each child.

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 Address 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 _____

Walking and Biking to School Parent Survey 2026/2027 (All Grades)

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5-10 minutes to complete. We ask that each family complete only one survey, per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY

School Name:

1. What is the grade of the child who brought home this survey? ☐☐ Grade (PK, K, 1, 2, 3...)

2. Is the child who brought home this survey male or female? ☐ Male ☐ Female

3. How many children do you have in Kindergarten through 8th grade? ☐☐

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.

5. How far does your child live from school?

- ☐ Less than ¼ mile
- ☐ ¼ mile up to ½ mile
- ☐ ½ mile up to 1 mile
- ☐ 1 mile up to 2 miles
- ☐ More than 2 miles
- ☐ Don't know

Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.

6. On most days, how does your child arrive and leave school? (Select one choice per column, mark box with X)

Arrive at School	Leave from School
☐ Walk	☐ Walk
☐ Bike	☐ Bike
☐ School Bus	☐ School Bus
☐ Family Vehicle (only children in your family)	☐ Family Vehicle (only children in your family)
☐ Carpool (children from other families)	☐ Carpool (children from other families)
☐ Transit (city bus, subway, etc.)	☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)	☐ Other (skateboard, scooter, inline skates, etc.)

Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school	Travel time from school
☐ Less than 5 minutes	☐ Less than 5 minutes
☐ 5 – 10 minutes	☐ 5 – 10 minutes
☐ 11 – 20 minutes	☐ 11 – 20 minutes
☐ More than 20 minutes	☐ More than 20 minutes
☐ Don't know/Not sure	☐ Don't know/Not sure

+ **Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.** +

8. Has your child asked you for permission to walk or bike to/from school in the last year? ☐ Yes ☐ No

9. At what grade would you allow your child to walk or bike to/from school without an adult?
(Select a grade between PK, K, 1, 2, 3 ...) ☐☐ grade (or) ☐ I would not feel comfortable at any grade

+ **Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.** +

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school?
(Select one choice per line, mark box with X)

Distance	☐ Yes	☐ No	☐ Not Sure
Convenience of driving	☐ Yes	☐ No	☐ Not Sure
Time	☐ Yes	☐ No	☐ Not Sure
Child's before or after-school activities	☐ Yes	☐ No	☐ Not Sure
Speed of traffic along route	☐ Yes	☐ No	☐ Not Sure
Amount of traffic along route	☐ Yes	☐ No	☐ Not Sure
Adults to walk or bike with	☐ Yes	☐ No	☐ Not Sure
Safety of intersections and crossings	☐ Yes	☐ No	☐ Not Sure
Crossing guards	☐ Yes	☐ No	☐ Not Sure
Violence or crime	☐ Yes	☐ No	☐ Not Sure
Weather or climate	☐ Yes	☐ No	☐ Not Sure

11. Would you probably allow your child to walk or bike to/from school? (Select one choice, mark box with X)
☐ My child already walks or bikes to/from school ☐ Yes ☐ No ☐ Not Sure

+ **Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.** +

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?
☐ Strongly Encourage ☐ Encourage ☐ Neither ☐ Discourage ☐ Strongly Discourage

13. How much fun is walking or biking to/from school for your child?
☐ Very Fun ☐ Fun ☐ Neither ☐ Boring ☐ Very Boring

14. How healthy is walking or biking to/from school for your child?
☐ Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy

+ **Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.** +

15. What is the highest grade or year of school you completed?
☐ Grade 1 through 8 (Elementary)
☐ Grades 9 through 11 (Some high school)
☐ Grades 12 or GED (High School graduate)
☐ College 1 to 3 years (Some college or technical school)
☐ College 4 years or more (College graduate)
☐ Prefer not to answer

16. Please provide any additional comments below.