



POLICY 6.032

4-B I recommend that the Board adopt the proposed new Policy 6.032, entitled “Use of Biometrics.”

[Contact: Steve Bonino, PX 52017.]

Adoption

CONSENT ITEM

- The Board approved development of this revised Policy at the development reading on March 25, 2009.
- This proposed new policy is intended to implement the use of biometrics at schools selected by the Superintendent as a form of identification of students at the cafeteria point of sale.
- Staff advises that:
 - Biometrics should provide for a more secure system for parents and students. The use of the finger template instead of a pin number restricts access to students accounts in which prepayments have been made.
 - Biometrics should provide for a more efficient process in the breakfast and lunch lines. Line speed has been documented to increase by 20% with the implementation of biometrics which allows for additional time for the students to consume their meals.
 - Biometrics should provide for a more accountable system where students cannot share his/her pin number and where absent students cannot be recorded as receiving a meal (USDA requires that each student be identified individually as he/she purchases a meal. This system would decrease the amount of time spent reconciling daily records against absentees for audit purposes).
 - Since biometrics cannot be lost, forgotten, or stolen, it should provide for a more convenient system for parents, students and staff.
 - Beginning in August of FY10 schools that currently participate in our 100% Accessible Breakfast Program, where all students receive free breakfasts, will need to re-qualify for the Provision 2 program. This will require all students be identified as they go through the line for breakfast. Some schools are feeding 500 students in 20 minutes for breakfast and School Food Service would not be able to serve all these students in that time frame without the efficiency that the

biometrics will allow.

- Changes appearing in sub-paragraphs 3 (e) and (f) below were made as a result of Board discussion at the March 25, 2009 development meeting.

POLICY 6.032

USE OF BIOMETRICS

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1. Purpose

- a. It is the intent of the School Board, through its School Food Service Department, to utilize biometrics as an additional form of identification of students at the point of sale in the cafeteria. Due to USDA regulations for the National School Lunch Program, every student must be identified as he/she receives a meal.
- b. Biometrics is more secure than other forms of identification since it cannot be forgotten, lost, stolen or shared.
- c. Biometrics allows for a more efficient identification process of students which decreases processing time at the point of sale.
- d. Biometrics would allow School Food Service to be more efficient in accounting for the meals in accordance with USDA regulations while at the same time serving the nutritional needs of the students.

2. Definition

- a. Biometrics is a technology that utilizes an automated touchpad to recognize a person based on finger image or template.
- b. Biometrics will use a point on the finger for the image and will not utilize actual fingerprints. It is not possible to generate a fingerprint from the stored biometric template.

3. Policy

- a. The Superintendent/designee will determine which schools may utilize biometrics in the cafeteria based on efficiency and accountability needs, success of biometrics in other schools, ability to implement at a school, resource availability, and budgetary constraints.
- b. The biometric information will be collected by the School Food Service Department through an enrollment process on a touch pad device and the templates will communicate to the School Food Service central office server where they will be stored. Students transferring from one District school to another will not need to re-enroll as the template will communicate to the new school's accountability software.
- c. The biometric information will be treated as student educational information

34 and will not be shared with anyone outside the District, unless allowed under
35 Policy 5.50. The District will follow applicable standards and procedures set
36 forth in the District's Student Records Policy 5.50.

37 d. Moreover, biometric identification information is exempt from public records
38 disclosure as stated within Florida Statutes Section 119.071(5) (g) 1.

39 e. ~~Before the District obtains biometric identification information from a student,~~
40 ~~School Food Service will provide parents with information concerning the use~~
41 ~~of biometrics. To participate in this program to utilize biometrics as a form of~~
42 ~~student identification in the cafeteria, a parent or adult student must sign to~~
43 ~~indicate permission and submit to the school either an Opt-In form (PBSD~~
44 ~~2299) or, in the future, indicate permission on the New and Returning Student~~
45 ~~Registration form. The New and Returning Student Registration Form (PBSD~~
46 ~~0636) or the Opt-In form (PBSD 2299) will be utilized as a communication tool~~
47 ~~to the parents regarding biometrics. Participation in the biometric program will~~
48 ~~be managed through the use of this either of these forms, and requires a~~
49 ~~parent's/adult student's signature to indicate permission. This form is~~ These
50 forms are incorporated herein by reference as part of this policy, will be made
51 available at schools and is are on the District's forms web site located at
52 www.palmbeach.k12.fl.us/Records/FormSearch.asp. ~~This~~ The registration
53 form (PBSD 0636) shall be verified under penalties of perjury pursuant to
54 Florida Statutes Section 92.525 and shall include an opt-in procedure to
55 participate in the biometric program.

56 f. ~~In the case where a parent/adult student does not opt-in to participate in the~~
57 ~~program or later decides to opt out, the District will make available a different~~
58 ~~form of identification for that child, including PIN number, barcode roster, or~~
59 ~~barcode card. In the case where a student is not participating in the program,~~
60 ~~the District will make available a different form of identification for that child,~~
61 ~~including PIN number, barcode roster, or barcode card.~~

62 g. The School Food Service central office will be responsible for maintaining
63 biometric data pursuant to the District's records retention schedule. At year
64 end any students who have withdrawn from the District will have his/her
65 biometric template removed from the active database and will need to re-enroll
66 if returning to the District in the future. All active students will have his/her
67 biometric information stored for use the next year. Year end databases are
68 retained according to the District's record retention schedule.

69 4. **Standards**

70 It is the responsibility of all School District employees and third parties that have access to
71 hold biometric data in confidence at all times, consistent with sub-paragraphs 3 (b) and 3
72 (c) above. Biometric information should be disclosed only for a required business purpose.

73 The School District shall design adequate processes and procedural standards to protect
74 biometric information held and/or used in accordance with this policy. Such standards,
75 requirements and responsibilities shall include, but not be limited to, the following:

76 a. *Permanent employees with access to biometric information must:*

77 i. Keep secure and confidential all biometric information.

78 ii. Maintain biometric information in a “secure” environment limited to only
79 designated employees.

80 iii. Restrict access to biometric data and processing to appropriate and authorized
81 employees.

82 iv. Ensure that all biometric data is protected against fraud, unauthorized use or
83 other compromise.

84 v. Restrict access to biometric information to the minimum number of people
85 possible, including only to the appropriate personnel. These persons are defined
86 as needing access in order to perform their day to day responsibilities.

87 vi. Not release biometric information in any form unless there is a legitimate
88 business purpose as provided herein.

89 The Superintendent, or designee, is further authorized to impose further standards,
90 requirements and responsibilities in administrative procedures and guidelines established
91 to implement this policy.

92 **5. Compliance**

93 An Employee’s failure to comply with this Policy or the associated, required administrative
94 procedures will be deemed a violation of this Policy and subject the employee to personnel
95 action up to and including termination.

96 STATUTORY AUTHORITY: Fla. Stat. §§ 1001.32(2); 1001.41(1) & (2); 1001.42(16)

97 LAWS IMPLEMENTED: Fla. Stat. §§1001.32(2); 1001.42(16); 1006.06; 119.071(5) (g)

98 STATE BOARD OF EDUCATION RULE: F.A.C. 6A-7.0411

99 HISTORY: __/__/2009

Legal Signoff:

The Legal Department has reviewed proposed Policy 6.032 and finds it legally sufficient for development by the Board.

Attorney

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

School Food Service Student Biometric Enrollment Opt-In Request

Complete this form and return to your student's School Food Service Manager if you agree to allow your child to be enrolled in the biometric software. If you have any questions regarding biometrics, please contact your School Food Service Manager.

Date _____

Student Name _____

Student ID # _____

School Name _____

Grade _____

The School Food Service Department utilizes biometrics in the cafeteria to identify your child. A touchpad sensor is used to match the image of your child's finger to his/her school ID. No additional information is gained or stored. This information is kept secure and private. **This is not a fingerprint.** The finger scan cannot be printed. Your child's finger image will resemble this in the School Food Service system:



The use of a finger image will be easier for students and teachers than having to learn a PIN number or having to remember to bring an ID card to school each day. There will also be no way for your child's account to be accessed by another student.

You are encouraged to sign this sheet and return it to the school with your child as soon as possible so we can enroll your child in this easy and safe system.

By signing below I am granting permission for my child to utilize biometrics rather than pin numbers or ID numbers for identification in the cafeteria.

Signature of Parent/Guardian

Date

Print Parent/Guardian Name



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

New and Returning Student Registration

Complete **ALL AREAS** on both sides of the form. Correct any preprinted information. **Do not leave any area unanswered.** **ALL** students **MUST COMPLETE** a registration form **ANNUALLY**.

OFFICE USE ONLY		
Student Number		Transportation
Grade Level	EN CD	SAC Code
Student Entry Date	TERMS Data Entry: Name/Date	

Student Legal name (last, first, middle)	Student Former Name or AKA (if applicable)
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Student Local Address (house number and street name, apartment number, city, state, zip code)	Housing Development (if applicable)
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Student Soc. Sec. # (optional)	Student Home Telephone #	Best Parent/Guardian Contact Telephone Numbers Day or Evening or Cell
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Student Ethnic Origin (Must check Yes or No)

Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) **No**, not Hispanic or Latino

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date of Birth	Student Place of Birth	VERIFICATION Office Use Only
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Student Resident Status

0. Foreign Exchange Student 1. Out-of-county Resident 2. Out-of-state Resident 3. In-county Resident

Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____	If student's country of birth is not USA what date did the student enter USA? _____
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Student Race (must check at least one box - check all that apply)

American Indian or Alaska n Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment.)

Asian - A (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American - B (origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander - H (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

PARENTAL CONSENT FOR RELEASE OF STUDENT PHOTOGRAPH AND INFORMATION

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, newspapers, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, articles, and photographs. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations, **including a school yearbook**.

➡ _____
Signature of Parent/Guardian Date

PARENTAL CONSENT AND RELEASE FOR SCHOOL FOOD SERVICE BIOMETRICS

Your school may utilize biometrics (points on a finger - not fingerprints) as a form of identification in the cafeteria. Since biometrics cannot be lost, forgotten or stolen, it should provide for a more convenient system for parents and a more efficient way to serve students. If you want your child to participate in the biometrics identification program, sign your name below.

➡ _____
Signature of Parent/Guardian Date

FOR HIGH SCHOOL STUDENTS ONLY - OPT-OUT FOR THE RELEASE OF INFORMATION TO MILITARY

The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do not want your child's information released to the military, sign below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.

➡ _____
Signature of Parent/Guardian Date

Student

Student Legal name (last, first, middle)	Student ID #
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OTHER STUDENT INFORMATION

Federal Impact Survey		Type of Service
A. The student resides on federal property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air Force
B. The student resides in low rent housing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Army
C. The parent is employed on federal property located in Palm Beach County.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coast Guard
D. The parent is employed on low rent housing located in Palm Beach County.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> National Guard
E. The parent is in the uniformed services of the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Navy
If "E" is YES, is the parent on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, check type of service to the right)		<input type="checkbox"/> Marines

Preschool Enrollment Information - for Student Entering Kindergarten only (check all program(s) attended.)

<input type="checkbox"/> Did not Attend Preschool (Z)	<input type="checkbox"/> Parent Fees (F)	<input type="checkbox"/> School District Pre-K (S)	<input type="checkbox"/> Voluntary Pre-K (V)
<input type="checkbox"/> Head Start (H)	<input type="checkbox"/> Pre-K Disabilities (D)	<input type="checkbox"/> Teenage Parent Program (T)	
<input type="checkbox"/> Migrant Pre-K (M)	<input type="checkbox"/> Readiness Coalition (L)	<input type="checkbox"/> Title I Pre-K (C)	

If student attended Pre-k provide name of Pre-k: _____

Is the **STUDENT WHO IS ENROLLING IN THIS SCHOOL** a single parent? Yes No

LANGUAGE SURVEY

ONLY STUDENTS NEW TO PALM BEACH COUNTY	Specify Language
Is a language other than English used in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Does the student have a first language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

PREVIOUS EDUCATION INFORMATION

Name of Last School Attended	Last School Attended Telephone	School Type (check one only) <input type="checkbox"/> public <i>charter schools included</i> <input type="checkbox"/> private <input type="checkbox"/> pre-k <input type="checkbox"/> home education
City of Last School Attended	State of Last School Attended	
County of Last School Attended	Country of Last School Attended <input type="checkbox"/> USA <input type="checkbox"/> Other _____	
Educational Plan If applicable check all that apply. Provide a copy of the plan with this registration. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other _____		
Grade Level Last Year	Grade Level This Year	Last Date Attended School
Did the student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ENTRY DISCLOSURES (check all that apply)

<input type="checkbox"/> The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.	
<input type="checkbox"/> The student has been expelled from school.	<input type="checkbox"/> Not applicable

STUDENT RESIDENCE INFORMATION

Indicate who the student lives with (check only one)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Group Home
<input type="checkbox"/> Student is ward of the state	Other _____				

Student Legal name (last, first, middle)	Student ID #
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PARENT/GUARDIAN INFORMATION

MOTHER OR GUARDIAN	Mother or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address (optional)	
FATHER OR GUARDIAN	Father or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address (optional)	

Has the parent/guardian worked in agriculture or fishing? Yes No

*** IMPORTANT, EVERYONE MUST ANSWER QUESTIONS A & B BELOW ***

A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If YES, provide school with a copy of court order. Yes No

B. Do parents have shared parental responsibility? Yes No **If no, provide school with copy of court order.**

Do the parents/guardians have other children enrolled in Palm Beach County schools. Yes No

If yes, provide the names and birth dates of the other children:

EMERGENCY INFORMATION

Provide the name(s) of person(s), other than the parent, allowed to pick up the student.

Name (first, middle initial, last)	Relationship to Student	Home Telephone #	Best Day Telephone #

Provide a **password** that will be used when picking up the student. Limit the password to 10 characters **or** less.

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Student Legal name (last, first, middle)	Student ID #
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HEALTH INFORMATION

<p>Health Screenings</p> <p>Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. <i>(This exemption will cover all types of screenings.)</i></p> <p>If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
<p>Sodium Fluoride Program</p> <p>Program offered at schools without fluoride in local water supply. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> Yes <i>(Permission is valid through grade 5)</i> <input type="checkbox"/> No</p> <p>Student health insurance (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Private <input type="checkbox"/> None</p>	
<p>Does the student have allergies? <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No</p>	<p>Name of Student's Physician</p> <hr/> <p>Physician Telephone Number</p>
<p>List all of the student's medical concerns, allergies, behavioral issues or physical limitations (asthma, diabetes, seizures, etc.).</p>	<p>List all medications, student takes at home and in school (indicate home school use) (Physician provides form authorizing medications given to student at school).</p>

MEDICAL RECORDS

I hereby understand and agree that my child's medical records or other medical information that I provide to the school, and treatment records or other medical records created by health care personnel at the school, will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

Signature of Parent/Guardian _____
Date

FOR PARENT OF ESE STUDENT ONLY

I authorize the School District of Palm Beach County, Florida, to release my child's confidential student information to agencies of the State of Florida to enable Palm Beach County Public Schools to receive Medicaid funding for any exceptional student services that it provides to my child while at school.

Signature of Parent/Guardian _____
Date

REGISTRATION IS NOT VALID WITHOUT SIGNATURE

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE. Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

Signature of Parent/Guardian _____
Date