BRANDON HIGH SCHOOL – 2025-2026 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 or drop off 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 Staff, 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 2025-2026.

B. REGISTRATION REQUIREMENTS

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

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

I. Documentation needed for ALL registrations:

- A valid parent/legal guardian photo ID (driver's license, state issued ID card, or passport).
- All students must reside with at least one parent or legal guardian.
    - Proof of guardianship is a court order appointing guardianship.
    - If a student is living with someone other than their parent or legal guardian, under extenuating circumstances, a notarized statement [Caregiver Affidavit form (SB 60710)] may be accepted if proof of residence can be validated. Administration approval is needed, and enrollment is not guaranteed.
- Verification of parent/legal guardian's current address with **two** of the following documents:
    - property tax receipt or show homestead exemption;
    - current electric bill or water 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) **Complete only one Part form A, B, or C depending on your living situation**
        - 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.
        - Part C: Shared residency
- 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 2025-2026 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 to Bilingual 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

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

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Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR	SCHOOL NAME	DISTRICT STUDENT NUMBER	ENTRY CODE
TEACHER OR HOMEROOM	GRADE	STATE STUDENT NUMBER	ENTRY DATE

CHILD OF MILITARY FAMILY? ☐ YES ☐ NO

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

EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.

NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T) (FIRST) (MIDDLE) | DATE OF BIRTH MM DD YY | ☐ MALE ☐ FEMALE

MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)

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: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED	RELATIONSHIP TO STUDENT: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE 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 ☐ DIABETES ☐ SEIZURES ☐
HEART CONDITION ☐ ALLERGIES ☐
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

***** Notice *****
HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

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)

School Name ____ Dates Attended ____

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**

Distribution: Original – Student Cumulative Folder, **Copy** – Data Processor

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? ___ Sí o ___ 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 | ____ Masculino ____ Femenino

Dirección postal – (Número de la casa y nombre de la calle, ciudad, código postal)

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) | Número telefónico del hogar

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	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) *ad litem*; 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) *ad litem*; 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 cardiacas ____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 _____ _____
Firma del padre/madre o representante legal Fecha

*****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.

FORMULARIO DE MATRÍCULA

Número de Seguro Social del estudiante: _____-_____-_____ Lugar de nacimiento _____ _____ _____
Ciudad Estado País

Estudiante nuevo en el Condado de Hillsborough
____ 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

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

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:

	Own residence		Rent residence
	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:

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

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**

Distribution: Data Processor
SB 60711A (Approved 05/19/2023)

Formulario A

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

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:

	Residencia propia		Residencia alquilada
	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:

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

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**

Form B

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

McKinney-Vento Enrollment Student Residency Form

According to the federal McKinney-Vento Homeless Assistance Act, eligible students have the right to be **immediately enrolled in ONLY the school of origin** or the **attendance boundary** school, even without required enrollment documents. This form identifies a student's enrollment category and serves as residence verification for enrollment in a Hillsborough County Public School. Eligibility must be determined using the McKinney-Vento Eligibility Assessment **before** providing this form for enrollment.

Complete this **Form B** if the student **lacks a fixed, regular, and adequate nighttime residence (McKinney-Vento definition)**.
- 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:			
Parent/Guardian/Host Caretaker Name:		Contact:	

1. Check the box that fits the student's current living situation based on where the student slept the night before enrollment: **(Code the Homeless Screen in SIS)**
   - ☐ Living in an emergency shelter (shelter verification letter), transitional housing program, or FEMA housing **(Code A)**
   - ☐ Sharing the housing of other person due to a loss of housing, economic hardship, or similar reason **(Code B)**
   - ☐ Living in a car, trailer park or campground, abandoned building, or other substandard housing **(Code D)**
   - ☐ Living in hotels or motels due to a loss of housing or lack of alternative and adequate accommodations **(Code E)**

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 of homeless due to living in one of the situations listed above? **(Code the Homeless Screen in SIS)**
   - ☐ No. This student is not an Unaccompanied Youth **(Code N)**
   - ☐ Yes. This student is an Unaccompanied Youth and meets the definition of homeless, **under** the age of 16 **(Code U)**
   - ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, 16 years of age or older, and **will be certified** by the district Homeless Education Liaison **(Code C)**

3. Cause of homelessness: What led to the student's current living situation? Check one of the following: **(Code the Homeless Screen in SIS)**

☐ Man-Made Disaster - Major (War, Explosions, House Fire) **(Code D)**	☐ Mortgage foreclosure **(Code M)**	☐ Wildfire **(Code W)**
☐ Earthquake **(Code E)**	☐ Pandemic Major **(Code P)**	☐ Tornado **(Code T)**
☐ Flooding **(Code F)**	☐ Tropical Storm **(Code S)**	
☐ Hurricane **(Code H)**	☐ Other homeless causes: divorce, domestic violence, eviction, economic hardship (loss of wages, unemployment, lack of affordable housing, mental illness, health issues, family conflict **(Code N)**	

4. 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.				

NOTE: This form is valid for one (1) school year only. Eligibility must be determined at the beginning of each school year to continue receiving McKinney-Vento services. Contact your child's school for assistance.

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.

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.

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

Distribution: School Social Worker > Data Processor (Upload in Synergy) >Cafeteria Manager, H.E.L.P. Office via email HELPOffice@hcps.net.

Formulario B

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

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 alterno **(*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*)**

☐ Desastre creado por individuos - Grave (Guerras, Explosiones, Incendio de casas) **(*Code D*)**	☐ Ejecución hipotecaria **(*Code M*)**	☐ Desconocida **(*Code U*)**
☐ Terremoto **(*Code E*)**	☐ Pandemia grave **(*Code P*)**	☐ Incendio forestal **(*Code W*)**
☐ Inundación **(*Code F*)**	☐ Tormenta tropical **(*Code S*)**	☐ Tornado **(*Code T*)**
☐ Huracán **(*Code H*)**	☐ 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

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

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):

	Co-residing and 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

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

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:

	Estamos conviviendo con otra familia y no tenemos documentos de domicilio. (La familia no ha experimentado pérdida de vivienda. *Update B, D screens/SIS*)

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 you 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.

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Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

Student Code of Conduct

Parent/Guardian Acknowledgement Form

I have been notified that I may review the Hillsborough County Public Schools Student Code of Conduct by visiting the school district website (Student Code of Conduct / Overview (hillsboroughschools.org)

I have read, understand, and agree to abide by the Student Code of Conduct.

Student Name	Student Signature	Date

I have read the Student Code of Conduct and discussed it with my student.

Parent/Guardian Name	Parent/Guardian Signature	Date

The Student Code of Conduct has been established to communicate the expectations for student behavior at school or school activities. Failure to return this acknowledgement will not relieve a student or the parent/guardian(s) from the responsibility of abiding by the Code of Conduct.

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

Código de Conducta Estudiantil

Formulario de Reconocimiento

He sido notificado que puedo revisar el Código de Conducta Estudiantil para las Escuelas Públicas del Condado de Hillsborough visitando el sitio web del distrito escolar (Código de Conducta Estudiantil / Descripción general (hillsboroughschools.org)

He leído, entiendo y acepto cumplir con el Código de Conducta del Estudiante.

Nombre del Estudiante	Firma del Estudiante	Fecha

He leído el Código de Conducta del Estudiante y lo he discutido con mi estudiante.

Nombre del Padre/Tutor	Fecha del Padre/Tutor	Fecha

El Código de Conducta del Estudiante se ha establecido para comunicar las expectativas del comportamiento de los estudiantes en la escuela o las actividades escolares. La falta de devolución de este reconocimiento no eximirá al estudiante o al padre / tutor (s) de la responsabilidad de cumplir con el Código de Conducta.

2024-2025 Hillsborough County Public Schools
Student Likeness Release Form

Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

School: _____ Student ID Number: _____

Student Name (Last, First): _____

Homeroom Teacher: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Dear Parent/Guardian:

Throughout the school year, certain Hillsborough County Public School partners and media members may be involved with special events or activities at your child's school.

Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications and special district events. Before your child can participate in any of the above events or activities, you must give your permission by signing and returning this likeness release form to your child's school.

Please select only one option below:

☐ **I give my permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media and expressly authorize and grant my consent to such parties the right to use my child's physical likeness, other identifying characteristics, information, and/or recordings of his/her voice in any media, including but not limited to, broadcast, cable, print, and/or digital, and for any purpose including but not limited to entertainment, news, education, advertising, marketing and promotion without compensation thereof.

☐ **I do not give permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media; nor for his/her name to be published in school/district publications, on the internet, or in news Publications or broadcasts.

☐ **I give my permission ONLY** for my child to be photographed for and his/her name be published in the school yearbook.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

2024-2025
Formulario de Comunicado de Prensa de Estudiante

Escuela: _____ Número de identificación estudiantil: _____

Nombre del estudiante (apellido, nombre): _____

Profesor/a de aula: _____ En qué grado está su hijo(a): _____

Dirección de casa: _____

Ciudad: _____ Estado: _____ Código postal: _____

Número de teléfono: _____ Correo electrónico: _____

Estimado Padre/Tutor:

A lo largo del año escolar, ciertos socios de las Escuelas Públicas del Condado de Hillsborough y miembros de los medios de comunicación pueden participar en eventos o actividades especiales en la escuela de su hijo(a).

Es posible que las Escuelas Públicas del Condado de Hillsborough también deseen entrevistar, fotografiar o grabar en video a su hijo por razones promocionales y educativas para utilizarlo en publicaciones y eventos especiales del distrito. Antes de que su hijo(a) pueda participar en cualquiera de los eventos o actividades anteriores, usted debe dar su permiso firmando y devolviendo este formulario de autorización a la escuela de su hijo(a).

Seleccione solo una opción a continuación:

☐ **Doy mi permiso** para que mi hijo(a) sea entrevistado, fotografiado o grabado en video por la escuela/ distrito, socios o patrocinadores de la escuela/distrito y/o miembros de los medios de comunicación en general y autorizo expresamente y otorgo mi consentimiento a tales partes el derecho a usar la semejanza física de mi hijo(a), otras características de identificación, información y/o grabaciones de su voz en cualquier medio, incluyendo pero no limitado a, transmisión, cable, impreso y/o digital, y para cualquier propósito incluyendo pero no limitado a entretenimiento, noticias, educación, publicidad, marketing y promoción sin compensación por los mismos.

☐ **No doy permiso** para que mi hijo(a) sea entrevistado, fotografiado o grabado en video por la escuela/distrito, socios o patrocinadores de la escuela/distrito y/o miembros de los medios de comunicación en general; ni que su nombre sea publicado en publicaciones de la escuela/ distrito, en Internet o en publicaciones o transmisiones de noticias.

☐ **Doy mi permiso SOLAMENTE** para que mi hijo sea fotografiado y su nombre se publique en el anuario escolar.

Nombre del Padre/Tutor (en letra de imprenta): _____

Firma del Padre/Tutor: _____ Fecha: _____

FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

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

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

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

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					
		Measles (dose 1)	*Measles (dose 2)*	*Mumps (dose 1)*	*Mumps (dose 2)*	
	I					
		Rubella (dose 1)	*Rubella (dose 2)*			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
		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: 5740-000-0680-6

Florida HEALTH

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 (foods, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems 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 information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

⊠ _____ _____
Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

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

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ *(check one)* Optometrist ☐ Ophthalmologist ☐	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

Florida HEALTH

Name of Child (Last, First, Middle)	Birth Date

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 ☐ Referred ☐	Hearing – Right	Passed ☐ Failed ☐ Referred ☐
Vision - With Glasses	Right 20/_____	Left 20/_____		Hearing – Left	Passed ☐ Failed ☐ Referred ☐

Gross dental (teeth and gums)	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Abdomen	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Postural assessment	☐ Normal	☐ 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 action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder 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 HEALTH

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.

Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

HILLSBOROUGH COUNTY PUBLIC SCHOOLS
CAREGIVER AFFIDAVIT

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

Student Name: _____

Birthdate: _____ Grade: _____

Last School Attended: _____ City: _____ State: _____

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

Name of Adult: _____

Relationship to the Student: _____

Address: _____

City: _____ State: _____ Home Phone: _____ Work Phone: _____

Please state the reason:

_____

_____

_____

_____

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

SWORN AND SUBSCRIBED BEFORE ME

Signature: _____ _____ **Signature: _____ _____**
Parent or Legal Guardian **Date** **Party with whom student will reside** **Date**

_____ _____ _____ _____
Seal Notary Public State of Florida **Date** **Seal Notary Public State of Florida** **Date**

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

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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:

☐ Official Transcripts	☐ Individualized Education Program (IEP)/504 Plan
☐ Withdrawal form with grades	☐ Language Survey (ELL, ELD, ESL, ESOL)
☐ Standardized Test Data /State Assessments	☐ Intellectual/Psychological Evaluations
☐ Immunization and Physical Records	☐ Social/Developmental & Diagnostic History Reports
☐ Birth Certificate	☐ Other:_____
☐ Discipline Records / Attendance Records	_____
☐ Report Cards	

NOTE: _____

_____

_____

PLEASE SEND/RELEASE INFORMATION TO:

BRANDON HIGH SCHOOL	813-744-8120	813-744-8120
Name of Receiving School	**Telephone #**	**Fax #**

1101 VICTORIA STREET	BRANDON	FL	33510
School Street Name	**City**	**State**	**Zip**

Please send the records to the attention of:

- ◯ Angela Stevens, Data Processor, Ext. 245, Angela.Stevens@hcps.net
- ◯ Elizabeth Gottfredsen, Registrar, Ext 240, Elizabeth.Gottfredsen@hcps.net
- ◯ Biance Jones, Guidance Secretary, Ext 235, Bianca.Jones@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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9TH GRADE

BRANDON High School

COURSE REQUEST FORM

2025-2026 SCHOOL YEAR

Student Last Name	
Student First Name	
Student ID #	
Parent Email	
I intend to earn my AICE Diploma: ☐ Yes ☐ No	
I am interested in the Academy of: ☐ Finance ☐ Social Media Marketing	

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.

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES	SUPPLEMENTAL
☐ English 1 Honors ☐ AICE General Paper **Only for AICE Diploma Candidates, students will also be programmed into AICE Thinking Skills*	☐ Algebra 1-A ☐ Algebra 1 ☐ Geometry ☐ Geometry Honors ☐ Algebra 2 Honors	☐ Environmental Science ☐ Biology Honors	☐World History ☐World History Hon	☐ Intensive Reading 1 *Students earning a level 1 or level 2 on the FAST ELA PM3 will be placed in IR1.* ☐ AP Human Geography *Students earning a level 3-5 on the FAST ELA PM3 will be placed in AP Human.*

PHYSICAL EDUCATION - Please select one choice below. If no selection is made, you will be placed in the HOPE course.

☐ Have already completed or plan to complete through FLVS. ☐ Will exempt through two years of Varsity athletics or JROTC.

Elective Courses: Please list and number your six elective courses in order of preference 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.

__ 2-D Studio Art 1
__ Acting 1* (Audition)
__ Agriscience Foundations Honors
__ Agritechnology 1
__ American Sign Language 1
__ Animal Science & Services 1
__ 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/Parenting Skills
__ Chorus 1
__ Creating 2D Art/ Creating 3D Art
__ Digital Information Technology
__ Early Childhood Education 1
__ Eurythmics
__ French 1
__ Guitar 1
__ Instrument Ensemble
__ Jazz Ensemble
__ Journalism 1 (Yearbook)
__ Media Production
__ Orchestra 1
__ 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 2

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.

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
COURSE REQUEST FORM
2025-2026 SCHOOL YEAR
10TH GRADE

Student Last Name	
Student First Name	
Student/Parent Cell	
Student/Parent Email	
I intend to earn my AICE Diploma: ☐ Yes ☐No	
I am interested in the Academy of: ☐ Finance ☐ Social Media Marketing	

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
☐ English 2 ☐ English 2 Honors ☐ AICE General Paper (AICE Diploma only) ☐ AICE English Language (AICE Diploma only) Teacher Approval _____	☐ Algebra 1 ☐ Geometry Honors ☐ Math for College Liberal Arts ☐ Algebra 2 ☐ Algebra 2 Honors ☐ Math for Data & Financial Lit ☐ Probability & Statistics Honors ☐ AP Pre-Calculus ☐ AP Calculus AB Teacher Approval _____	☐ Biology ☐ Biology Honors (Level 3+ FAST ELA) ☐ Chemistry ☐ Earth/Space Science ☐ Astronomy Honors ☐ Forensic Science Honors ☐ Anatomy & Physiology ☐ Physics 1 Honors ☐ Chemistry Honors ☐ AICE Marine Science ☐ AICE Environmental Management Teacher Approval _____	☐ World History ☐ World History Honors ☐ AP World History 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.

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

__ AICE Drama
__ AICE Environmental Management *
__ AICE Global Perspectives*
__ AICE Marine Science*
__ AICE Psychology
__ AICE Spanish Language*
__ AICE Sports & Physical Education*
__ AICE Thinking Skills
__ AICE Travel & Tourism

Career, Technology, & Visual Arts Electives

__ Digital Information Technology
__ Business Communications Technology
__ Media Production
__ Foundation of Journalism
__ Accounting Applications Honors
__ Principles of Entrepreneurship*
__ Customer Services Representatives 1*
__ Automotive Maintenance and Light Repair 1
__ Automotive Maintenance and Light Repair 2*
__ Television Production 1
__ Television Production 2*

Family & Consumer Science Electives

__ Parenting Skills/Child Development
__ Early Childhood Education 1
__ Early Childhood Education 2*
__ Agriscience Foundations Honors
__ Aquaculture
__ Agritechnology*
__ Agritechnology 2*
__ Floral Design
__ Agricultural Communications
__ Animal Sciences & Services 2*
__ Veterinary Assisting 1 Honors
__ Veterinary Assisting 2 Honors*

General Electives

__ Driver's Education + Another Semester Course
__ JROTC 1
__ JROTC 2*
__ Leadership Education*
__ AVID 2
__ Latinos in Action*
__ Leadership Skills (SGA)*
__ Journalism 1 (Yearbook)
__ Journalism 2 (Yearbook)*

Performing & Fine Arts Electives

__ Creating 2D Art/Creating 3D Art
__ 2-D Studio Art 1
__ 2-D Studio Art 2*
__ AP 2-D Studio Art
__ Ceramics & Pottery 1
__ Ceramics & Pottery 2*
__ Theatre 1
__ Theatre 2*
__ Acting 1*
__ Acting 2*
__ Technical Theatre 1
__ Technical Theatre 2*
__ Chorus 1
__ Chorus 2*
__ Vocal Ensemble 1 Honors*
__ Vocal Ensemble 2 Honors*
__ Orchestra 1
__ Orchestra 2*
__ Guitar 1
__ Guitar 2
__ Band 1
__ Band 2*
__ Jazz Ensemble 1
__ Jazz Ensemble 2*
__ Eurythmics 1
__ Eurythmics 2*
__ Instrument Ensemble 1
__ Instrument Ensemble 2*

Physical Education Electives

__ HOPE
__ Team Sports 1/Team Sports 2
__ Weight Training 1/Weight Training 2*
__ Basketball 1/Basketball 2
__ Volleyball 1/Volleyball 2
__ Wrestling 1/ Wrestling 2
__ Individual & Dual Sports 1/Individual & Dual Sports 2*

Social Science Electives

__ AP Human Geography
__ Latin American History
__ African American History
__ Sociology
__ Florida History
__ Holocaust History
__ Philosophy Honors
__ Women's Studies
__ Law Studies

World Language Electives

__ Spanish 1
__ Spanish 2*
__ Pre-AICE Spanish*
__ Spanish for Spanish Speakers 1
__ Pre-AICE Spanish (Native Speakers)
__ American Sign Language 1
__ American Sign Language 2*
__ French 1
__ French 2

*Course Requires Prerequisite or Teacher Approval

BRANDON High School
COURSE REQUEST FORM
2025-2026 SCHOOL YEAR
11TH GRADE

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 3 Credit. Students who have already taken AICE General Paper should take AICE English Language or ENC1101/ENC1102.

ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES
☐ AICE General Paper ☐ ENC 1101/ENC1102 (Dual Enrollment) ☐ AICE English Language (AICE Diploma Track Only) Teacher Approval _____	☐ Geometry ☐ Geometry Honors ☐ Math for College Liberal Arts ☐ Algebra 2 ☐ Algebra 2 Honors ☐ Math for Data & Financial Lit ☐ Probability & Statistics Honors ☐ AP Pre-Calculus ☐ AP Calculus AB ☐ AP Calculus BC ☐ College Algebra - MAC1105 (Dual Enrollment) Teacher Approval _____	☐ Earth/Space Science ☐ Chemistry ☐ Astronomy Honors ☐ Forensic Science Honors ☐ Anatomy & Physiology ☐ Physics 1 Honors ☐ Chemistry Honors ☐ AICE Marine Science ☐ AICE Environmental Management Teacher Approval _____	☐ United States History ☐ United States History Honors ☐ AP United States History ☐ Personal Finance & Money Management + One Below: __ Latin American History __ African American History __ Sociology __ Florida History __ Holocaust History __ Philosophy Honors __ Women's Studies __ Law Studies 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.

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

__ AICE Drama
__ AICE Environmental Management *
__ AICE Global Perspectives*
__ AICE Marine Science*
__ AICE Psychology
__ AICE Spanish Language*
__ AICE Sports & Physical Education*
__ AICE Thinking Skills
__ AICE Travel & Tourism

Career, Technology, & Visual Arts Electives

__ Digital Information Technology
__ Business Communications Technology
__ Media Production
__ Foundations of Journalism
__ 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*
__ Automotive Maintenance and Light Repair 1
__ Automotive Maintenance and Light Repair 2*
__ Automotive Maintenance and Light Repair 3 & 5*
__ Television Production 1
__ Television Production 2*
__ Television Production 3 Honors*

Family & Consumer Science Electives

__ Parenting Skills/Child Development
__ Early Childhood Education 1
__ Early Childhood Education 2*
__ Early Childhood Education 3*
__ Education Training & Directed Study*
__ Agriscience Foundations
__ Aquaculture
__ Floral Design
__ Agricultural Communications
__ Agritechnology*
__ Agritechnology 2*
__ Animal Sciences & Services 2*
__ Animal Sciences & Services 3*
__ Veterinary Assisting 1 Honors
__ Veterinary Assisting 2 Honors*
__ Veterinary Assisting 3 Honors*

General Electives

__ Driver's Education
__ First Year Experience – SLS1106(Dual Enrollment)
__ JROTC 1
__ JROTC 2*
__ JROTC 3*
__ Leadership Education*
__ AVID 3*
__ Latinos in Action*
__ Leadership Skills (SGA)*
__ Leadership Techniques Honors (SGA)*
__ Journalism 1 (Yearbook)
__ Journalism 2 (Yearbook)*
__ Journalism 3 (Yearbook)*

Performing & Fine Arts Electives

__ Creating 2D Art/Creating 3D Art
__ 2-D Studio Art
__ 2-D Studio Art 2*
__ 2-D Studio Art 3*
__ Ceramics & Pottery 1
__ Ceramics & Pottery 2*
__ Ceramics & Pottery 3 Honors*
__ AP 2-D Art & Design*
__ Theatre 1
__ Theatre 2*
__ Theatre 3 Honors*
__ Acting 1*
__ Acting 2*
__ Acting 3*
__ Technical Theatre 1
__ Technical Theatre 2*
__ Technical Theatre 3*
__ Chorus 1
__ Chorus 2*
__ Chorus 3*
__ Vocal Ensemble 1 Honors*
__ Vocal Ensemble 2 Honors*
__ Vocal Ensemble 3 Honors*
__ Orchestra 1
__ Orchestra 2*
__ Orchestra 3*
__ Guitar 1
__ Band 1
__ Band 2*
__ Band 3*
__ Jazz Ensemble 1
__ Jazz Ensemble 2*
__ Jazz Ensemble 3*
__ Eurythmics 1
__ Eurythmics 2*
__ Eurythmics 3*
__ Instrument Ensemble 1
__ Instrument Ensemble 2*
__ Instrument Ensemble 3*

Physical Education Electives

__ HOPE
__ Team Sports 1/Team Sports 2
__ Weight Training 1/Weight Training 2*
__ Weight Training 3/Power Weights 1*
__ Basketball 1/Basketball 2
__ Volleyball 1/ Volleyball 2
__ Wrestling 1/ Wrestling 2
__ Individual & Dual Sports 1/Individual & Dual Sports 2*

Social Science Electives

__ AP Human Geography
__ Latin American History
__ African American History
__ Sociology
__ Florida History
__ Holocaust History
__ Philosophy Honors
__ Women's Studies
__ Law Studies

World Language Electives

__ Spanish 1
__ Spanish 2*
__ Pre-AICE Spanish*
__ Spanish for Spanish Speakers 1
__ Pre-ACE Spanish*
__ American Sign Language 1
__ American Sign Language 2*
__ American Sign Language 3*
__ French 1
__ French 2

*Course Requires Prerequisite or Teacher Approval

BRANDON High School
COURSE REQUEST FORM
2025-2026 SCHOOL YEAR
12TH GRADE

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
☐ English 4 Honors ☐ AICE General Paper ☐ ENC 1101/ENC1102 (Dual Enrollment) ☐ AICE English Language (AICE Diploma ONLY) ☐ AICE English Literature Teacher Approval _____	☐ Algebra 2 ☐ Algebra 2 Honors ☐ Math for College Liberal Arts ☐ Math for Data & Financial Lit ☐ Probability & Statistics Honors ☐ AP Pre-Calculus ☐ AP Calculus AB ☐ AP Calculus BC ☐ AP Computer Science ☐ College Algebra - MAC1105 (Dual Enrollment) Teacher Approval _____	☐ Earth/Space Science ☐ Astronomy Honors ☐ Forensic Science Honors ☐ Chemistry Honors ☐ Physics Honors ☐Anatomy & Physiology ☐ AICE Marine Science ☐ AICE Environmental Management Teacher Approval _____	☐ Economics Honors/US Government Honors ☐ AP Economics/AP US Government 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.

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

__ AICE Drama
__ AICE Environmental Management *
__ AICE Global Perspectives*
__ AICE Marine Science*
__ AICE Psychology
__ AICE Spanish Language*
__ AICE Sports & Physical Education*
__ AICE Thinking Skills
__ AICE Travel & Tourism

Career, Technology, & Visual Arts Electives

__ Digital Information Technology
__ Business Communications Technology
__ Media Productions
__ Foundations of Journalism
__ 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 and 5*
__ Automotive Maintenance and Light Repair 4 and 6*
__ Television Production 1
__ Television Production 2*
__ Television Production 3 Honors*
__ Television Production 4 Honors*

Family & Consumer Science Electives

__ Parenting Skills/Child Development
__ Early Childhood Education 1
__ Early Childhood Education 2*
__ Early Childhood Education 3 Honors*
__ Early Childhood Education 4 Honors*
__ Education Training & Directed Study*
__ Agriscience Foundations Honors
__ Aquaculture
__ Floral Design
__ Agricultural Communications
__ 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*

General Electives

__ 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)*
__ Leadership Techniques Honors (SGA)*
__ Leadership Strategies Honors (SGA)*
__ Journalism 1 (Yearbook)
__ Journalism 2 (Yearbook)*
__ Journalism 3 (Yearbook)*
__ Journalism 4 (Yearbook)*

Performing & Fine Arts Electives

__ 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*
__ Theatre 1
__ Theatre 2*
__ Theatre 3 Honors*
__ Theatre 4 Honors*
__ Acting 1*
__ Acting 2*
__ Acting 3*
__ Acting 4 Honors*
__ Technical Theatre 1
__ Technical Theatre 2*
__ Technical Theatre 3*
__ Technical Theatre 4 Honors*
__ 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
__ Guitar 2
__ 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*

Physical Education Electives

__ HOPE
__ Team Sports 1/Team Sports 2
__ Weight Training 1/Weight Training 2*
__ Weight Training 3/Power Weights 1*
__ Basketball 1/Basketball 2
__ Volleyball 1/Volleyball 2
__ Wrestling 1/ Wrestling 2
__ Individual & Dual Sports 1/Individual & Dual Sports 2*

Social Science Electives

__ AP Human Geography
__ Latin American History
__ African American History
__ Sociology
__ Florida History
__ Holocaust History
__ Philosophy Honors
__ Women's Studies
__ Law Studies

World Language Electives

__ French 2*
__ Spanish 2*
__ Pre-AICE Spanish*
__ Spanish for Spanish Speakers 1
__ American Sign Language 2*
__ American Sign Language Honors 3*
__ American Sign Language Honors 4*

*Course Requires Prerequisite or Teacher Approval

BRANDON
High School

CURRICULUM GUIDE

2025-2026 SCHOOL YEAR

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