

# **BRANDON HIGH SCHOOL – 2024-2025 SCHOOL YEAR**

## **REGISTRATION PROCEDURES AND REQUIREMENTS**

### **A. REGISTRATION PROCEDURES**

1. Complete New Enrollment Packet and provide documents listed below in the Registration Requirements.
2. Once you have all the requirements documents and forms completed:
  - a. Scan (or take pictures) and email to [Angela.Stevens@hcps.net](mailto:Angela.Stevens@hcps.net)
  - b. Fax all documents to Brandon High School at (813) 744-8129.
  - c. Mail to Brandon High School at 1101 Victoria Street, Brandon, FL 33510.
3. Once all documents and forms are received and reviewed by Brandon High School's Guidance Secretary, the parent/guardian will be contacted to set up a phone or video appointment with the school counselor to complete the registration process. NOTE: ALL registration requirements (i.e. documents and forms) will need to be completed/submitted to Brandon High School prior to appointment being made.
4. Parent/Guardian and enrolling student will meet via phone or in person with a school counselor to pick courses/schedule for the 2024-2025. **Due to a system change countywide this will be done after July 8, 2024.**

### **B. REGISTRATION REQUIREMENTS**

Requirements for registration are listed below. All registration documentation must be received for your student's registrations to be complete. All educational records are the responsibility of the parent/guardian.

- NOTE: All students must attend the school in the district where their parents/legal guardians reside or have a Homeless Affidavit, unless they have received a seat assignment to another school or program through Hillsborough Choice Options (<https://www.hillsboroughschools.org/choice>). Applications for Hillsborough Choice Options may be obtained by visiting the Choice/Magnet website. Families may apply online during open application periods.

#### **I. Documentation needed for ALL registrations:**

- A valid parent/legal guardian photo ID (driver's license, state issued ID card, or passport).
- All students must reside with at least one parent or legal guardian.
  - Proof of guardianship is a court order appointing guardianship.
  - If a student is living with someone other than their parent or legal guardian, under extenuating circumstances, a notarized statement [Caregiver Affidavit form (SB 60710)] may be accepted if proof of residence can be validated. Administration approval is needed, and enrollment is not guaranteed.
- Verification of parent/legal guardian's current address with **two** of the following documents:
  - property tax receipt or show homestead exemption;
  - current electric bill;
  - contract for purchase of home;
  - warranty deed; or
  - lease agreement
- Completed enrollment packet forms:
  - Authorization for Student Release and Emergency Information Card;
  - Student Residency Form and provide the school with the necessary documents (i.e. Proof of residency
    - **Part A:** complete if the parent/guardian can provide Proof of Residence. If the family is sharing a house by choice (living with someone else), then the person that the family is residing with must come into the school and provide the two proofs of residence address and a valid ID (see above).
    - **Part B:** complete to determine a student's eligibility under the federal McKinney-Vento Homeless Education Act.
- Completed BHS Exceptional Student Education (IEP/EP/504 Plans) Form.
- Completed Student Media Release Form.
- Completed 506 Form If Applicable
- Completed Pupil Bus Standard of Conduct Form.
- Completed 2024-2025 Course Selection Sheet for the grade entering
- Additional Documents:
  - If a student is coming from outside of Hillsborough County Public Schools, including a public school outside Florida or from any private school (within or outside Florida), go the **section II** below

II. **The following is required for a student coming from outside of Hillsborough County Public Schools, including a public school outside Florida or from any private school (within or outside Florida):**

- All requirements in section I.
- Transcript/report card from the last school attended:
  - Student enrolling in 9th grade will need last report card showing promotion to 9th grade. If the student took high school courses in middle school, then a transcript will also be needed.
  - Student enrolling in 10th – 12th grade will need high School transcript
  - **Note:** the new school's registrar shall send for official permanent record/transcript.
- A copy of the most recent Individual Educational Plan (IEP) or 504 Plan, if applicable.
- Authenticated birth date can be verified by a certified copy of birth certificate/State of Florida Birth Registration Card or refer to the HCPS district website (<https://www.hillsboroughschools.org/enrollment>) for other accepted documents.
- Immunization records on a **Florida Certification of Immunization form (DH 680)** showing proof of proper immunization
  - **9<sup>th</sup> through 11<sup>th</sup> grades, the records must show the student has met the minimal state requirements:**
    - 5 doses DTaP (diphtheria-tetanus-pertussis)
    - 4 doses Polio (IPV or OPV)
    - 2 doses MMR< (measles-mumps-rubella)
    - 3 doses Hepatitis B
    - 1 dose Tdap (tetanus, diphtheria, pertussis)
    - 2 doses Varicella (chickenpox) or has had the disease as documented by a healthcare provider
  - **12th grade, the records must show the student has met the minimal state requirements:**
    - 5 doses DTaP (diphtheria, pertussis, tetanus)
    - 4 doses Polio (IPV or OPV)\*
    - 2 doses MMR (measles, mumps rubella)
    - 3 doses Hepatitis B
    - 1 dose Tdap (tetanus, diphtheria, pertussis)
    - 1 dose Varicella (chickenpox) or has had disease as documented by a doctor

**NOTE:** Four vaccines which may not be mandated for your child's grade level, but are recommended to be discussed with your physician, are meningococcal meningitis, hepatitis A series, Influenza and Human Papilloma Vaccine series. The HPV vaccine has been approved for both males and females.  
12th grade, Two varicella vaccines are not mandated for your child's grade level, but are recommended to be discussed with your physician. **If a child has had the chicken pox disease, documentation (the year the child had the disease) as verified by a physician should be given to the school.**
- Additional documentation required for a student coming from a public school outside Florida or from any private school (within or outside Florida):
  - **Florida School Entry Health Exam form (DH 3040)** completed by a Florida licensed health care provider or the Hillsborough County Health Department, within 12 months prior to entry in Florida Schools.

**NOTES:**

- All incoming students from out of Hillsborough County Public Schools must have credits earned and history of grades before we can enroll. Students entering 9<sup>th</sup> grade must have final 8<sup>th</sup> grade report card or transcripts showing promotion to 9<sup>th</sup> grade. We will fax a transcript request to prior schools but, be aware it may take several days or longer for them to reply.
  - Students with Foreign Records: To correctly determine credits and proper grade level placement for a student coming from another country, prior records/transcripts must be received including 8<sup>th</sup> grade. Until the information can be established, a student may be placed in an age appropriate grade or enrollment will be delayed until transcripts are received. Foreign transcripts will be faxed downtown to our Bilingual School Counseling Services for evaluation/translation.
- HCPS collects your Social Security number for the following purposes: identification and verification, employment qualification, tax reporting, benefits and retirement processing, unemployment compensation, and state reporting to the Department of Education. Social Security numbers are also used as a unique numeric identification within some of our systems and may be used for search purposes. (April 1, 2009)

For additional information, please visit <https://www.hillsboroughschools.org/enrollment>





# FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

## Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-815, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: [www.immunizeflorida.org/schoolguide.pdf](http://www.immunizeflorida.org/schoolguide.pdf)

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTp	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined)	F					
(Separate)	G, H					
	I	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	J	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	K					
Varicella	L					
Varicella Disease						
	Year					
PneumoConj	N					

## Select appropriate box(es) Certificate of Immunization for K-12

### Part A-Complete

- ☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7<sup>th</sup> grade/middle school requirements)
- ☐ DOE Code 8: Immunizations are complete for 7<sup>th</sup> grade
- I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

### Temporary Medical Exemption

Expiration date: \_\_\_\_\_

#### Part B-Temporary

**Part B** (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

### Permanent Medical Exemption

#### Part C-Permanent

**Part C** (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name:	Physician or Authorized Signature: _____
_____	Issued By: _____
_____	Date: _____

DH 680 (Jul 2010) Stock Number: 5740-000-0680-6



## STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

### (Please Print)

Name of Child (Last, First, Middle)	Birth Date	Sex
Address (Street)	School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)

## PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

- Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
- Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
- Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
- Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
- Yes ☐ No ☐ Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
- Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
- Yes ☐ No ☐ Any significant injury or accident (specify problem)?
- Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.


I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

☒ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

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## School Entry Health Exam Page 2 of 2

Name of Child (Last, First, Middle)	Birth Date
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## PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Exam must be within one year of enrollment)

Screening Results:	Height: _____	Weight: _____	BMI%: _____	B/P: _____	Hct/Hgb: _____	Lead: _____	Urinalysis: _____
Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>		
Vision - With Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>		

Gross dental (teeth and gums)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Refer/Tx: _____

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- ☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: \_\_\_\_\_

☐ This child has a health condition that may require emergency attention at school, e.g. seizures, allergies. Specify below:  
(This form will be stored in the child's Cumulative Health Record and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): \_\_\_\_\_


(Please Check One)

- ☐ This child may participate fully in school activities including physical education.
- ☐ This child may participate in school activities including physical education with the following restriction/adaptation.  
(Specify reason and restriction) \_\_\_\_\_

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	_____/_____/____	
Name (Please print or stamp)		

<b>Tuberculosis Targeted Testing Guidelines for Health Care Providers</b> <b>Tuberculosis Infection Risk:</b> Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form. <ul style="list-style-type: none"><li>Recent immigrant (&lt;5 years), frequent visitor to TB endemic areas</li><li>Close contact to active TB case</li><li>Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user</li><li>HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss &gt; 10% of ideal body weight, on immunosuppressive medications</li></ul> <b>Active TB Disease Risk:</b> <ul style="list-style-type: none"><li>Does the child exhibit signs/symptoms of tuberculosis (e.g., cough for three weeks or longer, weight loss, loss of appetite)?</li><li>If symptoms are present, work-up or refer for TB disease evaluation.</li></ul>
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## Florida Department of Health Completing the School Entry Health Exam Form (DH3040-CHP-07/2013) General Information

**Purpose:** The School Entry Health Exam has been designed to meet the requirements for the school entry health examination, as mandated by s. 1003.22, F.S., for student entry into Florida public and private schools, grades Pre-Kindergarten to 12. It provides basic health and screening information that will assist the parent and school health personnel in meeting the needs of the child.

**Health Care Provider:** A health professional who is licensed in Florida or in the state where the student resided at the time of the health examination, and who is authorized to perform a general health examination under such licensure shall certify that the health examination has been completed.

**Time Limits:** The child's health examination must be completed within one year prior to enrollment in school. A homeless child shall be given a temporary exemption for 30 school days.

**Exemptions:** A child shall be exempt from this requirement upon written request from parent or guardian on religious grounds.

**Copies:** A copy of the front and back of the completed form may be retained in the child's medical file kept by the health care provider. The two-page original of the completed DH 3040 Form should be given to the parent to take to the school to document that this requirement is met and to provide information that assists the school to protect the student's health and safety while at school and school sponsored activities.

## Instructions

**Page 1:** The health history is to be filled in by the parent or interviewer in the provider's office.

- Child Identifying Information: Fill in all of the information requested, including child's middle name and parent's complete names. This information is critical for distinguishing between children with the same or similar name.

- PART I-CHILD'S MEDICAL HISTORY: The parent or interviewer in the provider's office should answer these questions before the exam. All questions answered "yes" should be explained in the space provided below.

If the parent seeks the exams recommended by the Partnership for School Readiness, the appropriate provider will fill in the information regarding the exam results.

- Partnership for School Readiness Recommendations for Pre-kindergarten and Kindergarten: After the school entry health exam form has been completed, parents should be encouraged to seek the recommended vision examination from an optometrist or ophthalmologist and the dental examination from a dentist. The practitioner providing the school entry health exam may provide the hearing screening.

**Page 2:** This page is to be completed by the health care provider only.

- Fill in the complete name and birth date of the child, as it appears on page 1.
- PART II-MEDICAL EVALUATION: Provide the month, day and year of the school entry health exam.
- Screening Results: Perform the indicated screenings and fill in the results of each of the indicated screenings, including vision and hearing information.
- Exam Components: Indicate whether the results of the exam are normal or abnormal and any actions taken by the provider.
- TB Risk Assessment: See guidelines on the bottom of the page for TB risk assessment. The screening and results should not be recorded on the school health form. If a test is given, arrangements should be made with the parent/guardian for follow up.
- If the child has any physical or behavioral problem that may adversely affect the educational experience, check the appropriate box and explain the impairment or restrictions. Since the record will not be subject to the strict protection of medical records, providers are asked to refrain from including information of a confidential nature such as child abuse and HIV/AIDS.
- Participation in Activities: Indicate whether the child has health or physical conditions that would prevent participation in normal school activities such as physical activities in recess, physical education or other physical activities during the school day.
- Provider information: Fill out or stamp the form to provide information that identifies the provider and their address.

# Form A

## Student Residency Form

Complete this form (A) if the parent/guardian can provide proof of residency with two (2) documents.

- If the family has experienced a loss of housing, complete Form B.
- If the family is co-residing with another person or family and has zero (0) documents to prove residency, complete Form C.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

Please check one of the following:

<input type="checkbox"/>	Own residence	<input type="checkbox"/>	Rent residence
<input type="checkbox"/>	Licensed foster care placement (Update D Screen/SIS)		

Please check the two (2) documents from the list below provided to the school for verification of residence:

<input type="checkbox"/>	Current Florida Driver's License or State ID	<input type="checkbox"/>	Declaration of Domicile
<input type="checkbox"/>	Utility Bill or Utility Deposit Receipt	<input type="checkbox"/>	Transitioning Active-Duty Military Orders
<input type="checkbox"/>	Lease Agreement	<input type="checkbox"/>	Mortgage Statement
<input type="checkbox"/>	Rent Receipt	<input type="checkbox"/>	Property Tax Receipt
<input type="checkbox"/>	Homestead Exemption	<input type="checkbox"/>	Warranty Deed
<input type="checkbox"/>	Migrant Address Verification Letter (Migrant eligible students only) <i>No other documentation required.</i>		

Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

**The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.**

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree (FS 95.525).

<b>Printed Name of Parent/Guardian</b>	<b>Signature of Parent/Guardian</b>	<b>Date</b>



# Formulario A

## Formulario de Domicilio del Estudiante

Complete este formulario (A) si el padre/madre/tutor puede presentar verificación de domicilio con dos (2) documentos.

- Si la familia ha experimentado pérdida de vivienda, complete el Formulario B.
- Si la familia está conviviendo con otra persona o familia y no tiene ningún documento para presentar verificación de domicilio, complete el Formulario C.

Nombre del estudiante:	Fecha de nacimiento:	Número estudiantil:	Grado:
Nombre de la escuela:			
Número / Calle / Ciudad / Estado / Código postal del estudiante:			

Por favor marque uno de los siguientes:

<input type="checkbox"/>	Residencia propia	<input type="checkbox"/>	Residencia alquilada
<input type="checkbox"/>	Ubicado en un hogar con licencia de adopción (Update D Screen/SIS)		

En la lista siguiente, por favor marque los dos (2) documentos de verificación de residencia que ha presentado a la escuela:

<input type="checkbox"/>	Licencia de conducir de Florida vigente o identificación estatal	<input type="checkbox"/>	Declaración de domicilio
<input type="checkbox"/>	Factura o un recibo del depósito de servicio de agua, gas, electricidad, teléfono o desperdicios	<input type="checkbox"/>	Servicio militar activo en transición
<input type="checkbox"/>	Contrato de alquiler	<input type="checkbox"/>	Estado de hipoteca
<input type="checkbox"/>	Recibo de alquiler	<input type="checkbox"/>	Recibo de impuestos sobre la propiedad
<input type="checkbox"/>	Exención del impuesto predial	<input type="checkbox"/>	Garantía de título de la propiedad
<input type="checkbox"/>	Carta de verificación de dirección de migrantes (Solamente los estudiantes migrantes) <i>No necesita ningún otro documento.</i>		

De conformidad con la Norma 2431 de HCPS, el estudiante que se transfiere a otra escuela, no se le garantizará la participación en el programa atlético. Para obtener información adicional, por favor comuníquese con el director asistente de administración de su escuela.

**El que suscribe certifica que toda la información incluida en este formulario es correcta y que la escuela me ha provisto una copia de la Evaluación de Elegibilidad McKinney-Vento.**

Bajo pena de perjurio declaro que he leído este documento y que las declaraciones aquí establecidas son verdaderas. Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable de delito de perjurio por haber hecho una declaración falsa por escrito, un delito grave de tercer grado (FS 95.525).

Nombre del padre/madre/tutor en letra de imprenta	Firma del padre/madre/tutor	Fecha
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# Form B

## McKinney-Vento Eligibility Residency Form

According to the federal McKinney-Vento Homeless Assistance Act, eligible students must be enrolled immediately in either the school of origin or attendance boundary school. Hillsborough County Public Schools, via the guidance of the Homeless Education and Literacy Program Office (H.E.L.P.), is responsible for removing systemic barriers to the education of children and youth experiencing homelessness.

Complete **this form (B)** if the student has experienced a loss of housing.

- If the family can provide proof of residency with two (2) residency documents, complete Form A.
- If the family is co-residing by choice, they did not experience a loss of housing, and they have zero (0) residency documents, complete Form C.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

1. Check the box that fits the student's current living situation (applies to where the student slept last night): **(Code the HLS field on E screen/SIS)**

- ☐ Living in an emergency shelter (shelter verification letter), transitional housing program, or FEMA housing (**McKinney-Vento Code A SIS**)
- ☐ Sharing the housing of other person due to a loss of housing, economic hardship, or similar reason (**McKinney-Vento Code B SIS**)
- ☐ Living in a car, trailer park or campground, abandoned building, or other substandard housing (**McKinney-Vento Code D SIS**)
- ☐ Living in hotels or motels due to a loss of housing or lack of alternative and adequate accommodations (**McKinney-Vento Code E SIS**)

2. Is the student an Unaccompanied Youth not living in the physical custody of a parent or legal guardian and meets the McKinney-Vento definition based upon one of the living situations listed above? **(Code the UAC field on E screen/SIS)**

- ☐ No, the student is not an Unaccompanied Youth.
- ☐ Yes, the student is an Unaccompanied Youth.

3. Cause of homelessness? What led to the student's current living situation? Check one of the following: **(Code the HLCS field on E screen/SIS)**

<input type="checkbox"/> Man-Made Disaster - Major (War, Explosions, House Fire) ( <b>Code D</b> )	<input type="checkbox"/> Mortgage foreclosure ( <b>Code M</b> )	<input type="checkbox"/> Unknown ( <b>Code U</b> )
<input type="checkbox"/> Earthquake ( <b>Code E</b> )	<input type="checkbox"/> Pandemic Major ( <b>Code P</b> )	<input type="checkbox"/> Wildfire ( <b>Code W</b> )
<input type="checkbox"/> Flooding ( <b>Code F</b> )	<input type="checkbox"/> Tropical Storm ( <b>Code S</b> )	<input type="checkbox"/> Tornado ( <b>Code T</b> )
<input type="checkbox"/> Hurricane ( <b>Code H</b> )	<input type="checkbox"/> Other homeless causes: divorce, domestic violence, eviction, unemployment, lack of affordable housing, mental illness, health issues, family conflict ( <b>Code N</b> )	

4. When did the student first experience a loss of housing? (Month/Year) \_\_\_\_\_

4a. How long did the student live at the previous residence? \_\_\_\_\_

5. List the school aged children enrolled in a Hillsborough County Public or Charter School (PreK-12) that were affected by this loss of housing.

Name	Student Number	DOB	SCHOOL	GRADE
1.				
2.				
3.				
4.				

Per HCPS Policy 2431, students are not guaranteed the right to participate in an athletic program if they transfer schools, even if they are identified as McKinney-Vento eligible. For more information, contact the Assistant Principal for Administration at your child's school or the H.E.L.P. Office at (813) 315-4357.

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

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Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

# Formulario B

## Formulario de Domicilio de Elegibilidad *McKinney-Vento*

En conformidad con la Ley Federal de Asistencia a las Personas Sin Hogar *McKinney-Vento*, la escuela matriculará inmediatamente a un estudiante elegible, ya sea la escuela de origen o la que le pertenezca según su área límite de asistencia. Las Escuelas Públicas del Condado de Hillsborough, mediante la asesoría de la Oficina del Programa de Educación y Alfabetización para Estudiantes Sin Hogar (*H.E.L.P.*), es responsable de remover las barreras sistémicas de educación de los niños y jóvenes que no tienen hogar.

Complete **este formulario (B)** si el estudiante ha experimentado pérdida de vivienda.

- Si la familia puede presentar prueba de domicilio con dos (2) documentos, complete el Formulario A.
- Si la familia sin hogar está conviviendo con otras personas por decisión propia, no ha tenido ninguna pérdida de vivienda, y no tiene ningún documento de domicilio, complete el Formulario C.

Nombre del estudiante:	Fecha de nacimiento:	Número estudiantil:	Grado:
Nombre de la escuela:			
Número / Calle / Ciudad / Estado / Código postal del estudiante:			

1. Marque el encasillado que indique la situación en que el estudiante está viviendo actualmente (aplica al lugar donde el estudiante durmió anoche): **(Code the HLS field on E screen/SIS)**

- ☐ Reside en un refugio de emergencia (carta de verificación del refugio), programa de vivienda transicional, o *FEMA (McKinney-Vento Code A SIS)*
- ☐ Reside en el hogar de otras personas debido a pérdida de vivienda, problema financiero, o una razón similar (*McKinney-Vento Code B SIS*)
- ☐ Reside en un automóvil, parque de casas rodantes o campamento, edificio abandonado o en otras condiciones de vivienda precarias (*McKinney-Vento Code D SIS*)
- ☐ Reside en hoteles o moteles debido a la pérdida de vivienda o falta de un lugar adecuado alternativo (*McKinney-Vento Code E SIS*)

2. ¿Es el estudiante un joven no acompañado, sin la custodia física de un padre, madre o tutor legal y que cumple con la definición de *McKinney-Vento* basado en una de las situaciones de vivienda enumeradas anteriormente? **(Code the UAC field on E screen/SIS)**

- ☐ No, el estudiante no es un joven no acompañado.
- ☐ Sí, el estudiante es un joven no acompañado.

3. Razón por la que está sin hogar. ¿Qué ocasionó que el estudiante esté en esta situación de carencia de hogar? Marque uno de los siguientes: **(Code the HLCS field on E screen/SIS)**

<input type="checkbox"/> Desastre creado por individuos - Grave (Guerras, Explosiones, Incendio de casas) <b>(Code D)</b>	<input type="checkbox"/> Ejecución hipotecaria <b>(Code M)</b>	<input type="checkbox"/> Desconocida <b>(Code U)</b>
<input type="checkbox"/> Terremoto <b>(Code E)</b>	<input type="checkbox"/> Pandemia grave <b>(Code P)</b>	<input type="checkbox"/> Incendio forestal <b>(Code W)</b>
<input type="checkbox"/> Inundación <b>(Code F)</b>	<input type="checkbox"/> Tormenta tropical <b>(Code S)</b>	<input type="checkbox"/> Tornado <b>(Code T)</b>
<input type="checkbox"/> Huracán <b>(Code H)</b>	<input type="checkbox"/> Otras causas de carencia de hogar: divorcio, violencia doméstica, desalojo, desempleo, falta de vivienda asequible, enfermedad mental, problemas de salud, conflictos familiares <b>(Code N)</b>	

4. ¿Cuándo experimentó por primera vez el estudiante la pérdida de vivienda? (Mes/Año) \_\_\_\_\_

4a. ¿Cuánto tiempo vivió el estudiante en el hogar anterior? \_\_\_\_\_

5. Lista de los hijos matriculados en las Escuelas Públicas del Condado de Hillsborough o Charter (PreK-12) que se afectaron por esta pérdida.

Nombre	Número estudiantil	Fecha de nacimiento	ESCUELA	GRADO
1.				
2.				
3.				
4.				

De conformidad con la Norma 2431 de HCPS, el estudiante que se transfiere a otra escuela, no se le garantizará la participación en el programa atlético, aunque sea identificado como elegible para *McKinney-Vento*. Para obtener información adicional, por favor comuníquese con el director asistente de administración de su escuela o llame a la oficina de H.E.L.P. al (813) 315-4357.

Bajo pena de perjurio, declaro que he leído este documento y que las declaraciones aquí establecidas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable de delito de perjurio por haber hecho una declaración falsa por escrito, un delito grave de tercer grado.

Nombre del padre/madre/tutor en letra de imprenta	Firma del padre/madre/tutor	Fecha
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# Form C



## Co-Residency Form

Complete this form (C) if the parent/guardian is co-residing with another family and has zero (0) residency documents.

- If the family can provide proof of residency with two (2) documents, complete Form A.
- If the family has experienced a loss of housing, complete Form B.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

Please check the following (if applicable):

<input type="checkbox"/>	Co-residing <u>and</u> family has no residency documents. (Family has not experienced a loss of housing. Update B, D screens/SIS)
--------------------------	--

If co-residing, the party with whom the family resides must sign below and provide proof of residency with two (2) documents. This form is valid for one school year only and expires at the end of the regular school year.

**Acknowledgement:** I certify that the family referenced above is residing with me at the above address.

Name of Individual	Signature	Date

**Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.**

**The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.**

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree (FS 95.525).

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

# Formulario C



## Formulario de Domicilio Compartido

Complete este formulario (C) si el padre/madre/tutor convive con otra familia y no tiene (ningún) documento de domicilio.

- Si la familia puede presentar prueba de domicilio con dos (2) documentos, complete el Formulario A.
- Si la familia ha experimentado pérdida de vivienda, complete el Formulario B.

Nombre del estudiante:	Fecha de nacimiento:	Número estudiantil:	Grado:
Nombre de la escuela:			
Número / Calle / Ciudad / Estado / Código postal del estudiante:			

Por favor, marque lo siguiente si le corresponde:

<input type="checkbox"/>	Estamos conviviendo con otra familia y no tenemos documentos de domicilio. (La familia no ha experimentado pérdida de vivienda. <i>Update B, D screens/SIS</i> )
--------------------------	---

Si usted y su familia está conviviendo con otra persona, ésta tendrá que firmar a continuación y presentar prueba de domicilio con dos (2) documentos. Este formulario es válido por un año escolar solamente y se vence al final del año escolar regular.

**Confirmación:** Certifico que la familia mencionada anteriormente convive conmigo en la dirección descrita en este documento.

Nombre de la persona	Firma	Fecha

De conformidad con la Norma 2431 de HCPS, el estudiante que se transfiere a otra escuela, no se le garantizará la participación en el programa atlético. Para obtener información adicional, por favor comuníquese con el director asistente de administración.

El que suscribe certifica que toda la información incluida en este formulario es correcta y que la escuela me ha provisto una copia de la Evaluación de Elegibilidad *McKinney-Vento*.

Bajo pena de perjurio declaro que he leído este documento y que las declaraciones aquí establecidas son verdaderas. Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable de delito de perjurio por haber hecho una declaración falsa por escrito, un delito grave de tercer grado (FS 95.525).

Nombre del padre/madre/tutor en letra de imprenta	Firma del padre/madre/tutor	Fecha

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

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

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: “The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)”.

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

**BRANDON HIGH SCHOOL  
EXCEPTIONAL STUDENT EDUCATION  
IEP/EP/504 PLANS**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**A. INDIVIDUAL EDUCATION PLAN (IEP)**

1. Is your child currently enrolled in an exceptional student education program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does your child have an active Individual Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If you answered yes to either question above, then continue below:
  - a. If yes, which disability was used to determine ESE eligibility/services:
    - i. Autism Spectrum Disorder \_\_\_\_\_
    - ii. Deaf or Hard of Hearing \_\_\_\_\_
    - iii. Emotional/Behavioral Disability \_\_\_\_\_
    - iv. Intellectual Disabilities \_\_\_\_\_
    - v. Language Impairment \_\_\_\_\_
    - vi. Orthopedically Impairment \_\_\_\_\_
    - vii. Specific Learning Disabilities \_\_\_\_\_
    - viii. Speech Impairment \_\_\_\_\_
    - ix. Traumatic Brain Injury \_\_\_\_\_
    - x. Visual Impairment \_\_\_\_\_
  - b. If your child was not determined eligible for ESE with one of above the disabilities, then what disability/ diagnosis was used for determination? \_\_\_\_\_
4. Do you have a copy of your child's IEP for our school record? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If you do not have a copy of your child's IEP, please give us the school information of where we can obtain a copy:

School Name: \_\_\_\_\_ Ask for: \_\_\_\_\_

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

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**B. GIFTED**

1. Is your child currently enrolled in a gifted program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does your child have an active Educational Plan (EP) for gifted services? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have a copy of your child's EP for our school record? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If you do not have a copy of your child's EP, please give us the school information of where we can obtain a copy:

School Name: \_\_\_\_\_ Ask for: \_\_\_\_\_

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

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**C. 504 PLANS**

2. Does your child have an active 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If so, what medical diagnosis was used to find your child eligible for a 504 plan? \_\_\_\_\_
3. Do you have a copy of your child's 504 plan to provide to our school? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If you do not have a copy of your child's 504 plan, please give us the school information of where we can obtain a copy:

School Name: \_\_\_\_\_ Ask for: \_\_\_\_\_

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

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Thank you for your assistance.

Dear Parents:

Please read the following Standard of Conduct for Pupils Riding School Buses with your child. It is important that you and your child understand the standards of conduct for students riding Hillsborough County Public Schools' buses.

Sign this form and return to the school, where it will be retained on file.

Sincerely,

Principal

#### GENERAL

Daily bus service will be provided for all pupils living in excess of two miles from school. Pupils, who are physically handicapped or if walking would subject them to hazardous walking conditions (as defined by the State and the School Board), will be provided transportation regardless of the distance.

#### STANDARDS

Acceptable classroom standards of conduct are expected of bus passengers. Drivers shall ensure that pupils observe regulations at all times.

#### DISCIPLINE

A driver experiencing discipline problems with a student will notify the school principal by submitting a written referral describing the discipline problem. The principal may suspend the student's bus privileges. During a period of suspension, the School Board shall not be responsible for transporting the pupil to school.

#### STUDENT CONDUCT

1. Recognize that the bus driver is the authority on the bus; obey and be courteous to the driver and to fellow students. Follow the directions of safety patrols that are assigned to assist the bus driver.
2. Plan to leave home each day so that you will arrive at your bus stop on time.
3. When walking where there are no sidewalks, face the traffic, and walk on the shoulder of the road.
4. Stand away from the highway at the bus stop.
5. Never run alongside a moving bus.
6. Wait until the bus and other traffic comes to a full stop and the bus door is opened before moving toward the bus. Cross in front of the bus at a distance of 10' to 12' feet.

7. Use the handrail when boarding the bus.
8. Go directly to your assigned seat and remain seated unless otherwise directed by the driver.
9. Do not carry onto the bus any glass items, reptiles, insects, pets, weapons or sharp instruments.
10. Keep the aisles clear at all times.
11. Hold books and other belongings firmly on your lap.
12. Large or heavy articles that cannot be held on your lap should be transported to school by your parents; this includes large band instruments.
13. Normal classroom behavior is expected while riding the bus.
14. Observe complete silence at all railroad crossings.
15. Do not throw objects about the bus or from a window. Keep arms and head inside the bus at all times.
16. Do not tamper with the emergency doors.
17. No eating, drinking, smoking, yelling, or fighting is allowed on the bus.
18. Leave the bus **ONLY** at your designated stop.
19. Take all your belongings off the bus each day. Transportation is not responsible for articles left on school buses.
20. Report any illness or injury sustained on or around the bus immediately to the driver.

#### PARENTS' RESPONSIBILITIES

1. Parents are encouraged to walk with students to and from bus stops and to meet their children at the bus stop in the afternoon.
2. Parents are responsible for their children's safety when they are

going to and from the bus stop. A responsible person must accompany Exceptional Education students at their bus stop both in the morning and afternoon.

3. Parents should not expect to have conferences with the school bus driver at the bus stop. If necessary, conferences can be arranged through the school and the Transportation Department.
4. Parents should make a reasonable effort to understand and cooperate with those responsible for pupil transportation, and accept responsibility for the proper conduct of their children.
5. Parents are to refrain from boarding school buses and/or attempting conferences with drivers at bus stops.
6. Parents may access their children only at designated bus stops unless the driver has authorization for a change approved by the school administrator.

#### FOR PARENT OR GUARDIAN

I have read and helped my child to understand the **Standards of Conduct for Pupils Riding School Buses**.

Signature: Parent or Guardian

Date:

Child's Name (printed):

School Child Attends:

**PLEASE RETURN TO YOUR CHILD'S SCHOOL AFTER SIGNING.**



## Student Media Release Form

Date: \_\_\_\_\_

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

Student ID Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Parent/Guardian:

Throughout the school year, the media may visit your child's school to cover special events. Hillsborough County Public Schools also may wish to interview, photograph, or recorded your child for promotional and educational reasons to utilize in publications, posters, brochures, and newsletters; on the Internet, radio, or television; or for other special district events. Before your child can participate in any of the above activities, this media release form must be completed and returned to your child's school.

☐ **I give my permission** for my child to be interviewed, photographed, or recorded for use in school/district publications, school district productions, or for use on the Internet or by the general news media for print, broadcast, or on websites; and for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.

☐ **do not give my permission** for my child to be interviewed, photographed, or recorded for use in school/district publications, or for use by the general news media for print, broadcast, or on websites; nor for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian name (*please print*): \_\_\_\_\_

Date: \_\_\_\_\_

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**BRANDON HIGH SCHOOL**  
**RECORDS REQUEST**

Date: \_\_\_\_\_

**INFORMATION ON SCHOOL STUDENT IS COMING FROM:**

Name of School _____	Telephone # _____	Fax # _____	
School Street Name _____	City _____	State _____	Zip Code _____

Name of Student (Last, First Middle) _____	Date of Birth _____	Current Grade Level _____
--	---------------------	---------------------------

**PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED/INSPECTED:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Official Transcripts</li><li><input type="checkbox"/> Withdrawal form with grades</li><li><input type="checkbox"/> Standardized Test Data /State Assessments</li><li><input type="checkbox"/> Immunization and Physical Records</li><li><input type="checkbox"/> Birth Certificate</li><li><input type="checkbox"/> Discipline Records / Attendance Records</li><li><input type="checkbox"/> Report Cards</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Graduation Requirements with Grading System</li><li><input type="checkbox"/> Individualized Education Program (IEP)/504 Plan</li><li><input type="checkbox"/> Language Survey (ELL, ELD, ESL, ESOL)</li><li><input type="checkbox"/> Intellectual/Psychological Evaluations</li><li><input type="checkbox"/> Social/Developmental History Reports</li><li><input type="checkbox"/> Diagnostic Screenings/Reports/Records</li><li><input type="checkbox"/> Other: _____</li></ul> |
|--|---|

**NOTE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEND/RELEASE INFORMATION TO:**

BRANDON HIGH SCHOOL Name of Receiving School	813-744-8120 Telephone #	813-744-8120 Fax #	
1101 VICTORIA STREET School Street Name	BRANDON City	FL State	33510 Zip

Please send the records to the attention of:

- ☐ Porchea Jones, Guidance Secretary, Ext 235, Porchea.Jones@hcps.net
- ☐ Elizabeth Gottfredsen, Registrar, Ext 240, Elizabeth.Gottfredsen@hcps.net
- ☐ Angela Stevens, Data Processor, Ext. 245, Angela.Stevens@hcps.net

**THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING**

**IMPORTANT – PLEASE NOTE**

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older, or as otherwise allowed or provided by law.

Pursuant to Public Law 99.21: "No parent signature is required for educational records being sent from one educational establishment to another."

Signature of Parent/Guardian or Student 18 years of age or older \_\_\_\_\_

Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent Phone # \_\_\_\_\_

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**HILLSBOROUGH COUNTY PUBLIC SCHOOLS  
CAREGIVER AFFIDAVIT**

**NOTE:** To be used for students living with  
someone other than their parent  
or legal guardian.

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

**Birthdate:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

The Student will reside with party named below for the 20\_\_ to 20\_\_ school year.

**Name of Adult:** \_\_\_\_\_

**Relationship to the Student:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Please state the reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certify that they have read, and understand the information given in this Affidavit and that all said information is true and correct. The undersigned further understand that when any of this information changes, this Affidavit becomes null and void and the student shall immediately return to the school area where the parents or legal guardians reside. This Affidavit is valid only for the above specified school year and will expire at the end of said school year. Acceptance of this Affidavit by the school principal does not confer athletic eligibility.

**SWORN AND SUBSCRIBED BEFORE ME**

**Signature:** \_\_\_\_\_  
Parent or Legal Guardian

**Date**

**Signature:** \_\_\_\_\_  
Party with whom student will reside

**Date**

\_\_\_\_\_  
Seal Notary Public State of Florida

**Date**

\_\_\_\_\_  
Seal Notary Public State of Florida

**Date**

**SB.5.03 Policy:** When a student lives with an adult other than the parent or legal guardian because of severe family hardship, evidence in support of such an arrangement shall be presented to the principal of the affected school on the Caregiver Affidavit Form (SB 60710). The acceptance of the Affidavit is optional with the school principal. The information contained in this Affidavit may be verified by the school district at any time during the school year it is effective.

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# BRANDON HIGH SCHOOL

## 2024-2025 SCHOOL YEAR

### 9TH GRADE COURSE REQUEST FORM



Student Last Name	
Student First Name	
Student/Parent Cell	
Student/Parent Email	
I intend to earn my AICE Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Academic Courses:** Use the Curriculum Guide to review course descriptions. Teachers will approve English, Science, and Social Studies class selections based on prerequisites, current academic performance, and/or assessment results. Students wishing to earn an AICE Diploma should take AICE General Paper.

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> English 1 <input type="checkbox"/> English 1 Honors Approval _____ <input type="checkbox"/> AICE General Paper Approval _____	<input type="checkbox"/> Algebra 1-A <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Algebra 1 Honors <input type="checkbox"/> Geometry <input type="checkbox"/> Geometry Honors <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Algebra 2 Honors	<input type="checkbox"/> Environmental Science <input type="checkbox"/> Biology <input type="checkbox"/> Biology Honors Approval _____	<input type="checkbox"/> AP Human Geography Approval _____
<b>PHYSICAL EDUCATION - Please select one choice below. If no selection is made, you will be placed in the HOPE course.</b>			
<input type="checkbox"/> Have already completed or plan to complete through FLVS. <input type="checkbox"/> Will exempt through two years of Varsity athletics or JROTC.			

**Elective Courses:** Please list and number your six elective courses in order of preference (1 being most preferred, 6 being a course you would still want, but least preferred). Use the curriculum guide to review course descriptions. If you have not met the prerequisite, you may be placed in the next available elective. If choices are not made, courses will be selected for you and may not be changed. Elective course offerings are subject to change based on student enrollment. Students wishing to earn an AICE Diploma will be placed in AICE Thinking Skills.

<b>Elective Choice 1:</b>	<b>Elective Choice 4:</b>
<b>Elective Choice 2:</b>	<b>Elective Choice 5:</b>
<b>Elective Choice 3:</b>	<b>Elective Choice 6:</b>

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 2-D Studio Art 1                   | <input type="checkbox"/> Child Development/Nutritional & Wellness        | <input type="checkbox"/> Orchestra 1                             |
| <input type="checkbox"/> 3-D Animation 1                    | <input type="checkbox"/> Chorus 1  | <input type="checkbox"/> Philosophy Honors/Women's Studies       |
| <input type="checkbox"/> Agriscience Foundations            | <input type="checkbox"/> Creating 2D Art/ Creating 3D Art                | <input type="checkbox"/> Spanish 1                               |
| <input type="checkbox"/> Agritechology 1                    | <input type="checkbox"/> Digital Information Technology                  | <input type="checkbox"/> Spanish 2                               |
| <input type="checkbox"/> American Sign Language 1           | <input type="checkbox"/> Early Childhood Education 1                     | <input type="checkbox"/> Spanish 3 Honors                        |
| <input type="checkbox"/> Animal Science & Services 1        | <input type="checkbox"/> Eurythmics                                      | <input type="checkbox"/> Spanish for Spanish Speakers            |
| <input type="checkbox"/> Aquaculture                        | <input type="checkbox"/> Family & Consumer Sciences                      | <input type="checkbox"/> Team Sports 1/Team Sports 2             |
| <input type="checkbox"/> AR Leadership Training (JROTC 1)   | <input type="checkbox"/> French 1  | <input type="checkbox"/> Theatre 1                               |
| <input type="checkbox"/> AVID                               | <input type="checkbox"/> Guitar 1  | <input type="checkbox"/> Technical Theatre Design & Production 1 |
| <input type="checkbox"/> Auto Maintenance & Light Repair 1  | <input type="checkbox"/> Instrument Ensemble                             | <input type="checkbox"/> TV Production 1                         |
| <input type="checkbox"/> Band 1                             | <input type="checkbox"/> Jazz Ensemble                                   | <input type="checkbox"/> Veterinary Assisting 1 Honors           |
| <input type="checkbox"/> Basketball 1/Basketball 2          | <input type="checkbox"/> Journalism 1 (Yearbook)                         | <input type="checkbox"/> Vocal Ensemble 1                        |
| <input type="checkbox"/> Business Communications Technology | <input type="checkbox"/> Latin American History/African American History | <input type="checkbox"/> Wrestling 1/Wrestling                   |
| <input type="checkbox"/> Ceramics & Pottery 1               |  |  |

**I have carefully chosen my courses based on graduation, college entrance, AICE Diploma, and Bright Futures requirements. I have confirmed that I meet the prerequisites for any courses I have chosen. I understand that final placement is based on academic history and that once school begins, my schedule will not be changed.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

☐ 504  
☐ ELL  
☐ ESE  
☐ Learning Strategies  
☐ Intensive Reading  
☐ English through ESOL  
☐ Developmental Language  
☐ English Language Development

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# BRANDON HIGH SCHOOL

2024-2025 SCHOOL YEAR

## 10TH GRADE COURSE REQUEST FORM



Student Last Name	
Student First Name	
Student/Parent Cell	
Student/Parent Email	
I intend to earn my AICE Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Academic Courses:** Use the Curriculum Guide to review course descriptions. Teachers will approve English, Science, and Social Studies class selections based on prerequisites, current academic performance, and/or assessment results. Students wishing to earn an AICE Diploma will be placed in AICE General Paper.

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> English 2 <input type="checkbox"/> English 2 Honors <input type="checkbox"/> AICE General Paper	<input type="checkbox"/> Algebra 1-B <input type="checkbox"/> Geometry Honors <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Algebra 2 Honors <input type="checkbox"/> Math for College Liberal Arts <input type="checkbox"/> Math for Data & Financial Lit <input type="checkbox"/> Probability & Statistics Honors <input type="checkbox"/> AP Pre-Calculus <input type="checkbox"/> AP Calculus AB	<input type="checkbox"/> Biology <input type="checkbox"/> Biology Honors <input type="checkbox"/> Earth/Space Science <input type="checkbox"/> Astronomy Honors <input type="checkbox"/> Forensic Science Honors <input type="checkbox"/> Chemistry Honors <input type="checkbox"/> AICE Biology <input type="checkbox"/> AICE Marine Science <input type="checkbox"/> AICE Environmental Management	<input type="checkbox"/> World History <input type="checkbox"/> World History Honors <input type="checkbox"/> AP World History
Teacher Approval _____	Teacher Approval _____	Teacher Approval _____	Teacher Approval _____

**Elective Courses:** Please list and number your six elective courses in order of preference (1 being most preferred, 6 being a course you would still want, but least preferred). Use the curriculum guide to review course descriptions and the options on the back of this document. If you have not met the prerequisite, you may be placed in the next available elective. If choices are not made, courses will be selected for you and may not be changed. Elective course offerings are subject to change based on student enrollment. Students wishing to earn an AICE Diploma must have already taken, or currently elect to take AICE Thinking Skills.

<b>Elective Choice 1:</b>	<b>Elective Choice 4:</b>
<b>Elective Choice 2:</b>	<b>Elective Choice 5:</b>
<b>Elective Choice 3:</b>	<b>Elective Choice 6:</b>

**I have carefully chosen my courses based on graduation, college entrance, AICE Diploma, and Bright Futures requirements. I have confirmed that I meet the prerequisites for any courses I have chosen. I understand that final placement is based on academic history and that once school begins, my schedule will not be changed.**

☐ Please check this box if you'd like to meet with your counselor to review your courses and progression.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  
 \_\_\_\_\_ 504  
 \_\_\_\_\_ ELL  
 \_\_\_\_\_ ESE  
 \_\_\_\_\_ Learning Strategies  
 \_\_\_\_\_ Intensive Reading  
 \_\_\_\_\_ English through ESOL  
 \_\_\_\_\_ Developmental Language  
 \_\_\_\_\_ English Language Development

<p style="text-align: center;"><b>AICE Electives</b></p> <p>__ AICE Biology*</p> <p>__ AICE Environmental Management *</p> <p>__ AICE Global Perspectives*</p> <p>__ AICE Marine Science*</p> <p>__ AICE Physical Education</p> <p>__ AICE Psychology</p> <p>__ AICE Spanish Language*</p> <p>__ AICE Thinking Skills</p> <p style="text-align: center;"><b>Career, Technology, &amp; Visual Arts Electives</b></p> <p>__ Digital Information Technology</p> <p>__ Business Communications Technology</p> <p>__ Accounting Applications Honors</p> <p>__ Principles of Entrepreneurship*</p> <p>__ Customer Services Representatives 1*</p> <p>__ Automotive Maintenance and Light Repair 1</p> <p>__ Automotive Maintenance and Light Repair 2*</p> <p>__ 3D Animation Technology 1</p> <p>__ 3D Animation Technology 2*</p> <p>__ Web Development Technologies Honors*</p> <p>__ Television Production 1</p> <p>__ Television Production 2*</p> <p style="text-align: center;"><b>Family &amp; Consumer Science Electives</b></p> <p>__ Nutrition &amp; Wellness/Child Development</p> <p>__ Early Childhood Education 1</p> <p>__ Early Childhood Education 2*</p> <p>__ Agriculture Foundations</p> <p>__ Aquaculture</p> <p>__ Agritechnology*</p> <p>__ Agritechnology 2*</p> <p>__ Animal Sciences &amp; Services 2*</p> <p>__ Veterinary Assisting 1 Honors</p> <p>__ Veterinary Assisting 2 Honors*</p> <p style="text-align: center;"><b>General Electives</b></p> <p>__ Driver's Education</p> <p>__ JROTC 1</p> <p>__ JROTC 2*</p> <p>__ Leadership Education*</p> <p>__ AVID 2</p> <p>__ Latinos in Action</p> <p>__ Leadership Skills (SGA)*</p> <p>__ Journalism 1 (Yearbook)</p> <p>__ Journalism 2 (Yearbook)*</p>	<p style="text-align: center;"><b>Performing &amp; Fine Arts Electives</b></p> <p>__ Creating 2D Art/Creating 3D Art</p> <p>__ 2-D Studio Art</p> <p>__ 2-D Studio Art 2*</p> <p>__ Ceramics &amp; Pottery 1</p> <p>__ Ceramics &amp; Pottery 2*</p> <p>__ Theatre 1</p> <p>__ Theatre 2*</p> <p>__ Acting 1 Honors*</p> <p>__ Technical Theatre 1</p> <p>__ Technical Theatre 2*</p> <p>__ Chorus 1</p> <p>__ Chorus 2*</p> <p>__ Vocal Ensemble 1 Honors*</p> <p>__ Vocal Ensemble 2 Honors*</p> <p>__ Orchestra 1</p> <p>__ Orchestra 2*</p> <p>__ Guitar 1</p> <p>__ Band 1</p> <p>__ Band 2*</p> <p>__ Jazz Ensemble 1</p> <p>__ Jazz Ensemble 2*</p> <p>__ Eurythmics 1</p> <p>__ Eurythmics 2*</p> <p>__ Instrument Ensemble 1</p> <p>__ Instrument Ensemble 2*</p> <p style="text-align: center;"><b>Physical Education Electives</b></p> <p>__ HOPE</p> <p>__ Team Sports 1/Team Sports 2</p> <p>__ Weight Training 1/Weight Training 2*</p> <p>__ Basketball 1/Basketball 2</p> <p>__ Wrestling 1/ Wrestling 2</p> <p>__ Individual &amp; Dual Sports 1/Individual &amp; Dual Sports 2*</p> <p style="text-align: center;"><b>Social Science Electives</b></p> <p>__ Philosophy H/Women's Studies</p> <p>__ Latin American History/African American History</p> <p style="text-align: center;"><b>World Language Electives</b></p> <p>__ Spanish 1</p> <p>__ Spanish 2*</p> <p>__ Spanish 3 Honors*</p> <p>__ Spanish for Spanish Speakers 1</p> <p>__ Spanish for Spanish Speakers 2*</p> <p>__ American Sign Language 1</p> <p>__ American Sign Language 2*</p> <p>__ French 1</p>
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\*Course Requires Prerequisite or Teacher Approval

# BRANDON HIGH SCHOOL

2024-2025 SCHOOL YEAR  
11TH GRADE COURSE REQUEST FORM



Student Last Name	
Student First Name	
Student/Parent Cell	
Student/Parent Email	
I intend to earn my AICE Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Academic Courses:** Use the Curriculum Guide to review course descriptions. Teachers will approve English, Science, and Social Studies class selections based on prerequisites, current academic performance, and/or assessment results. All 11<sup>th</sup> grade students who have not yet taken AICE General Paper will be placed into it for their English 3 Credit. Students who have already taken AICE General Paper should take AICE English Language or ENC1101/ENC1102.

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> AICE General Paper <input type="checkbox"/> Freshman Composition Skills 1 & 2 – ENC 1101/ENC1102 (Dual Enrollment) <input type="checkbox"/> AICE English Language	<input type="checkbox"/> Geometry <input type="checkbox"/> Geometry Honors <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Algebra 2 Honors <input type="checkbox"/> Math for College Liberal Arts <input type="checkbox"/> Math for Data & Financial Lit <input type="checkbox"/> Probability & Statistics Honors <input type="checkbox"/> AP Pre-Calculus <input type="checkbox"/> AP Calculus AB <input type="checkbox"/> AP Calculus BC <input type="checkbox"/> AP Computer Science <input type="checkbox"/> College Algebra - MAC1105 (Dual Enrollment)	<input type="checkbox"/> Earth/Space Science <input type="checkbox"/> Astronomy Honors <input type="checkbox"/> Forensic Science Honors <input type="checkbox"/> Chemistry Honors <input type="checkbox"/> AICE Biology <input type="checkbox"/> AICE Marine Science <input type="checkbox"/> AICE Environmental Management	<input type="checkbox"/> United States History <input type="checkbox"/> United States History Honors <input type="checkbox"/> AP United States History
Teacher Approval _____	Teacher Approval _____	Teacher Approval _____	Teacher Approval _____

**Elective Courses:** Please list and number your six elective courses in order of preference (1 being most preferred, 6 being a course you would still want, but least preferred). Use the curriculum guide to review course descriptions and the options on the back of this document. If you have not met the prerequisite, you may be placed in the next available elective. If choices are not made, courses will be selected for you and may not be changed. Elective course offerings are subject to change based on student enrollment. Students wishing to earn an AICE Diploma must have already taken, or currently elect to take AICE Thinking Skills.

<b>Elective Choice 1:</b>	<b>Elective Choice 4:</b>
<b>Elective Choice 2:</b>	<b>Elective Choice 5:</b>
<b>Elective Choice 3:</b>	<b>Elective Choice 6:</b>

**I have carefully chosen my courses based on graduation, college entrance, AICE Diploma, and Bright Futures requirements. I have confirmed that I meet the prerequisites for any courses I have chosen. I understand that final placement is based on academic history and that once school begins, my schedule will not be changed.**

☐ Please check this box if you'd like to meet with your counselor to review your courses and progression.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  
 \_\_\_\_\_ 504  
 \_\_\_\_\_ ELL  
 \_\_\_\_\_ ESE  
 \_\_\_\_\_ Learning Strategies  
 \_\_\_\_\_ Intensive Reading  
 \_\_\_\_\_ English through ESOL  
 \_\_\_\_\_ Developmental Language  
 \_\_\_\_\_ English Language Development

AICE Electives	Performing & Fine Arts Electives
<ul style="list-style-type: none"> <li>__ AICE Biology*</li> <li>__ AICE Digital Media &amp; Design*</li> <li>__ AICE Environmental Management*</li> <li>__ AICE Global Perspectives*</li> <li>__ AICE Marine Science*</li> <li>__ AICE Physical Education</li> <li>__ AICE Psychology</li> <li>__ AICE Spanish Language*</li> <li>__ AICE Thinking Skills</li> </ul>	<ul style="list-style-type: none"> <li>__ Creating 2D Art/Creating 3D Art</li> <li>__ 2-D Studio Art</li> <li>__ 2-D Studio Art 2*</li> <li>__ 2-D Studio Art 3*</li> <li>__ Ceramics &amp; Pottery 1</li> <li>__ Ceramics &amp; Pottery 2*</li> <li>__ Ceramics &amp; Pottery 3 Honors*</li> <li>__ AP 2-D Art &amp; Design*</li> <li>__ Theatre 1</li> <li>__ Theatre 2*</li> <li>__ Theatre 3 Honors*</li> <li>__ Acting 1 Honors*</li> <li>__ Acting 2 Honors*</li> <li>__ Technical Theatre 1</li> <li>__ Technical Theatre 2*</li> <li>__ Technical Theatre 3*</li> <li>__ Chorus 1</li> <li>__ Chorus 2*</li> <li>__ Chorus 3*</li> <li>__ Vocal Ensemble 1 Honors*</li> <li>__ Vocal Ensemble 2 Honors*</li> <li>__ Vocal Ensemble 3 Honors*</li> <li>__ Orchestra 1</li> <li>__ Orchestra 2*</li> <li>__ Orchestra 3*</li> <li>__ Guitar 1</li> <li>__ Band 1</li> <li>__ Band 2*</li> <li>__ Band 3*</li> <li>__ Jazz Ensemble 1</li> <li>__ Jazz Ensemble 2*</li> <li>__ Jazz Ensemble 3*</li> <li>__ Eurythmics 1</li> <li>__ Eurythmics 2*</li> <li>__ Eurythmics 3*</li> <li>__ Instrument Ensemble 1</li> <li>__ Instrument Ensemble 2*</li> <li>__ Instrument Ensemble 3*</li> </ul>
<p style="text-align: center;"><b>Career, Technology, &amp; Visual Arts Electives</b></p> <ul style="list-style-type: none"> <li>__ Digital Information Technology</li> <li>__ Business Communications Technology</li> <li>__ Accounting Applications Honors</li> <li>__ Personal Finance Honors*</li> <li>__ Principles of Entrepreneurship*</li> <li>__ Business Management &amp; Law Honors*</li> <li>__ Business Ownership Honors*</li> <li>__ Diversified Cooperative Education (OJT)*</li> <li>__ Customer Services Representatives 1*</li> <li>__ Customer Services Representatives 2*</li> <li>__ Automotive Maintenance and Light Repair 1</li> <li>__ Automotive Maintenance and Light Repair 2*</li> <li>__ Automotive Maintenance and Light Repair 3*</li> <li>__ 3D Animation Technology 1</li> <li>__ 3D Animation Technology 2*</li> <li>__ 3D Animation Technology 3*</li> <li>__ Web Development Technologies Honors*</li> <li>__ Cybersecurity Fundamentals Honors*</li> <li>__ Cloud Computing &amp; Visualization*</li> <li>__ Television Production 1</li> <li>__ Television Production 2*</li> <li>__ Television Production 3*</li> </ul>	
<p style="text-align: center;"><b>Family &amp; Consumer Science Electives</b></p> <ul style="list-style-type: none"> <li>__ Nutrition &amp; Wellness/Child Development</li> <li>__ Early Childhood Education 1</li> <li>__ Early Childhood Education 2*</li> <li>__ Early Childhood Education 3*</li> <li>__ Education Training &amp; Directed Study*</li> <li>__ Agriculture Foundations</li> <li>__ Aquaculture</li> <li>__ Agritechnology*</li> <li>__ Agritechnology 2*</li> <li>__ Animal Sciences &amp; Services 2*</li> <li>__ Animal Sciences &amp; Services 3*</li> <li>__ Veterinary Assisting 1 Honors</li> <li>__ Veterinary Assisting 2 Honors*</li> <li>__ Veterinary Assisting 3 Honors*</li> </ul>	<p style="text-align: center;"><b>Physical Education Electives</b></p> <ul style="list-style-type: none"> <li>__ HOPE</li> <li>__ Team Sports 1/Team Sports 2</li> <li>__ Weight Training 1/Weight Training 2*</li> <li>__ Weight Training 3/Weight Training 4*</li> <li>__ Basketball 1/Basketball 2</li> <li>__ Wrestling 1/ Wrestling 2</li> <li>__ Individual &amp; Dual Sports 1/Individual &amp; Dual Sports 2*</li> </ul>
<p style="text-align: center;"><b>General Electives</b></p> <ul style="list-style-type: none"> <li>__ Driver's Education</li> <li>__ First Year Experience – SLS1106(Dual Enrollment)</li> <li>__ JROTC 1</li> <li>__ JROTC 2*</li> <li>__ JROTC 3*</li> <li>__ Leadership Education*</li> <li>__ AVID 3</li> <li>__ Latinos in Action*</li> <li>__ Leadership Skills (SGA)*</li> <li>__ Journalism 1 (Yearbook)</li> <li>__ Journalism 2 (Yearbook)*</li> <li>__ Journalism 3 (Yearbook)*</li> </ul>	<p style="text-align: center;"><b>Social Science Electives</b></p> <ul style="list-style-type: none"> <li>__ Philosophy H/Women's Studies</li> <li>__ Latin American History/African American History</li> </ul> <p style="text-align: center;"><b>World Language Electives</b></p> <ul style="list-style-type: none"> <li>__ Spanish 1</li> <li>__ Spanish 2*</li> <li>__ Spanish 3 Honors*</li> <li>__ Spanish for Spanish Speakers 1</li> <li>__ Spanish for Spanish Speakers 2*</li> <li>__ American Sign Language 1</li> <li>__ American Sign Language 2*</li> <li>__ American Sign Language 3*</li> <li>__ French 1</li> </ul>
<p><b>*Course Requires Prerequisite or Teacher Approval</b></p>	



# BRANDON HIGH SCHOOL

## 2024-2025 SCHOOL YEAR

### 12TH GRADE COURSE REQUEST FORM



Student Last Name	
Student First Name	
Student/Parent Cell	
Student/Parent Email	

**Academic Courses:** Use the Curriculum Guide to review course descriptions. Teachers will approve English, Science, and Social Studies class selections based on prerequisites, current academic performance, and/or assessment results. All 11<sup>th</sup> grade students who have not yet taken AICE General Paper will be placed into it for their English 4 Credit. Students who have already taken AICE General Paper may take English 4 Honors, ENC1101/ENC1102, AICE English Language, or AICE English Literature.

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> English 4 Honors <input type="checkbox"/> AICE General Paper <input type="checkbox"/> Freshman Composition Skills 1 & 2 – ENC 1101/ENC1102 (Dual Enrollment) <input type="checkbox"/> AICE English Language	<input type="checkbox"/> Algebra 2 <input type="checkbox"/> Algebra 2 Honors <input type="checkbox"/> Math for College Liberal Arts <input type="checkbox"/> Math for Data & Financial Lit <input type="checkbox"/> Probability & Statistics Honors <input type="checkbox"/> AP Pre-Calculus <input type="checkbox"/> AP Calculus AB <input type="checkbox"/> AP Calculus BC <input type="checkbox"/> AP Computer Science <input type="checkbox"/> College Algebra - MAC1105 (Dual Enrollment)	<input type="checkbox"/> Earth/Space Science <input type="checkbox"/> Astronomy Honors <input type="checkbox"/> Forensic Science Honors <input type="checkbox"/> Chemistry Honors <input type="checkbox"/> AICE Biology <input type="checkbox"/> AICE Marine Science <input type="checkbox"/> AICE Environmental Management	<input type="checkbox"/> Economics/US Government <input type="checkbox"/> Economics Honors/US Government Honors <input type="checkbox"/> AP Economics/AP US Government
Teacher Approval _____	Teacher Approval _____	Teacher Approval _____	Teacher Approval _____

**Elective Courses:** Please list and number your six elective courses in order of preference (1 being most preferred, 6 being a course you would still want, but least preferred). Use the curriculum guide to review course descriptions and the options on the back of this document. If you have not met the prerequisite, you may be placed in the next available elective. If choices are not made, courses will be selected for you and may not be changed. Elective course offerings are subject to change based on student enrollment.

<b>Elective Choice 1:</b>	<b>Elective Choice 4:</b>
<b>Elective Choice 2:</b>	<b>Elective Choice 5:</b>
<b>Elective Choice 3:</b>	<b>Elective Choice 6:</b>

**I have carefully chosen my courses based on graduation, college entrance, AICE Diploma, and Bright Futures requirements. I have confirmed that I meet the prerequisites for any courses I have chosen. I understand that final placement is based on academic history and that once school begins, my schedule will not be changed.**

☐ Please check this box if you'd like to meet with your counselor to review your courses and progression.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  
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 \_\_\_\_\_ ELL  
 \_\_\_\_\_ ESE  
 \_\_\_\_\_ Learning Strategies  
 \_\_\_\_\_ Intensive Reading  
 \_\_\_\_\_ English through ESOL  
 \_\_\_\_\_ Developmental Language  
 \_\_\_\_\_ English Language Development

AICE Electives	Performing & Fine Arts Electives
<ul style="list-style-type: none"> <li>__ AICE Biology*</li> <li>__ AICE Digital Media &amp; Design*</li> <li>__ AICE Environmental Management*</li> <li>__ AICE Global Perspectives*</li> <li>__ AICE Marine Science*</li> <li>__ AICE Physical Education</li> <li>__ AICE Psychology</li> <li>__ AICE Spanish Language*</li> <li>__ AICE Thinking Skills</li> </ul>	<ul style="list-style-type: none"> <li>__ Creating 2D Art/Creating 3D Art</li> <li>__ 2-D Studio Art</li> <li>__ 2-D Studio Art 2*</li> <li>__ 2-D Studio Art 3*</li> <li>__ 2-D Studio Art 4*</li> <li>__ Ceramics &amp; Pottery 1</li> <li>__ Ceramics &amp; Pottery 2*</li> <li>__ Ceramics &amp; Pottery 3 Honors*</li> <li>__ AP 2-D Art &amp; Design*</li> </ul>
<p style="text-align: center;"><b>Career, Technology, &amp; Visual Arts Electives</b></p> <ul style="list-style-type: none"> <li>__ Digital Information Technology</li> <li>__ Business Communications Technology</li> <li>__ Accounting Applications Honors</li> <li>__ Personal Finance Honors*</li> <li>__ Principles of Entrepreneurship*</li> <li>__ Business Management &amp; Law Honors*</li> <li>__ Business Ownership Honors*</li> <li>__ Diversified Cooperative Education (OJT)*</li> <li>__ Customer Services Representatives 1*</li> <li>__ Customer Services Representatives 2*</li> <li>__ Customer Services Representatives 3*</li> <li>__ Automotive Maintenance and Light Repair 1</li> <li>__ Automotive Maintenance and Light Repair 2*</li> <li>__ Automotive Maintenance and Light Repair 3*</li> <li>__ Automotive Maintenance and Light Repair 4*</li> <li>__ 3D Animation Technology 1</li> <li>__ 3D Animation Technology 2*</li> <li>__ 3D Animation Technology 3*</li> <li>__ 3D Animation Technology 4*</li> <li>__ Web Development Technologies Honors*</li> <li>__ Cybersecurity Fundamentals Honors*</li> <li>__ Cloud Computing &amp; Visualization*</li> <li>__ Television Production 1</li> <li>__ Television Production 2*</li> <li>__ Television Production 3*</li> <li>__ Television Production 4*</li> </ul>	<ul style="list-style-type: none"> <li>__ Theatre 1</li> <li>__ Theatre 2*</li> <li>__ Theatre 3 Honors*</li> <li>__ Theatre 4 Honors*</li> <li>__ Acting 1 Honors*</li> <li>__ Acting 2 Honors*</li> <li>__ Acting 3 Honors*</li> <li>__ Technical Theatre 1</li> <li>__ Technical Theatre 2*</li> <li>__ Technical Theatre 3*</li> <li>__ Technical Theatre 4*</li> <li>__ Chorus 1</li> <li>__ Chorus 2*</li> <li>__ Chorus 3*</li> <li>__ Chorus 4*</li> <li>__ Vocal Ensemble 1 Honors*</li> <li>__ Vocal Ensemble 2 Honors*</li> <li>__ Vocal Ensemble 3 Honors*</li> <li>__ Vocal Ensemble 4 Honors*</li> <li>__ Orchestra 1</li> <li>__ Orchestra 2*</li> <li>__ Orchestra 3*</li> <li>__ Orchestra 4*</li> <li>__ Guitar 1</li> <li>__ Band 1</li> <li>__ Band 2*</li> <li>__ Band 3*</li> <li>__ Band 4*</li> <li>__ Jazz Ensemble 1</li> <li>__ Jazz Ensemble 2*</li> <li>__ Jazz Ensemble 3*</li> <li>__ Jazz Ensemble 4*</li> <li>__ Eurythmics 1</li> <li>__ Eurythmics 2*</li> <li>__ Eurythmics 3*</li> <li>__ Eurythmics 4*</li> <li>__ Instrument Ensemble 1</li> <li>__ Instrument Ensemble 2*</li> <li>__ Instrument Ensemble 3*</li> <li>__ Instrument Ensemble 4*</li> </ul>
<p style="text-align: center;"><b>Family &amp; Consumer Science Electives</b></p> <ul style="list-style-type: none"> <li>__ Nutrition &amp; Wellness/Child Development</li> <li>__ Early Childhood Education 1</li> <li>__ Early Childhood Education 2*</li> <li>__ Early Childhood Education 3*</li> <li>__ Early Childhood Education 4*</li> <li>__ Education Training &amp; Directed Study*</li> <li>__ Agriculture Foundations</li> <li>__ Aquaculture</li> <li>__ Agritechnology*</li> <li>__ Agritechnology 2*</li> <li>__ Animal Sciences &amp; Services 2*</li> <li>__ Animal Sciences &amp; Services 3*</li> <li>__ Veterinary Assisting 1 Honors</li> <li>__ Veterinary Assisting 2 Honors*</li> <li>__ Veterinary Assisting 3 Honors*</li> <li>__ Veterinary Assisting 4/5 Honors*</li> </ul>	<p style="text-align: center;"><b>Physical Education Electives</b></p> <ul style="list-style-type: none"> <li>__ HOPE</li> <li>__ Team Sports 1/Team Sports 2</li> <li>__ Weight Training 1/Weight Training 2*</li> <li>__ Weight Training 3/Weight Training 4*</li> <li>__ Basketball 1/Basketball 2</li> <li>__ Wrestling 1/ Wrestling 2</li> <li>__ Individual &amp; Dual Sports 1/Individual &amp; Dual Sports 2*</li> </ul>
<p style="text-align: center;"><b>General Electives</b></p> <ul style="list-style-type: none"> <li>__ Driver's Education</li> <li>__ First Year Experience – SLS1106(Dual Enrollment)</li> <li>__ JROTC 1</li> <li>__ JROTC 2*</li> <li>__ JROTC 3*</li> <li>__ JROTC 4*</li> <li>__ Leadership Education*</li> <li>__ AVID 4</li> <li>__ Latinos in Action*</li> <li>__ Leadership Skills (SGA)*</li> <li>__ Journalism 1 (Yearbook)</li> <li>__ Journalism 2 (Yearbook)*</li> <li>__ Journalism 3 (Yearbook)*</li> <li>__ Journalism 4 (Yearbook)*</li> </ul>	<p style="text-align: center;"><b>Social Science Electives</b></p> <ul style="list-style-type: none"> <li>__ Philosophy H/Women's Studies</li> <li>__ Latin American History/African American History</li> </ul> <p style="text-align: center;"><b>World Language Electives</b></p> <ul style="list-style-type: none"> <li>__ Spanish 1</li> <li>__ Spanish 2*</li> <li>__ Spanish 3 Honors*</li> <li>__ Spanish for Spanish Speakers 1</li> <li>__ Spanish for Spanish Speakers 2*</li> <li>__ American Sign Language 1</li> <li>__ American Sign Language 2*</li> <li>__ American Sign Language 3*</li> <li>__ French 1</li> </ul>
*Course Requires Prerequisite or Teacher Approval	

**BRANDON HIGH SCHOOL  
2024-2025 SCHOOL YEAR  
REQUISITOS PARA MATRICULA NUEVA**

**Desde una escuela del Condado de Hillsborough**

- + Verificación identidad padre/guardián
  - + Verificación de dirección del padre/guardián
- requieren dos formas. **Ejemplos:** factura luz/contrato de arriendo o compra de propiedad/recibo de impuestos
- + Libreta de calificaciones/Papeleta de salida del colegio anterior (whithdraw form)

**Desde una escuela Pública de la Florida**

- + Verificación identidad padre/guardián
  - + Verificación de dirección del padre/guardián
- requieren dos formas. **Ejemplos:** factura luz/contrato de arriendo o compra de propiedad/recibo de impuestos.
- + Vacunas
  - + Libreta de calificaciones o copia de transcripciones de la última escuela atendida.
  - + Partida de Nacimiento
  - + Documentos Legales que otorguen la guardianía (**originales**)
- Todo estudiante debe residir con un padre o guardián legal y debe asistir en la escuela que le corresponde.*

**Desde una escuela fuera del estado, escuela privada o fuera del País**

- + Verificación identidad padre/guardián
  - + Verificación de dirección del padre/guardián
- requieren dos formas. Ejemplos: factura luz/contrato de arriendo o compra de propiedad/recibo de impuestos.
- + Vacunas
  - + Examen de salud
  - + Libreta de calificaciones o copia de transcripciones de la última escuela atendida.
  - + Partida de Nacimiento
  - + Documentos Legales que otorguen la guardianía (**originales**)
- Todo estudiante debe residir con un padre o guardián legal y debe asistir en la escuela que le corresponde.*

**Vacunas** deben venir en el Formulario DH 680

**Examen de salud** debe venir en el formulario DH 3040 del **Florida Health Department**

**TODO ESTUDIANTE DE FUERA DEL CONDADO DEBERA TENER SUS CREDITOS Y LA HISTORIA DE CALIFICACIONES ANTES DE REGISTRARLO.** Enviaremos un fax solicitando las transcripciones al colegio anterior pero muchas veces se demora hasta una semana en obtenerlas.

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**SI VIENE DE OTRO PAIS** – Es necesario tener las calificaciones desde el grado 8vo., incluido. Los documentos serán enviados a las oficinas centrales para su correcta traducción, con eso se podrá ubicar al estudiante en el nivel adecuado. En caso contrario el estudiante será ubicado de acuerdo a su edad en el grado que le corresponde hasta que lleguen todos los documentos. O la registración será pospuesta.

**Si viven en la casa de otra persona.** \* La sección A del documento de residencia deberá ser llenado. La persona con la cual el estudiante está viviendo deberá venir para la registración y proveer todos los documentos para probar la residencia que son: ID, Licencia de Manejo valida, debe tener en la licencia la dirección correspondiente, recibo de luz, pago de impuestos.

**Si el estudiante vive con otras personas que no sean sus padres o sus guardianes:** Documentos Legales Originales deberán ser provistos para poder registrar al estudiante. Tendrán que someterse a una entrevista con un administrador para su aprobación. La registración del estudiante en este punto no es garantizada.

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**DOCUMENTOS ACADEMICOS SON RESPONSABILIDAD DEL PADRE O GUARDIAN**