

Excelsior Charter of Broward Student Registration Form 2020-2021

For Office Use, Only

Enrollment Date _____

- Address Verification Birth Certificate
 Custody Verification Immunizations
 Medically Exempt Language Survey
 Custody Alert Physical
 2 Proofs of Residence LEP

Student Information

Date ____/____/____ Actual Grade Level _____ Age _____ Male ____ Female ____

Student Legal Name _____

Last

First

Middle

Social Security Number _____ FL Student ID # _____

Address _____ Apt# _____

City _____ Zip Code _____ Home Phone _____

Date of Birth ____/____/____ Birthplace _____ State _____ Country _____

Race ____ WNH – White, Non-Hispanic ____ H – Hispanic – White
 ____ BNH – Black, Non-Hispanic ____ H – Hispanic - Black
 ____ AM/IND – American Indian ____ A/PI – Asian/Pacific Islander

Student Lives With: Both Parents Father Mother Other _____

Marital Status of Parents: Married Divorced Separated Widow(er)

Parent Information

Person Enrolling Student: Parent Guardian (**notarized letter**) (Court Order)

Mother's Name: _____ Address _____

(If different from above)

Telephone _____ Cell _____ Email _____

Place of Business _____ Occupation _____ Fax _____

Father's Name: _____ Address _____

(If different from above)

Telephone _____ Cell _____ **Email** _____

Place of Business _____ Occupation _____ Fax _____

Legal Guardian _____ Address _____

(If different from above)

Telephone _____ Cell _____ Email _____

Place of Business _____ Occupation _____ Fax _____

Emergency Information, Contacts (Other than Parents/Guardians) and Telephone Numbers:

Student may be released to Both Parents Mother Father Guardian/Other

If we are unable to contact parents or legal guardians, it is important that we have another reference (local relatives, friends).

Please list below two persons to whom your child may be released.

Name	Relationship	Home	Work	Cell
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Name	Relationship	Home	Work	Cell
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In case of an emergency, 911 will be called and student will be taken to the nearest hospital.

In the event I, cannot be contacted, I authorize the appropriate school official to take the steps necessary to seek emergency medical attention.

Parent/Guardian Signature _____

Please list any medications that the student is currently taking: _____

Family Physician Name: _____ **Phone number:** _____

Previous School Information

Last school attended _____ Withdrawal date: ____/____/____

Was this a private school? Yes No

Telephone _____ Address _____ City/State/Zip _____

Student previously attended a Broward County School? Yes No

If yes, School and Grade _____

Has the student ever been retained? Yes No If yes, grade level(s) _____

Has student ever been expelled from school? Yes No

Exceptional Student Education (ESE) Yes No If yes, program _____

Describe other programs or interventions _____

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone number, name, etc., I will notify the school immediately.

Parent/Guardian Signature _____ **Date** ____/____/____

Staff Member Registering Student _____ **Date** ____/____/____

The Family Educational Rights and Privacy Act (FERPA) was amended by Congress in the No Child Left Behind Act of 2001 (NCLB). The amendment to FERPA included information and rules regarding access to student academic records and the transfer of school disciplinary records.

Section 1002.22(2)(c), Florida Statutes, defines records as official records directly related to students that are created, maintained, and used by public educational institutions. Materials that are considered as part of a student's record include, but are not limited to, verified reports of serious or recurrent behavior patterns. Additionally, as indicated in section 1002.22(3)(d)(1), Florida Statutes, student records may be forwarded to the school to which the student intends to transfer without parental consent.

In addition, section 1006.07(1)(b), Florida Statutes (District school board duties relating to student discipline and school safety), requires each district school board to adopt rules that require each student at initial registration for school enrollment in the district to report any previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had. This section also provides authority for the receiving school board to waive or honor the final order of expulsion or dismissal of a student by any in-state or out-of-state public district school board or private school for an act that would have been grounds for expulsion according to the receiving district school board's code of student conduct.

Excelsior Charter of Broward

2099 Prospect Rd. Tamarac, Fl. 33321
Phone: (954) 701-1192 Fax: (954) 530-2204

STUDENT RECORDS REQUEST

Date: _____ Grade level when attended _____

Name of Last School Attended: _____

Address of School: _____

Phone Number: _____ Fax: _____

Name of Home School: _____

(The public school the student would attend based on the current home address)

PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:

(Name of Student) (Grade) (Date of Birth) (Date Last Attended)

PLEASE INCLUDE: Cumulative Record containing:

- ✓ All credits earned
- ✓ Test scores
- ✓ Health Records (Immunization (HRS Form 680) and Physical)
- ✓ Brief explanation of grading system
- ✓ Current grades at time of withdrawal
- ✓ Exceptional Education Records

I hereby give permission for the above-named school to release all student records as requested herein to facilitate the enrollment of my child at Excelsior Charter of Broward.

Signature of Parent/Guardian _____ Date _____

Thank you in advance for your prompt attention to this request.

Registrar, Excelsior Charter of Broward

For School Use, Only School Communication (complete communication date/phone/fax/email)

Excelsior Charter of Broward

Authorization for Medication

Date: _____

Student Name: Last, First, Middle Date of Birth Grade

MEDICATION TREATMENT PLAN TO BE COMPLETED BY PHYSICIAN

Diagnosis:

Medication, Dosage, Specific Times and Direction for Administration: _____

Note: Medication must be supplied in the original prescription container. Ask the pharmacist to divide the prescription in two completely labeled containers, one for home and one for school.

Side Effects/Special Instructions: _____

Note to Physicians: Please complete the treatment plan on the back of this form for students who require any special health procedures during school hours (e.g. inhalers, nebulizer treatments, glucose testing, etc.)

Physician's Name Physician's Phone and Fax Number

PARENTAL PERMISSION

I grant the principal or his/her designee the permission to assist in the administration of each prescribed medication/procedure to be provided during the school day, including when (Name of Student) _____ is away from school property on official school business.

Signature of Parent Date

Home Phone/Work Phone/Cell _____

Name of Student: _____ Grade: _____

TREATMENT FOR STUDENTS NEEDING HEALTH PROCEDURES DURING SCHOOL HOURS

Treatment Plan: _____

Special Procedures (List special procedures in which students have been trained; e.g. insulin administration, testing glucose, etc.): _____

Please list any limitations/precautionary measures that should be considered (e.g. physical education, outdoor activities, transporting, and lifting, special devices/equipment): _____

Please state any emergency precautions/health emergencies that should be anticipated for this student (e.g. allergy triggers, diabetic reactions, etc.) _____

What is the care plan for these identified emergencies? _____

Physician's Signature

Date

Excelsior Charter of Broward

Parent Contract 2020-2021

Student Name: _____ **Grade:** _____

- Parents are to ensure that their child arrives on time. Students must be in their seats by the start of class as published in the Student Handbook. The Students' Code of Conduct of Broward County Public Schools will lead the school actions. Any student arriving after this time will be issued a tardy slip. Students accumulating ten (10) unexcused tardy per school year will receive a note for excessive tardiness. Continued tardiness and absences may require a meeting with parents to draft an action plan to prevent this issue.
- Parents are to contact the school office if their son/daughter (the student) is going to be absent. On the day, the student returns to school, he/she must bring a note from the parent(s) explaining the reason for the absence, otherwise, the absence will be considered unexcused.
- The school believes that parents play an integral role in their child's educational and social life. For this reason, the school asks that a parent/guardian personally transport their child to and from school.
Carpooling is permitted, as it too, positively contributes to the child's socio-educational life.
- Parents are to ensure that their child is wearing the proper attire as stated in the Student Handbook. Students who arrive at school without the proper attire will be disciplined, as stated in the Student Handbook. Hoodies are not permitted at any time.
- If students are not receiving free or reduced lunch, the parents are expected to provide lunch each day for their child. The student may bring their lunch from home or purchase a lunch from the school.
- A student's parent/guardian must agree to volunteer a minimum of twenty (20) hours per school year or thirty (30) hours per family. All volunteer hours must be completed prior to the end of the school year.
- Parents agree to read and use the information sent home from the school, so that they are informed of activities and academic opportunities provided by the school.
- Parents and students are required to read the Student Handbook and the Broward County Student Code of Conduct. The Handbook and the Code of Conduct details the responsibilities that staff members, students, and parents are expected to fulfill.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Excelsior Charter of Broward

Student Contract 2020-2021

Whereas, I have made a personal decision to enroll as a student at EXCELSIOR CHARTER OF BROWARD in order to experience a unique educational opportunity; and

Whereas, I recognize that EXCELSIOR CHARTER OF BROWARD is a public charter school of choice, not entitlement;

Therefore, as a student at EXCELSIOR CHARTER OF BROWARD, my commitment is to abide by the following rules and regulations adopted by the Board of Directors:

- A. I understand that my behavior is a direct reflection of both my family and the School. As such, I will strive to honor both by exhibiting exemplary behavior at all times in all places.
- B. I will adhere by the school uniform dress code as outlined in the Parent/Student Handbook.
- C. I am responsible to deliver any and all announcements, messages, and reports to and from school.
- D. I am responsible for completing and turning in all class assignments and homework.
- E. I am responsible for taking care of all books and materials loaned to me by the school. I will replace anything that is misused or lost.
- F. I will demonstrate proper courtesy to faculty, staff, and other students at all times.
- G. I understand that I am a student with the Broward School System and I will abide by the rules contained in the Broward School District's Code of Student Conduct and the current edition of the school's Parent/Student Handbook.
- H. I will speak courteously to everyone I come in contact with.
- I. I will refrain from fighting and using inappropriate language.
- J. I will refrain from intimidating, bullying, harassing, or threatening others.
- K. I will exhibit the principles of leadership and good sportsmanship.
- L. I am responsible for taking care of all computers, and software related with technology education.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Excelsior Charter of Broward Technology Acceptable Use Policy 2020-2021

The information systems and Internet access available through Excelsior Charter of Broward are available to support learning, and to enhance instruction.

Excelsior Charter of Broward information systems are operated for the mutual benefit of all users. The use of technology at Excelsior Charter of Broward is a privilege, not a right. Users should not do, or attempt to do, anything that might disrupt the operation of the network or equipment and/or interfere with the learning of other students or work of Excelsior Charter of Broward employees. Excelsior Charter of Broward network is connected to the Internet, a network of networks, which enables people to interact with millions of networks and computers.

The school reserves the right to restrict or terminate any user's access, without prior notice, if the user is suspected to be in violation of the acceptable use policy. The primary goal of any such action shall be to maintain computing availability and security for other users of the systems. Other disciplinary action may be imposed as stated in the Broward County Code of Student Conduct and Excelsior Charter of Broward Parent/Student Handbook.

Respect for Property

- Students are prohibited from downloading and installing software on school computers without the express consent of the classroom teacher.
- Do not modify or rearrange keyboards, individual key caps, monitors, printers, or any other peripheral equipment.
- Report equipment problems immediately to the teacher.
- Leave workstations and peripherals in their designated places.

Respect for Others

- Use your assigned workstations as directed by the teacher.
- Log out of workstations after finishing.
- Students may not deliberately attempt to disrupt system performance or otherwise interfere with the work of other users.
- Leave equipment and labs in good condition for the next user or class.

Ethical Conduct for Users

Accounts on Excelsior Charter of Broward network are considered private, although absolute security of any data cannot be guaranteed. It is the responsibility of the user to:

- Use only his or her account or password. Do not share your account information
- Recognize and honor the intellectual property of others; comply with legal restrictions regarding plagiarism and the use and citation of information resources.
- Respect the privacy of others by not reading, modifying, removing, or otherwise tampering with files owned by other users.

- Restrict the use of Excelsior Charter of Broward network and resources to the mission and function of the school system.
- Maintain the integrity of the school information system. Deliberate tampering or experimentation is not allowed; this includes the use of Excelsior Charter of Broward network and resources to illicitly access, tamper with, or experiment with systems outside Excelsior Charter of Broward.

Inappropriate Use

- The use of Excelsior Charter of Broward computing resources for any purpose other than that which has been expressly authorized by the teacher or adult in charge shall constitute an unacceptable use of technology.
- Do not use offensive, obscene, or harassing language when using any Excelsior Charter of Broward network system.
- At no time, shall campus technology be used in any manner that violates the privacy of others, jeopardizes the health or safety of students, is obscene or libelous, causes disruption of school activities, plagiarizes the work of others, is a commercial advertisement, or is not approved by the teacher or technology coordinator.
- Users will not change or delete files belonging to others.
- Real-time messaging and online chat may not be installed or used on the school network.
- Users are prohibited from accessing Internet sites that do not promote the instructional mission of Excelsior Charter of Broward, or search for immoral, dishonest or obscene content.

DECLARATION OF UNDERSTANDING AND ADHERENCE

I understand that my son or daughter must adhere to the terms of this policy. I understand that access to or Excelsior Charter of Broward network is a privilege that is intended for educational purposes. This privilege may be revoked for noncompliance with this acceptable use policy.

Print Parent Name

Parent Signature Date

Print Student Name

Student Signature

Excelsior Charter of Broward

Student Photo Release 2020-2021

I, _____ and my child _____, a
(Parent/guardian) (Student name)

Student at Excelsior Charter of Broward, do hereby give permission to Excelsior Charter of Broward, to use my child's photograph or photographic image in official Excelsior Charter of Broward business, including: Excelsior Charter of Broward web sites; Excelsior Charter of Broward newsletters, etc. I understand that photographic or video images will be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless Excelsior Charter of Broward, its officers, employees, attorneys, representatives, and all persons acting under its permission or authority or those for whom acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or video or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

This release contains the entire agreement between the parties and shall be binding upon and inure to benefits of the successors and assigns of the undersigned.

Signed this date ____/____/____

Student's Signature

Student's Printed Name

Parent's Signature

Home Language Survey
To be completed by parent or guardian

Student Name: _____ Student ID# _____

Date of Birth ____/____/____ Grade ____ Student Language _____

Parent Language _____ Date entered US ____/____/____

1. Is language other than English used in the home? Yes ____ No ____
2. Did the student have a first language other than English? Yes ____ No ____
3. Does the student most frequently speak a language other than English? Yes ____ No ____

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

School _____

Parent/Guardian Signature _____ Date ____/____/____

ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por/ el padre/ la madre o tutor/a

Nombre del Estudiante _____ No. De I. D. _____

Fecha de Nacimiento ____/____/____ Grado ____ Idioma del Estudiante _____

Lengua materna _____ Fecha de Entrada a los Estados Unidos: ____/____/____

1. ¿Usan en su casa algún otro idioma que no sea el inglés? Si ____ No ____
2. ¿Tuvo el estudiante una lengua materna distinta al inglés? Si ____ No ____
3. ¿Habla el estudiante frecuentemente otro idioma que no sea el inglés? Si ____ No ____

Si responde "Si" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cuál es su conocimiento del inglés.

Escuela _____

Firma del Padre/Madre _____ Fecha ____/____/____

SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

Non Elev la _____ No. I.D. Elèv La _____

Fèt li ____/____/____ Klas _____ Lang Elèv La _____

Lang paren Yo _____ Dat ou Antre U.S. ____/____/____

1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? Wi ___ Non ___

2. Eske elèv la te genyen yon premye lang anvan Anglè? Wi ___ Non ___

3. Eske elèv la ebitye pale yon lang ki pa Anglè? Wi ___ Non ___

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

Lekòl _____

Siyati Paran _____ Dat ____/____/____

Excelsior Charter of Broward

Student Disclosure 2020-2021

Student's Name _____ I.D. # _____
(Please Print)

Date of Birth _____

Section 232.0205, Florida Statutes (1997), requires that any student seeking admission to a public school in the State of Florida will provide information at the time of initial registration:

1. Has student ever been expelled from any school, in or out of the State of Florida?

YES NO

If the answer to question one (1) is YES, then list each and every instance for which the student was expelled. _____

Has the student ever been arrested where the arrest resulted in the student being formally charged?

YES NO

If the answer to question two (2) is "YES", then list each and every arrest which resulted in a formal charge. _____

Has the student ever been involved as a party in a case before the Juvenile Justice System?

YES NO

If the answer to question three (3) is "YES", then list each action taken by the Juvenile Justice System which involved the student. _____

Parent/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____ Date _____

Signature (Student) _____ Date _____

Excelsior Charter of Broward

Special Education Program Information 2020-2021

Student's Name: _____ Student I.D. #: _____

School Previously Attended: _____

Grade Entering: _____ Date of Birth: _____

Please answer the following questions.

A. Has your child received special education services (ESE) through an exceptional student education plan or an Individual Education Plan (IEP)? YES NO

B. Is your child's educational program modified or does he/she receive modifications based on a Section 504 Plan? YES NO

C. Does your child receive speech or language services or is he/she eligible to receive speech or language services? YES NO

D. Are there other items of special interest that you wish to tell us about your child regarding specific programs that he/she has participated in? YES NO

Please Print Name of Parent/Guardian

Please provide a copy of your Individual Educational Plan with the registration.

Signature of Parent/Guardian _____ Date _____

Excelsior Charter of Broward

Bus Transportation Request Form

2099 Prospect Rd. Tamarac, Fl. 33321

2020-2021

The Excelsior Charter of Broward provides limited bus service for those students who are eligible for transportation. **Students must reside more than two miles from the school and less than four miles.**

Routes, pick-up and drop-off times and locations will be developed prior to the start of school. You will be notified of this information as the routes and times are finalized.

A bus pass will be issued to students once transportation has been approved.

Please complete the following information if you request school bus transportation for your student.

Please Print. All information must be accurate for proper processing.

Student Name _____ Grade _____

Street Address _____ Apt # _____

City _____ Zip Code _____

Parent/Guardian Name _____

Phone Numbers:

Cell	Home	Work
------	------	------

Email Address

Bus Company Use Only

Approved: _____ Yes _____ No _____ Route # _____

Bus Stop Address _____

AM Pick-up Time: _____ PM Drop-off Time: _____