Student #:	School/ Te	eacher:			Date:	Grade Level:	Eı	ntry Code:
Ishshah Achieving Excellence Registration Form								
Only the parent/guardian who registers the student (i.e., completes this form) may withdraw the student from his/her school								
Student's Last Name (Legal)	First Name (Legal)			Middle Name Affirmed Name			Nama	
Student's Last Name (Legar)		rnstname	(Leg	aij	Midule Name	All	ii iiieu	Name
							<b>.</b> .	
Student's Primary Home	e Address	5	Apt		City	Zip	Code	Gender
			#					
								<i>□</i> Male
Home Phone #		Student's Cell Phone # Student's		E-mail Address				
SSN		Date Student Date of First Entered School in Bir		Diuthulaga (City/State/County)				
		USA	ol in	th	Birthplace (City/State/Country)		intryj	
Student Lives With		Ethnicity			Race (Check all that apply)			
	□ Non-Hispanic or Non-Latino			□White □Native American/Native Alaskan				
		□Hispanic or	Latino	)	□Asian □Native Hawaiian/Pacific Islander □Black/African American			
Registering Parent's Last Name	(Legal)	First Name	(Lega	al)	Driver License	#	Relati	onship to Student
Registering Parent's Work Phone	#	0 0	rent's ne #	Cell	Registering	Parent's	E-m	ail Address

ıd age	Last Name:	First Name:	Grade level:		
Siblings and Home Language					
_					
	Please list any other languages spoken at home:				
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:				
	Does your child have access to a computer in your h	nome?	☐ Yes ☐ No		
	Do you have home internet access?		☐ Yes ☐ No		
	Does your child have access to the internet on your home computer?		☐ Yes ☐ No		
	Do you have internet access outside your home?		☐ Yes ☐ No		
	Please indicate the method of contact you prefer:	☐ Phone call ☐ Text ☐ Email			

Form 4710 Revised 11/18

## Ishshah Achieving Excellence Acknowledgment

The rules apply to all activities occurring on Ishshah Achieving Excellence 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 rules**. Return this form to Ishshah Achieving Excellence within 3 days from the first day of school or from the date of enrollment.

Parents need to be involved in the education of their children and have the responsibility to:

- Provide the Ishshah Achieving Excellence with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify Ishshah Achieving Excellence 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 SB Policy 6305, 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 SB Policy 5006. SB Policy 6305 outlines the rules regarding over the counter and prescription drugs
  and SB Policy 5006 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: www.Broward.k12.fl.us/sbbcpolicies.
- Be aware that parents have rights regarding the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII 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 II), school officials should be notified and will investigate and/or aid 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 IV 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

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As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped, or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the district's website, in School District publications, external publications and electronic media as indicated below.

## You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choose #1)

## Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

- 1. \_\_\_\_ I **WILL** permit my child to be photographed, videotaped, and/or interviewed by the media when the news media has secured proper authorization from Broward County Public Schools.
- 2. \_\_\_\_\_ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the media.

## Please Check Choice #1 or Choice #2

1.	I <b>WILL</b> permit my child to be photograp yearbooks, school newspapers, class picture communication tools by Broward County P required to release this information if required requests). <i>Note: Your home address, phone rebe released to facilitate school-based publication</i>	es, school and/or District websites ublic Schools or its approved vendested by the media or other mendember, email address, child's name	s, social media, BECC dors. I understand t nbers of the public (	ON TV, or for other the district may be i.e., public records		
2.	I <b>WILL NOT</b> permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.					
	Student Name (PRINT)	Student Signature	Date			
	Parent/Guardian Name (PF	RINT) Parent/Guardian Signature	Date			