



BRADFORD COUNTY SCHOOL DISTRICT

Checklist for Enrollment of New K-12 Students

2020-2021

Evidence of Proper Age and Legal Name

- Official birth certificate

If such certificate is not available, the following forms of evidence are acceptable:

- Official school records that provide evidence that the child has attended school for four years
- A passport or certificate of arrival in the U.S. showing the age and legal name of the child

Evidence of Immunization, Physical Exam and Medical Treatment

Immunization	Physical Exam	Medical Treatment
<input type="checkbox"/> Florida Certificate of Immunization (Form HD680)	<input type="checkbox"/> If the physical exam within one year is not available at enrollment, evidence of an appointment must be submitted with the completed registration packet	<input type="checkbox"/> Parent must provide a written notification of any health/medical condition that requires staff awareness and/or supervision for the child.
<input type="checkbox"/> Religious exemption (Form 681), temporary exemption (Form DH680 Part B) or a medical exemption (Form DH680 Part C)	<input type="checkbox"/> Within 30 school days students grades K-12 and entering Florida school for the first time, must present evidence of a physical examination performed within twelve months prior to their initial enrollment, or the day student was brought to school to fill out necessary forms for the purpose of becoming a BCSD student.*	<input type="checkbox"/> Ensure all parent contact and alternate contact information is correct on the Registration Form. This information must be kept current by contacting the Data Secretary at your school as it will be used in case of emergency.

Evidence of Custody/Guardianship

According to School Board Policy and state law, a person who enrolls a minor student must have a *bona fide* relationship with the student such that they are the custodial parent or otherwise stands in the place of the parent (*"in loco parentis"*) with respect to decisions concerning the student's enrollment and education. Accordingly, one of the following must be determined at the time of enrollment/registration:

<input type="checkbox"/> The person registering/enrolling the student is the biological parent of the student, and has advised that their custodial/parental rights have been voluntarily relinquished or modified by court order. Please provide most recent custody paper .	<input type="checkbox"/> The person registering/enrolling the student is the adoptive parent or legal guardian of the student and has presented court and/or state agency records which establish their custodial rights or authority to make decisions concerning the student's enrollment and/or education.	<input type="checkbox"/> The student lives in a residence licensed by the Florida Department of Children and Families.
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Proof of Residence

THREE documents (**one from each column**) are required by the Bradford County District School to establish residence.

COLUMN 1	COLUMN 2	COLUMN 3
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Homeowner: Mortgage/HUD Statement	<input type="checkbox"/> Utility/Water Bill with current address
<input type="checkbox"/> Photo ID Card	<input type="checkbox"/> Renter: Renter's Agreement /Lease	<input type="checkbox"/> Vehicle Registration with current address
	<input type="checkbox"/> Living w/Homeowner or Renter: Notarized statement that you reside with them plus: (1) their homeowner or renter documents above and (2) evidence from column 3	

Student Social Security Card: Required to request by FS 1008.386, but not required as a condition for enrollment or graduation. May be used for processing Medicaid eligibility and billing, scholarship applications, Driver's Education, and state student assessments.

Requested: Most recent report card, current I.E.P. A records request will be submitted to last school of enrollment.

Completed Registration Packet: (Registration Form, Home Language Survey, Occupational Survey, McKinney-Vento Info, Network Use Agreement, Parent & Student Acknowledgement)

Registration is not considered complete until all* required documents are received by the school Data Secretary.



BRADFORD COUNTY SCHOOL DISTRICT

SCHOOL YEAR 2020-2021	STUDENT REGISTRATION & MEDICAL INFORMATION	STUDENT NUMBER
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THIS AREA IS FOR OFFICE USE ONLY

Entry Date:	Homeroom:	Grade:	IEP EP 504	Records Requested:
Birth Verification YES NO	Immunizations: YES NO	Health Exam: YES NO	Proof of Residence: YES NO	Military Family: YES NO
Out-of-Zone: YES NO	Zoned District #:	Zoned School #:	Out-of-Zone Approved: YES NO	Medical Alert Condition: Yes NO

Has the student previously been enrolled in a Bradford County School? YES NO Transportation: Bus: AM# _____ PM# _____ Parent/Pick-up _____ Other _____

STUDENT'S LEGAL NAME:

First **Middle** **Last** **DOB:** **Grade:** **Gender:** Female Male

SSN (- -) *Required to request by FS 1008.386, but not required as a condition for enrollment or graduation. May be used for processing scholarship applications, Driver's Education, state student assessments, Medicaid eligibility and billing.
Confidential

Primary Address of Student
City State Zip

Mailing Address (if different than above)
City State Zip

Primary Phone Number: ()

Student Lives with: Both Parents (in same house) Mother Father Guardian Other _____ **Under Court Order** NO YES If yes, are documents provided? NO YES

Mother's Name/Legal Guardian: _____ **Legal Custody** YES NO **Resides w/Student** YES NO

Email Address: _____ **Phone # in call order** 1. _____ H C W 2. _____ H C W

Father's Name/Legal Guardian: _____ **Legal Custody** YES NO **Resides w/Student** YES NO

Email Address: _____ **Phone # in call order** 1. _____ H C W 2. _____ H C W

List alternate contacts & phone numbers who can pick up student in case of an emergency. Indicate relationship of each contact to student. (Ex: grandmother, neighbor, step-father)

Relationship	Primary Phone #	Alternate Phone #
1st Contact Name: _____	Circle: Home Work Cell	Circle: Home Work Cell
2nd Contact Name: _____	Circle: Home Work Cell	Circle: Home Work Cell
3rd Contact Name: _____	Circle: Home Work Cell	Circle: Home Work Cell

Previous School Name: _____ City: _____ State: _____ Is the school change due to a natural disaster? No Yes

Immigrant Student: No Yes Military Family Student: No Yes Foster Student: No Yes Has this student been previously retained? NO YES If so, what grade(s)? _____

Ethnicity: Is student of Hispanic/Latino/Spanish Origin? No Yes **Race:** (check all that apply) American Indian or Alaska Native Asian Black Native Hawaiian or Pacific Islander White

Location of Birth: City/State _____ Country of Birth: _____

Was your child in the MTSS/RTI Process? No Yes Does your child have a 504 plan? No Yes Was your child enrolled in an alternative education program? No Yes

Does your child have an IEP or EP? No Yes If Yes, ASD EBD Gifted ID SLD Speech/Language Other Did your child attend a VPK program? No Yes

Is the child currently suspended or awaiting an expulsion? No Yes Explain _____

Disclosure at School Registration. According to procedures established by the district school board and FS 1006.07 (1) (b), each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, Juvenile Justice actions, and referrals to mental health services the student has had. If any, list including dates: _____

Complete Both Sides



BRADFORD COUNTY SCHOOL DISTRICT

STUDENT'S LEGAL NAME:				2020-2021 SCHOOL YEAR
First	Middle	Last	Grade	

MEDICAL INFORMATION: Please check ALL that apply as current medical problems. If allergies, please list.

ADD / ADHD	Asthma		Headaches		Hypertension		Seizure Disorders	MEDICATIONS: List Med & Dosage
Allergies:	Cancer – Specify Type:		Autism		Hypoglycemia		Sickle Cell	
			Hemophilia		Nosebleed		Speech Impairment	
VP Shunt	Diabetes: Type I Type II		Hernia		Cerebral Palsy		Urological Condition	
Kidney Disease	Downs Syndrome		Hearing Impairment		Muscular Dystrophy		Visual Impairment	
Anemia	Ear Infections Repeated		Heart Condition		Physical/Motor Impairment		Leukemia	
Arthritis	Emotional/Mental Disorders		Heart Murmur		Pregnancy		Scoliosis	
	Gastrointestinal Disorders							PARENTS/GUARDIANS OF CHILDREN REQUIRING MEDICATION DURING SCHOOL HOURS MUST CONTACT THE SCHOOL FOR SPECIFIC PROCEDURES AND FORMS.

Student has an Approved Care Plan: No Yes Date of last physical _____ Primary Doctor/Pediatrician Name: _____

Other Medical Conditions: Explain

I understand that if emergency medical services of any kind or nature whatsoever are provided to my child, I will bear full responsibility for payment of all charges resulting from rendition of said services. I give my consent to the school to provide medical information on this emergency card with emergency medical personnel should the need arise for emergency medical services. I hereby give permission to release pertinent health information to official school personnel & Bradford County Health Dept. I authorize the Bradford County District Schools to release my child's name, date of birth, and social security number to agencies of the State of Florida for the purpose of determining possible Medicaid eligibility. If applicable, I further authorize the School District to receive Medicaid payments for any exceptional student services/medical services provided to my child. I understand that I may withdraw consent at any time. This consent will not impact my child's Medicaid coverage or my child's entitlement to a free and appropriate public education. Upon request, I may receive copies of records disclosed pursuant to this authorization.

OTHER CHILDREN IN THE FAMILY:

Name: _____ Grade: _____ School: _____

I understand it is my responsibility as the Parent/Guardian to notify the school of any changes in the information provided as they occur. I certify that the above enrollment information is true and accurate, that providing fraudulent information shall result in withdrawal and reassignment to the appropriately zoned school. Registration is not considered complete until all required documentation has been submitted to the school.

Complete Both Sides



Parent/Guardian Signature	Date	ENTERED IN FOCUS BY/DATE:
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Register for immediate access to your child's attendance, grades & test scores as well as convenient parent/teacher communication @ www.bradfordschools.org. Choose the FOCUS Registration icon.



BRADFORD COUNTY SCHOOL DISTRICT
Escuelas Del Condado de Bradford

HOME LANGUAGE SURVEY
Encuesta de Lengua Materna

Student Name: _____ Date of Entry: _____
Nombre del alumno *Fecha de entrada*

School: _____ Student Number: _____
Escuela *Numero de estudiante*

Grade: _____
Grado

PLEASE RESPOND TO THE QUESTIONS BELOW:

1. Is a language other than English used in the home? _____ YES _____ NO
¿Se usa otro idioma además del inglés en el hogar? *Si* *No*
2. Did the student have a first language other than English? _____ YES _____ NO
¿El estudiante tiene un primer idioma que no sea inglés? *Si* *No*
3. Does the student most frequently speak a language other than English? _____ YES _____ NO
¿Habla el estudiante con más frecuencia un idioma que no sea inglés? *Si* *No*
4. Home language of student _____
Idioma del hogar del estudiante
5. National origin of student _____
Origen nacional del estudiante

Signature of person completing survey/*Firma de la persona que completa el formulario*

Date/*Fecha*

Please send a copy of this form to the Director of Exceptional Student Education if an individual responds “YES” to any of the first three questions listed above.



**BRADFORD COUNTY SCHOOL DISTRICT
DISTRICT OCCUPATIONAL SURVEY**
ESCUELAS DEL CONDADO DE BRADFORD- ENCUESTA LABORAL DEL DISTRITO

Have you or anyone in your family crossed state or county lines to work, or seek work, in one of the following occupations, either full-time or part-time during the last three years?

¿Usted o alguien en su familia cruzó las fronteras estatales o del condado para trabajar o buscar trabajo, en una de las siguientes ocupaciones, ya sea a tiempo completo o a tiempo parcial durante los últimos tres años?

YES	NO		SI	NO	
		FARMING (plowing, planting, cultivation, harvesting and/or processing of farm crops)			AGRICULTURA (labrado, plantación, cultivo, cosecha y procesamiento de cultivos agrícolas)
		DAIRY WORK			LECHERÍA
		LIVESTOCK WORK (hoofing, cutting, banding, feeding and/or rounding up)			GANADERÍA (faenado, identificación, alimentación y acorralamien)
		POULTRY OR EGG WORK			PRODUCCIÓN AVÍCOLA O TRABAJO CON HUEVOS
		PLANTING, GROWING OR HARVESTING OF TREES			PLANTACIÓN, CULTIVO O COSECHA DE ÁRBOLES
		COMMERCIAL FISHING (all fresh/saltwater fishing including crabbing and/or shrimping)			PESCA COMERCIAL (toda pesca de agua dulce/salada, incluyendo pesca de cangrejos y camarones)
		WORKING ON FISH FARM			TRABAJO EN CRIADEROS DE PECES
		PROCESSING OR HAULING OF FARM/FISH PRODUCTS			PROCESAMIENTO O TRANSPORTE DE PRODUCTOS DE CRIADEROS DE PECES O PESCA

<i>If you checked NO to all items, you may stop at this point, sign and date. If you checked YES in any category above, please continue with next question.</i>	<i>Si marcó NO en todos los puntos, puede dejar de responder. Si marcó en SÍ alguna categoría antedicha, continúe y responda</i>
Did your child(ren) move with you? __Yes __No	¿Se trasladó su hijo o hijos con usted? __Si __No
The school system is interested in providing help to children whose family have had to move from one school district to another so a member of the family could work/seek work in certain jobs. Please assist us in finding out which children we will be able to serve in this special project by completing one of these forms.	Este sistema escolar está interesado en brindar ayuda a los alumnos cuyas familias han tenido que mudarse de un distrito escolar a otro para que uno de sus miembros puede trabajar / buscar algún tipo de empleo. Por favor llene uno de estos formularios para que nos ayude a averiguar a qué niños les prestaremos servicios mediante este proyecto especial.

CHILD'S NAME: _____ **SCHOOL:** _____
NOMBRE DEL ALUMNO ESCUELA

PARENT NAME: _____
NOMBRE DEL PADRE/LA MADRE

PRESENT OCCUPATION: _____
OCUPACION/TRABAJO

Parent's Signature/ Firma del Padre/la madre _____ Date/Fecha _____

Address & Phone Number/ Dirección y Número de Teléfono _____

INTERNAL USE: Send any forms checked "YES" to Administrative Secretary/Department of Teaching, Learning & Curriculum. All others may be properly discarded at the school level.



Bradford County School District
McKinney-Vento Student Residency Questionnaire 2020-2021

CONFIDENTIAL - FOR SCHOOL USE ONLY

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11432(a). Your answers will help the administrator determine residency documents necessary for enrollment of your student(s).

SECTION A: HOUSING IS FIXED, REGULAR AND ADEQUATE

- I currently RENT/OWN my home OR
I live with someone by choice (not due to financial hardship)



If you checked either of these boxes, please stop here.

SECTION B: HOUSING IS NOT FIXED, REGULAR AND ADEQUATE

PLEASE PLACE AN "X" IN THE APPROPRIATE BOX

- My family lives in an emergency or transitional shelter or FEMA trailer. (A)
My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up. (B)
My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, 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 settings. (D)
My family lives in a hotel or motel. (E)

CAUSE OF YOUR CURRENT LIVING ARRANGEMENT

- Mortgage Foreclosure (M)
Natural Disaster-Type:
Other - i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

SECTION C: STUDENT INFORMATION Students Currently Enrolled in a Bradford County School

PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your School Registrar.

¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.

Names of Students Currently Enrolled in a Bradford County School (PK - 12th Grade).

Table with columns: First Name, MI, Last Name, Birth Date, Grade School. Three rows for student information.

Parent or Guardian Name (Print):

BEST Contact Number:

Current Street Address:

Length of time at this TEMPORARY address:

Former Address:

SECTION D: UNACCOMPANIED YOUTH (Age 16 or older complete this section)

Student is living with an adult that is not a parent or legal guardian.
Caregiver Name:
Relationship to Student:

Student is living alone without an adult.
How long has student been living alone?

The undersigned certifies that the information provided is accurate.

Date:

Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

Directions for school staff: For forms with completed SECTIONS B-D, please send a copy of this form to the district liaison by county mail or fax (904) 966-6818, and keep the original for student file.

District Liaison Intake Information

Make a copy for each student listed.

Student #
MV Eligible NOT MV Eligible
Date Added By



BRADFORD COUNTY SCHOOL DISTRICT
Network Acceptable Use Agreement
2020-2021

- I. The District network is available for all employees and students of the District in order to provide them with equal access to computing resources which serve public education. The network is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. The term network may include electronic mail (E-Mail), Worldwide Web browsing, or any method of connecting with other computer equipment. All personnel having authorization to use the network will have access to a variety of information.
- II. Some material on the network may not be considered to be of educational value in the context of the school setting. In addition, some material, individual contacts, or communications may not be suitable for school-aged children. The District views information retrieval from the network in the same capacity as information retrieval from reference materials identified by schools. The District network will filter inappropriate material. At each school, each student's access to the network will be under the teacher's direction and monitored as a regular instructional activity.
- III. The District cannot entirely prevent the possibility that some users may access material that is not consistent with the educational mission, goals and policies of the District. This is particularly possible since access to the network may be obtained at sites other than school.
- IV. At each school and facility owned and operated by the District, in each room where computers are present, notices shall be conspicuously posted that states the following: Users of the network of the School District of Bradford County are responsible for their activity on the network. The School District has developed a Network Acceptable Use policy. All users of the network are bound by this policy. Any violation of the policy could result in the suspension of access privileges or other disciplinary action, including student expulsion and employee dismissal. This notice shall also become part of the login process.
- V. The use of the network shall be consistent with the mission, goals, policies, and priorities of the District. Successful participation in the network requires that all its users regard it as a shared resource and that members conduct themselves in a responsible, ethical, and legal manner while using the network.

Any use of the network for illegal, inappropriate, or obscene purposes, or in support of such activities, will not be tolerated. For compliance with the requirements of the Elementary and Secondary Education Act (ESEA) and the Children's Internet Protection Act (CIPA), please see procedures entitled "Student Internet Use Procedures."

Examples of unacceptable uses of the network include, but are not limited to:

1. Violating the conditions of the Code of Ethics and Principles of Professional Conduct of the Education Profession of Florida dealing with student's rights to privacy, employee rights to privacy, or violating any other section of the Code;
2. Using, accessing, visiting, downloading, or transmitting inappropriate material, messages or images such as pornography, profanity or obscenity;
3. Reposting personal communications without the author's consent.
4. Copying, sending (uploading) or receiving (downloading) commercial software in violation of copyright law or other copyright protection of trademarked material;
5. Using the network for financial gain or other commercial or illegal activity;
6. Using the network for political advertisement or political activity;
7. Taking any actions that affect the ability of the District to retrieve or retain any information contained on the computer equipment, in the data network system or acting to modify any software or any data without specific written permission.
8. In accordance with applicable Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) rules, sending any student identifying information, via e-mail, is strictly prohibited;
9. Creating and/or forwarding advertisements, chain letters, mass mailings, get rich quick schemes, and pyramid schemes to individual mailboxes and/or mailing lists;
10. Gambling or conducting any illegal activity;



BRADFORD COUNTY SCHOOL DISTRICT
Network Acceptable Use Agreement
2020-2021

- 11. Posting personal views on social, political, religious or other non-business related matters;
 - 12. Creating and/or forwarding messages, jokes, etc. which violate School Board harassment policies and/or create an intimidating or hostile environment.
- VI. The e-mail system developed by the District and the hardware owned by the District are intended for District business use. Minor personal use of email and the internet by school district employees is acceptable, but should not interfere or conflict with District business.
 - VII. District business conducted by e-mail must be done using the email account provided by the district. When an employee conducts official business of the District via e-mail, the employee must retain a copy of the email including attachments in paper form or store these documents electronically on district owned equipment in accordance with the Florida Public Records law
 - VIII. Failure to adhere to this agreement may result in suspending or revoking the offender’s privilege of access to the network and other disciplinary action up to and including termination of the employee or expulsion in the case of a student.
 - IX. Any student shall be exempt from accessing the internet upon written request from the parents, as defined by Florida Statutes, to the principal. The request for exemption shall expire at the end of each school year. It shall be the responsibility of the parent to renew the request yearly.
 - X. The District reserves the right to monitor and/or retrieve the contents of email messages for legitimate reasons such as, but not limited to, ensuring the integrity of the system, complying with investigations of wrongful acts, or recovering from a system failure.
 - XI. District employees’ passwords are confidential, and in order to maintain network security, employees shall:
 - 1. Change passwords at least four (4) times a year, or whenever the employee feels his/her password may have been compromised;
 - 2. Use passwords that contain letters and numbers and that are difficult to guess;
 - 3. Not share passwords and shall not set passwords to automatic log in mode;
 - 4. Give his/her password to authorized computer maintenance personnel, only as part of maintenance activities, and shall change his/her password at the completion of the activity.
 - 5. Student passwords are maintained by the District Office.
 - XII. Each employee and student shall lock their device when leaving it unattended. This would include but not be limited to interactive boards, desktops, laptops, chromebooks, tablets, and mobile devices. Leaving the devices unattended before an auto lockout or shut down process occurs will leave that device vulnerable to use by anyone who chooses to use it. Any Home Directory, My Documents, Email, applications (such as Skyward or FOCUS), assignments, gradebook, etc that are available to the device owner would be accessible by this person. Furthermore, activity that this person may perform would not be traceable as it would be done using the device owner's account. Locking the device when unattended protects the network from unauthorized use as well as protects the device owner from unauthorized activity performed with their accounts.
 - XIII. All Web sites representing any District employee pursuant to their official District role and duties must have their Web site hosted on a school district server or a district sponsored Web site. Using other free or paid outside Web servers for public dissemination of District business is not permitted.

STATUTORY AUTHORITY: 100.41, 100.42, FS LAW(S) IMPLEMENTED: 1000.21, 1001.43

BY SIGNING THIS DOCUMENT, I AGREE TO ALL TERMS AND CONDITIONS.

Student & Parent Printed Name or Employee Printed Name

Date

Signature(s)

Revised: 3/10/20



Parent and Student Acknowledgement

Please complete, sign at all appropriate places, and return to your child's school.

1. School Day Supervision Limitations: Per Florida Statute, the school is responsible for the supervision of your child for no more than ½ hour before the start of the school day and ½ hour after the day ends. Video surveillance is used at school sites and on buses. These videotapes will be used to enforce rules associated with the Code of Student Conduct.

2. Provision & Coverage: I have been provided access to a copy of the Code of Student Conduct at www.bradfordschools.org and I have the opportunity to ask questions by calling the principal or district office.

3. Network Acceptable Use Agreement: I have received a copy of the agreement (also available in the Code of Student Conduct at www.bradfordschools.org) and understand my child is expected to comply with the terms of the agreement.

4. Anonymous student/district surveys: If you do **NOT** want your child to participate **write your specific remarks below.** REMARKS: _____

5. Release of Name/Directory Information/Media Release: Pursuant to federal, state and local school board rules, a student's right of privacy is to be protected. The district may only release your student's protected information to those entities and agencies authorized by law. Unless you make remarks below, *you are consenting to the release of your child's photograph or video image & the level of information necessary for:*

- Class Portraits - Photographer
- School Annuals/Yearbooks
- Videos & photographs for school/class purposes only
- College representatives for scholarship (transcripts, test scores, etc.)
- School related athletic events
- Graduation needs & related events
- Military recruiters
- Local, regional, and social news media for school events, recognition, and academic excellence

If you do **NOT** want your child's information released for the above purposes **write your specific remarks below:** REMARKS: _____

6. Request to abstain from corporal punishment: If you do **NOT** want corporal punishment used with your child, **write your specific remarks below.**

REMARKS: _____

Parent and Student Acknowledgement:

*This is to acknowledge with signatures below that we have read the five statements above regarding:

1. School Day Supervision Limitations: Video Surveillance is used at school sites and on buses. These videotapes will be used to enforce rules associated with the Code of Student Conduct.
2. Code of Conduct (provision & coverage)
3. Network Acceptable Use Agreement
4. Anonymous student surveys to gather pertinent school information.
5. Release of Name/Directory Information/Media Release
6. Use of Corporal Punishment

Failure to return this acknowledgement will not relieve a student or the Parent(s)/Guardian(s) from responsibility to know the contents of the Code of Student Conduct and will not excuse the student's non-compliance with the Code of Student Conduct. Contact your school principal or the district office if you have questions or concerns.

Due to differences in student and parent last names, please write out the complete name.

Parent or Guardian (Print or Type): _____

Parent or Guardian (Signature): _____

Student Name (Print or Type): _____

Student (Signature): _____

Date: _____ School: _____