

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. Fax all documents to Brandon High School at (813) 744-8129.
 - b. 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.

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.

C. 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
 - **9th through 11th 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 9th grade must have final 8th grade report card or transcripts showing promotion to 9th 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 8th 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>

THIS BLOCK FOR SCHOOL USE ONLY

THIS BLOCK FOR SCHOOL USE ONLY				DISTRICT STUDENT NUMBER		ENTRY CODE	
SCHOOL YEAR		SCHOOL NAME		STATE STUDENT NUMBER		ENTRY DATE	
TEACHER OR HOMEROOM				GRADE			
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.						CHILD OF MILITARY FAMILY? ____ YES ____ NO	
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)		(FIRST)		(MIDDLE)	
						DATE OF BIRTH MM DD YY	
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)						Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury	
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)						HOME PHONE	
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)				PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)			
EMPLOYER NAME				EMPLOYER NAME			
BUSINESS PHONE/EXTENSION		MOBILE NUMBER		BUSINESS PHONE/EXTENSION		MOBILE NUMBER	
EMAIL				EMAIL			
RELATIONSHIP TO STUDENT: <input type="radio"/> P – PARENT <input type="radio"/> G – LEGAL GUARDIAN <input type="radio"/> A – GUARDIAN AD LITEM (CHECK ONE)		<input type="radio"/> O – OTHER <input type="radio"/> S – SURROGATE <input type="radio"/> N – NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: <input type="radio"/> P – PARENT <input type="radio"/> G – LEGAL GUARDIAN <input type="radio"/> A – GUARDIAN AD LITEM (CHECK ONE)		<input type="radio"/> O – OTHER <input type="radio"/> S – SURROGATE <input type="radio"/> N – NO PARENT/GUARDIAN REQUIRED	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	
HOSPITAL PREFERENCE		PHYSICIAN NAME & PHONE NUMBER		DENTIST NAME & PHONE NUMBER			
CURRENT HEALTH PROBLEMS ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER _____		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING					
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.							
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.				X _____ Signature of Parent/Legal Guardian			
				_____ Date			

REGISTRATION INFORMATION

Student's Social Security Number - -

Birthplace _____
City _____ State _____ Country _____

First-time Hillsborough County Student

☐ Yes ☐ No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City _____ State _____ County _____ Country _____

(Last School attended by the Student) ☐ Public ☐ Private ☐ Home Education (Include the dates attended and complete address information below)

(Last School attended by the Student)		<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Home Education (include the dates attended and complete address information below)
School Name		Dates Attended		

School Name		Date Received		
Street Address	City	State	Zip Code	County

If the student ever attended a Hillsborough County Public School, name of school _____

Home Language Survey

☐ Yes ☐ No Is a language other than English used in the home?

☐ Yes ☐ No Did the student have a first language other than English?

☐ Yes ☐ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

☐ Yes ☐ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

☐ Yes ☐ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

☐ Yes ☐ No Did your family ever travel to look for work on a farm or do paid farm labor?

☐ Yes ☐ No Is the student a single parent with either custody or joint custody of a minor child?

☐ Yes ☐ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

☐ Yes ☐ No Has the student ever had any referrals to mental health services?

Date student first entered a United States school: Month (MM) _____ / Day (DD) _____ / Year (YYYY) _____

If foreign born, how many years has the student attended a school in the United States?

☐ Yes ☐ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian or other Pacific Islander ☐ White

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian

Date

USE LA VERSIÓN EN ESPAÑOL PARA AYUDARLE A LLENAR EL FORMULARIO. EL DE INGLÉS ES EL QUE SERÁ ARCHIVADO EN EL EXPEDIENTE DEL ESTUDIANTE.

AUTORIZACIÓN PARA PERMITIR LA SALIDA E INFORMACIÓN VITAL DEL ESTUDIANTE ESCUELAS PÚBLICAS DEL CONDADO DE HILLSBOROUGH

Por favor, escriba
firmemente.

PARA USO DE OFICINA SOLAMENTE			
AÑO ESCOLAR	NOMBRE DE LA ESCUELA	NÚMERO DE ESTUDIANTE DEL DISTRITO	Código de inscripción
MAESTRO O SALÓN HOGAR	GRADO	NÚMERO DE ESTUDIANTE DEL ESTADO	Fecha de inscripción
INFORMACIÓN PARA CASOS DE EMERGENCIA: Esta tarjeta debe ser completada por el padre, madre o encargado asignado por la corte.			¿Hijo(a) de familia militar? <input type="checkbox"/> Sí o <input type="checkbox"/> No Familia militar incluye: 1) miembros en el servicio activo 2) miembros por 1 año después de: • dado de baja médicamente por lastimarse • jubilación • muerte por lesión durante el servicio activo
Nombre del estudiante (Apellido) (Primer nombre) (Segundo nombre)		Fecha de nacimiento Mes Día Año	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Dirección postal – (Número de la casa y nombre de la calle, ciudad, código postal)			Número telefónico del hogar
Dirección residencial – (Si es diferente a la postal) (Número de la casa y nombre de la calle, ciudad) (Si es área rural, incluya en el reverso las direcciones para llegar)			
Padre/madre o representante legal (apellido, nombre, inicial)		Padre/madre o representante legal (apellido, nombre, inicial)	
Nombre del patrono		Nombre del patrono	
Teléfono del trabajo/extensión		Número del celular	
E-mail (Dirección electrónica)		E-mail (Dirección electrónica)	
Relación con el estudiante (circule uno)	P - padre o madre G - representante legal A - encargado(a) <i>ad litem</i>	O - otro S - sustituto N - no requiere padre/madre/encargado	
Relación con el estudiante (circule uno)	P - padre o madre G - representante legal A - encargado(a) <i>ad litem</i>	O - otro S - sustituto N - no requiere padre/madre/encargado	
Persona(s) a contactar si el padre no se encuentra* Nombre (esta persona puede buscar al estudiante a la escuela)	Teléfono durante el día	Persona(s) a contactar si la madre no se encuentra Nombre (esta persona puede buscar al estudiante a la escuela)	Teléfono durante el día
Hospital de preferencia	Nombre y teléfono del médico		Nombre y teléfono del dentista
Problemas actuales de salud: ___ Asma ___ Diabetes ___ Ataques/convulsiones ___ Condiciones cardíacas ___ Alergias ___ Otros		Explicación de problemas de salud y medicamentos que toma el estudiante:	
*En caso de accidente o enfermedad seria, la escuela contactará al padre, madre o encargado. Si la escuela no puede localizar al padre, madre o encargado, o a las personas designadas arriba, la escuela contactará al médico o hará los arreglos necesarios para la transportación y el tratamiento inmediato. Los gastos serán asumidos por el padre, madre o encargado.			
He revisado y entiendo las condiciones de este documento y entiendo que si deseo que mi hijo(a) salga de la escuela con otra persona no mencionada arriba, tengo que proveer una lista de estas personas por escrito con sus respectivas direcciones y números telefónicos al director de la escuela.			
		X	Fecha
		Firma del padre/madre o representante legal	

FORMULARIO DE MATRÍCULA

AVISO
El distrito escolar (HCPS) pide el número de Seguro Social para propósitos de crear una identificación numérica única dentro del sistema escolar y para presentar informes requeridos por el Departamento de Educación. La matrícula no le será negada si el estudiante o los padres no proveen un número de Seguro Social.

Número de Seguro Social del estudiante: _____ - _____ - _____ Lugar de nacimiento _____

Estudiante nuevo en el Condado de Hillsborough Ciudad _____ Estado _____ País _____

___ Sí ___ No ¿Se mudó el estudiante al condado de Hillsborough de **OTRO condado, estado o país** el año anterior?

Si contestó sí, indique: Ciudad _____ Estado _____ Condado _____ País _____

Escuela a la que el estudiante asistió últimamente _____ Pública _____ Privada _____ Educación en el hogar (incluya fechas que asistió y dirección abajo)

Nombre de la escuela: _____ Fechas de asistencia _____

Dirección: _____ Ciudad _____ Estado _____ Código postal _____ Condado _____ País _____

Si el estudiante alguna vez asistió a una escuela pública en el Condado de Hillsborough, escriba el nombre de la escuela: _____

Encuesta sobre el lenguaje hablado en el hogar

___ Sí ___ No ¿Se habla otro idioma además del inglés en el hogar?

___ Sí ___ No ¿Tuvo el estudiante un primer idioma diferente al inglés?

___ Sí ___ No ¿Habla el estudiante otro idioma más frecuentemente que el inglés?

Idioma del padre/madre/encargado _____ Idioma natal del estudiante _____

Información requerida por el gobierno estatal y federal

___ Sí ___ No ¿Es uno de los padres o representante legal, oficial de policía, bombero o juez?

___ Sí ___ No ¿Está uno de los padres o representante legal, en el servicio militar, como empleado federal civil, o residiendo en un proyecto de vivienda?

___ Sí ___ No ¿Viajó su familia para buscar empleo o trabajar en una finca o ha recibido pago como trabajador(a) agrícola?

___ Sí ___ No ¿Es el estudiante padre o madre soltero(a) con custodia o custodia compartida de un menor?

___ Sí ___ No ¿Alguna vez ha sido el estudiante expulsado, arrestado con cargos, o recibido sentencia/acción de la corte juvenil?

___ Sí ___ No ¿Ha sido el estudiante recomendado a servicios de salud mental?

Fecha en que el estudiante se matriculó en una escuela de los Estados Unidos: Mes (MM) _____ Día (DD) _____ Año (AAAA) _____

Si nació en el extranjero, ¿Por cuántos años el estudiante ha asistido a las escuelas en E.U.? _____

___ Sí ___ No ¿Es el estudiante de origen hispano o latino?

Marque todas las razas que lo identifican: ___ Indio americano o nativo de Alaska ___ Asiático ___ Negro/afro-americano
 ___ Nativo de Hawaii u otra isla del Pacífico ___ Blanco

Un estudiante con el Plan Educativo Individualizado (*IEP*) está protegido bajo la Parte B de *IDEA*, y tiene derecho a una educación pública apropiada. Como padre/madre/representante legal del estudiante doy permiso al distrito escolar para que emita, intercambie, revise y utilice la información personal de mi hijo(a) para ayudar a proveer servicios de salud en la escuela, y para que esta información esté accesible a la Agencia de Administración de Salud de modo que facilite el proceso de verificación de elegibilidad para *Medicaid* y para que solicite reembolsos del *Medicaid* por servicios recibidos en la escuela. Entiendo que mi hijo(a) continuará recibiendo los servicios de acuerdo con el Plan Educativo Individual (*IEP*, por sus siglas en inglés), sin ningún costo, aunque me niegue a firmar este consentimiento. Entiendo que podré retirar el consentimiento en cualquier momento, y que los beneficios estatales/privados no se afectarán.

Firma del padre/madre o representante legal

Fecha

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).

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

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

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) (Code D)	<input type="checkbox"/> Ejecución hipotecaria (Code M)	<input type="checkbox"/> Desconocida (Code U)
<input type="checkbox"/> Terremoto (Code E)	<input type="checkbox"/> Pandemia grave (Code P)	<input type="checkbox"/> Incendio forestal (Code W)
<input type="checkbox"/> Inundación (Code F)	<input type="checkbox"/> Tormenta tropical (Code S)	<input type="checkbox"/> Tornado (Code T)
<input type="checkbox"/> Huracán (Code H)	<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 (Code N)	

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
---------------------------------------------------	-----------------------------	-------

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>)
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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

**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: _____

**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 _____

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:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Official Transcripts
<input type="checkbox"/> Withdrawal form with grades
<input type="checkbox"/> Standardized Test Data /State Assessments
<input type="checkbox"/> Immunization and Physical Records
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Discipline Records / Attendance Records
<input type="checkbox"/> Report Cards | <input type="checkbox"/> Graduation Requirements with Grading System
<input type="checkbox"/> Individualized Education Program (IEP)/504 Plan
<input type="checkbox"/> Language Survey (ELL, ELD, ESL, ESOL)
<input type="checkbox"/> Intellectual/Psychological Evaluations
<input type="checkbox"/> Social/Developmental History Reports
<input type="checkbox"/> Diagnostic Screenings/Reports/Records
<input type="checkbox"/> Other: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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:

- ☐ Bianca Jones, Guidance Secretary, Ext 235, Bianca.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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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 _____
PHYSICAL EDUCATION - Please select one choice below. If no selection is made, you will be placed in the HOPE course.			
<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.

Elective Choice 1:	Elective Choice 4:
Elective Choice 2:	Elective Choice 5:
Elective Choice 3:	Elective Choice 6:

___ 2-D Studio Art 1
 ___ 3-D Animation 1
 ___ Agriscience Foundations
 ___ Agritechology 1
 ___ American Sign Language 1
 ___ Animal Science & Services 1
 ___ Aquaculture
 ___ AR Leadership Training (JROTC 1)
 ___ AVID
 ___ Auto Maintenance & Light Repair 1
 ___ Band 1
 ___ Basketball 1/Basketball 2
 ___ Business Communications Technology
 ___ Ceramics & Pottery 1

___ Child Development/Nutritional & Wellness
 ___ Chorus 1
 ___ Creating 2D Art/ Creating 3D Art
 ___ Digital Information Technology
 ___ Early Childhood Education 1
 ___ Eurythmics
 ___ Family & Consumer Sciences
 ___ French 1
 ___ Guitar 1
 ___ Instrument Ensemble
 ___ Jazz Ensemble
 ___ Journalism 1 (Yearbook)
 ___ Latin American History/African American History

___ Orchestra 1
 ___ Philosophy Honors/Women's Studies
 ___ Spanish 1
 ___ Spanish 2
 ___ Spanish 3 Honors
 ___ Spanish for Spanish Speakers
 ___ Team Sports 1/Team Sports 2
 ___ Theatre 1
 ___ Technical Theatre Design & Production 1
 ___ TV Production 1
 ___ Veterinary Assisting 1 Honors
 ___ Vocal Ensemble 1
 ___ Wrestling 1/Wrestling

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.

Elective Choice 1:	Elective Choice 4:
Elective Choice 2:	Elective Choice 5:
Elective Choice 3:	Elective Choice 6:

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;">AICE Electives</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;">Career, Technology, & Visual Arts Electives</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;">Family & Consumer Science Electives</p> <p>__ Nutrition & 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 & Services 2*</p> <p>__ Veterinary Assisting 1 Honors</p> <p>__ Veterinary Assisting 2 Honors*</p> <p style="text-align: center;">General Electives</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;">Performing & Fine Arts Electives</p> <p>__ Creating 2D Art/Creating 3D Art</p> <p>__ 2-D Studio Art</p> <p>__ 2-D Studio Art 2*</p> <p>__ Ceramics & Pottery 1</p> <p>__ Ceramics & 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;">Physical Education Electives</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 & Dual Sports 1/Individual & Dual Sports 2*</p> <p style="text-align: center;">Social Science Electives</p> <p>__ Philosophy H/Women's Studies</p> <p>__ Latin American History/African American History</p> <p style="text-align: center;">World Language Electives</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 11th 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.

Elective Choice 1:	Elective Choice 4:
Elective Choice 2:	Elective Choice 5:
Elective Choice 3:	Elective Choice 6:

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;">AICE Electives</p> <p>__ AICE Biology*</p> <p>__ AICE Digital Media & Design*</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;">Career, Technology, & Visual Arts Electives</p> <p>__ Digital Information Technology</p> <p>__ Business Communications Technology</p> <p>__ Accounting Applications Honors</p> <p>__ Personal Finance Honors*</p> <p>__ Principles of Entrepreneurship*</p> <p>__ Business Management & Law Honors*</p> <p>__ Business Ownership Honors*</p> <p>__ Diversified Cooperative Education (OJT)*</p> <p>__ Customer Services Representatives 1*</p> <p>__ Customer Services Representatives 2*</p> <p>__ Automotive Maintenance and Light Repair 1</p> <p>__ Automotive Maintenance and Light Repair 2*</p> <p>__ Automotive Maintenance and Light Repair 3*</p> <p>__ 3D Animation Technology 1</p> <p>__ 3D Animation Technology 2*</p> <p>__ 3D Animation Technology 3*</p> <p>__ Web Development Technologies Honors*</p> <p>__ Cybersecurity Fundamentals Honors*</p> <p>__ Cloud Computing & Visualization*</p> <p>__ Television Production 1</p> <p>__ Television Production 2*</p> <p>__ Television Production 3*</p> <p style="text-align: center;">Family & Consumer Science Electives</p> <p>__ Nutrition & Wellness/Child Development</p> <p>__ Early Childhood Education 1</p> <p>__ Early Childhood Education 2*</p> <p>__ Early Childhood Education 3*</p> <p>__ Education Training & Directed Study*</p> <p>__ Agriculture Foundations</p> <p>__ Aquaculture</p> <p>__ Agritechnology*</p> <p>__ Agritechnology 2*</p> <p>__ Animal Sciences & Services 2*</p> <p>__ Animal Sciences & Services 3*</p> <p>__ Veterinary Assisting 1 Honors</p> <p>__ Veterinary Assisting 2 Honors*</p> <p>__ Veterinary Assisting 3 Honors*</p> <p style="text-align: center;">General Electives</p> <p>__ Driver's Education</p> <p>__ First Year Experience – SLS1106(Dual Enrollment)</p> <p>__ JROTC 1</p> <p>__ JROTC 2*</p> <p>__ JROTC 3*</p> <p>__ Leadership Education*</p> <p>__ AVID 3</p> <p>__ Latinos in Action*</p> <p>__ Leadership Skills (SGA)*</p> <p>__ Journalism 1 (Yearbook)</p> <p>__ Journalism 2 (Yearbook)*</p> <p>__ Journalism 3 (Yearbook)*</p>	<p style="text-align: center;">Performing & Fine Arts Electives</p> <p>__ Creating 2D Art/Creating 3D Art</p> <p>__ 2-D Studio Art</p> <p>__ 2-D Studio Art 2*</p> <p>__ 2-D Studio Art 3*</p> <p>__ Ceramics & Pottery 1</p> <p>__ Ceramics & Pottery 2*</p> <p>__ Ceramics & Pottery 3 Honors*</p> <p>__ AP 2-D Art & Design*</p> <p>__ Theatre 1</p> <p>__ Theatre 2*</p> <p>__ Theatre 3 Honors*</p> <p>__ Acting 1 Honors*</p> <p>__ Acting 2 Honors*</p> <p>__ Technical Theatre 1</p> <p>__ Technical Theatre 2*</p> <p>__ Technical Theatre 3*</p> <p>__ Chorus 1</p> <p>__ Chorus 2*</p> <p>__ Chorus 3*</p> <p>__ Vocal Ensemble 1 Honors*</p> <p>__ Vocal Ensemble 2 Honors*</p> <p>__ Vocal Ensemble 3 Honors*</p> <p>__ Orchestra 1</p> <p>__ Orchestra 2*</p> <p>__ Orchestra 3*</p> <p>__ Guitar 1</p> <p>__ Band 1</p> <p>__ Band 2*</p> <p>__ Band 3*</p> <p>__ Jazz Ensemble 1</p> <p>__ Jazz Ensemble 2*</p> <p>__ Jazz Ensemble 3*</p> <p>__ Eurythmics 1</p> <p>__ Eurythmics 2*</p> <p>__ Eurythmics 3*</p> <p>__ Instrument Ensemble 1</p> <p>__ Instrument Ensemble 2*</p> <p>__ Instrument Ensemble 3*</p> <p style="text-align: center;">Physical Education Electives</p> <p>__ HOPE</p> <p>__ Team Sports 1/Team Sports 2</p> <p>__ Weight Training 1/Weight Training 2*</p> <p>__ Weight Training 3/Weight Training 4*</p> <p>__ Basketball 1/Basketball 2</p> <p>__ Wrestling 1/ Wrestling 2</p> <p>__ Individual & Dual Sports 1/Individual & Dual Sports 2*</p> <p style="text-align: center;">Social Science Electives</p> <p>__ Philosophy H/Women's Studies</p> <p>__ Latin American History/African American History</p> <p style="text-align: center;">World Language Electives</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>__ American Sign Language 3*</p> <p>__ French 1</p>
<p>*Course Requires Prerequisite or Teacher Approval</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 11th 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.

Elective Choice 1:	Elective Choice 4:
Elective Choice 2:	Elective Choice 5:
Elective Choice 3:	Elective Choice 6:

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

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.

DOCUMENTOS ACADEMICOS SON RESPONSABILIDAD DEL PADRE O GUARDIAN



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 1500-15, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeforflorida.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				
PneumoConju	N					

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

Part A-Complete

- ☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- ☐ DOE Code 8: Immunizations are complete for 7th 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: 5740-000-0580-6



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.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problem with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. 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 (<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.

DH3040-CHP-07/2013



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:

(Exam must be within one year of enrollment)

Month _____ Day _____ Year _____

Screening Results:

Height: _____ Weight: _____ BMI %: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20'	Left 20'	Passed	Failed	Hearing - Right	Passed	Failed	Referred
Vision - With Glasses	Right 20'	Left 20'	Passed	Failed	Hearing - Left	Passed	Failed	Referred

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 affect 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)
	____/____/____	_____
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

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.

- Recent immigrant (<5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- 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 > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

DH3040-CHP-07/2013



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 school 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.

1. 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.

2. 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.

3. 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.

1. Fill in the complete name and birth date of the child, as it appears on page 1.
2. PART II—MEDICAL EVALUATION: Provide the month, day and year of the school entry health exam.
3. Screening Results: Perform the indicated screenings and fill in the results of each of the indicated screenings, including vision and hearing information.
4. Exam Components: Indicate whether the results of the exam are normal or abnormal and any actions taken by the provider.
5. 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.
6. 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.
7. 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.
8. Provider information: Fill out or stamp the form to provide information that identifies the provider and their address.