The Registration Package
2014-2015

Miami-Dade County Public Schools
Federal State Compliance Office
March 2014

http://ehandbooks.dadeschools.net/policies/75.pdf
TO: ALL PARENTS/GUARDIANS/STUDENTS

FROM: REGISTRAR’S OFFICE

RE: CONTACT INFORMATION

Please be advised that it is the parent/guardian’s responsibility to advise the school of any change in address or telephone information.

If you do not advise the school of these changes, the school will not be able to contact you in case of an emergency or in case of any other situation which requires parent contact.

Please remember to keep the school informed.

Thank you
REQUIRED DOCUMENTS
GLOSSARY

Duly attested: Affirmed to be true or genuine. Solemnly declared in writing to support a fact. Certified.

Affidavit: A written or printed declaration or statement of facts, voluntarily made and confirmed by oath of person making it, taken before a notary.

Transcript: Document from the prior school bearing the seal and/or signature of a school official or registrar.

Bona fide: In or with good faith; honestly, openly, and sincerely. Without deceit, simulation, pretense, or fraud.

Broker: A person licensed to sell real estate (houses, etc.)

Properly executed: Fully signed and current lease agreement. Lease signed by landlord and tenant with term and rent.

SPANISH TRANSLATION

Duly attested: Certificado, auténtico, atestiguado. Dar fe a través de una deposición.

Affidavit: Declaración jurada; testimonio, affidavit; atestiguación.

Transcript: Copia de las notas del alumno dadas por la escuela con el sello de dicho centro o con la firma de un official escolar o de la persona encargada de matricular a los alumnos.

Bona fide: Buena fe, honesto, sincero. Sin fraude.

Broker: Agente de bienes raices. Persona con licencia para vender propiedades (casas, etc.).

Properly executed: Escritura de arrendamiento (renta) firmada por el dueño y el arrendatario, con la fecha corriente, el plazo, y la cantidad.

CREOLE TRANSLATION


Affidavit: Yon deklarasyon ekri e enprime oswa yon temwayaj ki fèt volontèman e ki konfirme pa moun ki fèl la le li sèmante devan notè.

Transcript: Dokiman ki soti nan lekòl kote timoun nan te ye anvan an, ki genyen so ak/oswa siyati ofisyèl lekòl la.

Bona fide: Fèt ak tout onètete epi bèn fwa san kache ak tout senserite. San desepsyon, pretans oswa manti.

Broker: Se yon mun ki gen lisans pou cann kay ak tè.

Properly executed: Se yon kontra ki siyen kote tout moun dakò. Se yon papye legal pwopriyetè a siyen ansanm ak lokatè a ak tout règleman lokasyon yo.
## MIAMI-DADE COUNTY PUBLIC SCHOOLS

### STUDENT DATA CARD

<table>
<thead>
<tr>
<th>SCHOOL NO.</th>
<th>ID NUMBER</th>
<th>STUDENTS LAST NAME</th>
<th>APP FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>BIRTH DATE</th>
<th>SEX</th>
<th>GRADE</th>
</tr>
</thead>
</table>

**Current Entry Date**
Florida I.D. Number
Last Legal Name (if different) APP First Name Middle Name Section

**ETHNIC**
HISPANIC [YIN] (Check all that apply)

**RACE** WHITE BLACK ASIAN

**Place of Birth:** [City] [State/Country]

**Student's Address** (Apt. City Zip) Telephone

**Parent/Guardian**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation</th>
<th>Place of Employment</th>
<th>Telephone</th>
</tr>
</thead>
</table>

**Current School:**

Are you in military service? Y N Card No.

2006011

**COMPLETE REVERSE SIDE**

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This right to know, available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

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**Kindergarten Only:** Was the child in pre-school or child care? Yes No
Was the full cost paid by you? Yes No
What type? Headstart ESE Migrant Other Unknown

**EMERGENCY CONTACT INFORMATION:** Additional data is needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one if parents/guardian cannot be reached. Whom should we try to contact? (List two people in priority order below.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Student</th>
<th>Address</th>
<th>Phone at Work</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Student</th>
<th>Address</th>
<th>Phone at Work</th>
</tr>
</thead>
</table>

Parents/Guardian's E-mail address

Family Doctor

Student health data which should be known in an emergency:

**AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL:** List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you.

**AUTHORIZED:**

**NOT AUTHORIZED:**

IT IS THE PARENTS' RESPONSIBILITY to inform the school in writing of any changes in the information listed on this card.

Date: Parent's Signature

2006011
### Escuelas Públicas del Condado de Miami-Dade

<table>
<thead>
<tr>
<th>No. de la escuela</th>
<th>No. de identificación</th>
<th>Apellido del estudiante</th>
<th>APP</th>
<th>Nombre</th>
<th>Segundo nombre</th>
<th>Fecha de nacimiento</th>
<th>Sexo</th>
<th>Crédito</th>
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</table>

### Tarjeta de Datos del Estudiante

- **Fecha de ingreso actual**
- **No. de identificación de la Florida**
- **Ultimo apellido legal si tiene ciudadano**
- **APP | nombre**
- **Segundo nombre**
- **Sección**
- **Origen Étnico**: Si no
- **Raza**: Blanco | Negro | Asíntico
- **Lugar de nacimiento**: (Estado/País)
- **Dirección del estudiante**:
- **Número**:
- **Código Postal**:
- **Teléfono**:
- **LUGAR DE NACIMIENTO**: (Estado/País)

### ejemplo

**Apellido**:

**Nombre**:

**Lugar de trabajo**:

**Teléfono**:

**TELÉFONO ALTERNATIVO**:

**Lugares a los que asiste**

**Preferencia Usted a las Fuerzas Armadas**: Si No

2000757

**LLENE LOS ESPACIOS AL DORSO**

PM-2735 Rev. (11-12)

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Solamente Kindergarten: ¿Asistió a la escuela en un centro preescolar? Si No

¿Asistió usted el costo total? Si No

¿Qué tipo de educación especial o educativa recibió? Educativo Especial

---

**INFORMACIÓN SOBRE LLAMADAS DE EMERGENCIA**: Algunas veces, accidentes o enfermedades imprevistas obligan al personal a llamar a los padres y obtener permiso para trasladar al estudiante rápidamente. Se necesita información adicional en casos de enfermedades imprevistas. Los padres son responsables por los gastos médicos y de traslado de su hijo.

Si los padres no se encuentran, ¿a quién podemos llamar? (Indique dos personas en orden de importancia).

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Pase conociendo</th>
<th>Dirección</th>
<th>Teléfono alternativo</th>
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</table>

**Dirección del Correo Electrónico**: padre o tutor

**Teléfono alternativo**:

**Número**:

**Medico de la Familia**:

**Teléfono**:

**Teléfono**:

**PREFERENTE**:

**Datos importantes sobre la salud del estudiante en caso de emergencia**

**AUTORIZACIÓN PARA DEJAR LA ESCUELA**: Si se autoriza a las personas autorizadas para sacar a su hijo de la escuela. Si hay alguna persona que no esté autorizada para sacar a su hijo, anote la siguiente información: Su hijo no será entregado a ninguna persona cuyo nombre no aparezca mencionado.

**PERSONAS AUTORIZADAS**

**PERSONAS NO AUTORIZADAS**

**LOS PADRES SON RESPONSABLES DE MANTENER A DÍA LA INFORMACIÓN DE ESTE TARJETA Y NOTIFICAR CUALQUIER CAMBIO POR ESCRITO.**

**Fecha**: Firma de los Padres o Tutor

PM-2735 Rev. (11-12)
<table>
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<tr>
<th>Field</th>
<th>Example</th>
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<td>No. IDENTITÉ ÉVÉ LA</td>
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<td>Téléfon</td>
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<td>Père d'Événé la</td>
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<tr>
<td>Nom Père d'Événé la</td>
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<td>Adresse</td>
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<td>Téléfon Père d'Événé la</td>
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<td>Nom Responsable</td>
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<td>Adresse Responsable</td>
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<td>Téléfon Responsable</td>
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</table>

**NOTES:**

- Jackadans la réponse: Eska a le ta nan li ki moun moun se enmoun gen pou ki te jwa piti a. 
- Si moun ou se enn mi moun se enmoun gen pou ki te jwa piti a.
- Si moun ou se enn mi moun se enmoun gen pou ki te jwa piti a.
Miami-Dade County Public Schools
Registration Requirements

Hours of Registration _____________________________

Miami-Dade County Public Schools is committed to the education of all children. Your child’s enrollment in this school is very important. If you cannot produce any of these documents, please ask to speak to an administrator.

I. ENTRIES FROM OUT-OF-COUNTY, STATE, COUNTRY, AND PRIVATE SCHOOLS

A. AGE AND LEGAL NAME VERIFICATION – Must provide one of the following:

1. **Duly attested** original birth certificate or birth card – Must be original; hospital certificate not acceptable.
2. Duly attested Certificate of Baptism with a parent **affidavit**
3. Insurance policy on the child’s life in force for two years
4. **Bona fide** bible record with parent affidavit
5. Passport or Certificate of Arrival in the U.S. showing age of child
6. **Transcript** of school records of at least four years prior, stating date of birth
8. Affidavit of age signed by parent and Certificate of Age signed by public health officer

B. VERIFICATION OF ADDRESS – Must provide two of the following:

1. Broker’s or Attorney’s statement of parents’ purchase of residence OR properly executed lease agreement
2. Current Homestead Exemption Card
3. Electric deposit receipt or electric bill, showing name and service address
   • Miami-Dade County Public Schools Statement of Bonafide Residence (FM 7444)

C. HEALTH REQUIREMENTS – Must provide both forms:

1. Student Health Examination – DH 3040 yellow form health examination performed within one year prior to enrollment
2. Florida Certificate of Immunization – DH 680 blue card from a private doctor or local health provider

D. SCHOOL RECORDS

• For grade placement and verification of credits earned
• Interpretation of foreign records at no cost available from Federal and State Compliance Office

II. TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL

• Parent or legal guardian must bring a withdrawal slip from sending school
• Proof of address in name of parent/guardian

(Please see definition of terms on the back)

Revised, March 2010
INSTRUCTIONS FOR COMPLETING STUDENT DATA CARD

- When giving a work number, please provide us with an extension number.
- In the event of an emergency, we need to get you as quickly as possible.
- Your home phone number is to be written on the front of the card after your address.
- Your work number is to be written in the area after place of employment.
- If you have cell number, please write it at the bottom of the card and indicate that is a cell number.
- When you furnish us with an emergency contact, please give us telephone numbers other than the ones on the front of the card. In the event of an emergency when we cannot get in touch with you at work or at home then we need to call the emergency contacts and we need other numbers.
- Please make sure that if you have someone who is NOT authorized to pick up your child that you write the name in the section that says not authorized.
- If an e-mail address is available, please add to the back of the card.
- Information provided on the Student Data Card must be accurate and truthful. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Florida Statute Section 837.06, which is punishable as provided in Fla. Sta., §§ 775.083 and 775.084.
- Where there is a divorce, separation or other custody dispute, the enrolling parent is responsible for completing the Student Data Card.
- Information provided regarding Authorization for Release of Students from School should be accurate and consistent with any legally binding instrument or court order governing such matters as divorce, separation, or custody. If information contained on the Student Data Card regarding Authorization for Release of Students from School contradicts any legally binding instrument or court order, the parent contesting the information may seek the assistance of the governing their divorce or custody matter to compel the enrolling parent to correct the information.

INSTRUCCIONES PARA COMPLETAR LA TARJETA DE CONTACTOS DE EMERGENCIA

- Después de escribir su dirección, usted debe escribir su número de teléfono en la parte delante de la tarjeta.
- Usted debe escribir el número de teléfono de su trabajo en el espacio donde aparece la palabra “empleo.”
- Cuando nos escriba el número telefónico de su trabajo, por favor incluya el número de la extension. En caso de una emergencia, necesitamos contactarlo lo más rápido posible.
- Si tiene teléfono celular, por favor, escribalo en la parte inferior de la tarjeta e indique que es el número de su teléfono celular.
- Si tiene correo electrónico, por favor, escribalo al dorso de la tarjeta.
- La información proporcionada en la tarjeta de datos del estudiante debe ser exacta y veraz. Quien a sabiendas hace una declaración falsa en la escritura con la intención de engañar a un funcionario público en el desempeño de su deber oficial será culpable de un delito menor de segundo grado bajo el estatuto de Florida, sección 837.06, que es punible según lo dispuesto en Florida Sta., §§ 775.083 y 775.084.
• Donde hay un divorcio, separación u otra disputa de custodia, el padre de memorización es responsable de completar la tarjeta de datos del estudiante.

• Información proporcionada con respecto a la autorización para la liberación de los estudiantes de la escuela debe ser precisa y consistente con cualquier legalmente instrumento vinculante u orden judicial que rigen tales cuestiones como divorcio, separación o custodia. Si la información contenida en la tarjeta de datos del estudiante con respecto a la autorización para la liberación de los estudiantes de la escuela contradice cualquier jurídicamente vinculante instrumento u orden judicial, el padre disputando la información puede solicitar la asistencia de gobernar su materia de divorcio o custodia para obligar a los padres de memorización para corregir la información.

ENSTRIKSYON KOMAN POU RANPLI KAT ENFOMASYON ELEV LA

• Lé nou ap bay yon nimewo travay, silvouplé ban nou nimewo yon ekstansyon. An ka yon ijans, nou bezwen pran kontak ak ou pivit posib.
• Nimewo telefon lakay ou dwe ekri devan an sou kat la apre adrés ou.
• Nimewo travay ou dwe ekri nan plas apre travay la.
• Si ou genyen yon telefon selila, silvouplé ekri li anba a sou kat la e endike se nimewo selila ou.
• Lé ou ban nou non kontak pou ijans, silvouplé ban nou lot nimewo ki diferan ke sa ou bay devan kat la. An ka ta genyen yon ijans e nou pa ka pran kontak ak o unan iravay oubyen lacar ou lé sa a nou bezwen rele kontak ijans yo nou e bezwen lot nimewo.
• Silvouplé asire si ou genyen yon moun ou pa otorize pou vin cheche pitito ou ekri non li nan seksyon ki di ou pa otorize li.
• Enfòmasyon ki te bay sou kat done elèv la dwe précis Et vérité. Si yon moun ak tout entansyon fè yon deklarasyon tèt anba nan ekri ak entansyon pou en esklav piblik nan pèfòmans de droit ofisyèl li pwal koupab de yon move kondwit de dezyèm degre a anba Florid Loi seksyon 837.06, ki se nenpo't menm jan te founi nan detasyon Laflorid Sta., §§, 775.083 Et 775.084.
• Kote ki pa gen yon divòs pa bò, separasyon oubyen lòt sous diskisyon, s' paran limenm k ap responsab pou fin kat done elèv la.
• Enfòmasyon ki te bay sou otorizasyon pou Liberasyon de elèv nan lekòl dwe précis Et cohérentes ak tout legalman Liaison zam ou desizyon tribinal D' konsa questions kòm divòs, separasyon ou sous. Si enfòmasyon Kin sou elèv kat enfòmasyon konsènan otorizasyon pou Liberasyon de elèv nan lekòl avec UN legalman Liaison zam ou nan tribinal, paran an, contester enfòmasyon pou chache asistans de a D' yo divòs ou sous pwoblèm pou fòse s' paran pou m korije enfòmasyon an.
MIAMI-DADE COUNTY PUBLIC SCHOOLS
STATEMENT OF BONAFIDE RESIDENCE

Important Information
In accordance with School Board Rule (Policy 5112) students in the regular school program (K-12) are assigned to attend school based on the actual residence of the parent and the attendance area of the school as approved by the School Board. It is the responsibility of the parent(s) to provide proper documentation to verify their residence. Parents may choose a different school through a variety of choice programs or through the transfer process. Additional information on Schools of Choice may be found at http://choice.dadeschools.net.

To Be Completed By Parent:

I ____________________________ reside at ____________________________

(Parent) __________________________________________________________

(Address)

______________________ with my children, ____________________________

(City) _____________________________________________________________

(Names of Child/Children)

Acknowledgement

I agree to notify the School District within 10 days in writing of any future changes in residence or living arrangements of this (these) child(ren). I certify that the above information is true and correct, and I understand that this information may be verified.

_________________________ (Signature of Parent) ________________________ (Date)

Florida Statute §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.
MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No.

Student Name

Last
First
Middle

Date of Birth
Month
Day
Year

Grade

Parent Language

Student Language

Date Entered U.S. School:
Month
Day
Year

If the answer is "YES" to any of these questions, the student must be tested for English proficiency:

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

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

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

School

Date

Parent/Guardian Signature

ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE
ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D.

Nombre del Estudiante

Apellido

Nombre

Inicial

Fecha de Nacimiento

Mes
Day
Año

Grado

Lengua Paterna

Idioma del Estudiante

Fecha de Entrada a la Escuela de los Estados Unidos:

Mes
Day
Año

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cuál es su conocimiento del inglés.

1. ¿Usan en su casa algún otro idioma que no sea el inglés? Sí ☐ No ☐

2. ¿Tuvo el estudiante una lengua materna distinta al inglés? Sí ☐ No ☐

3. ¿Habla el estudiante frecuentemente otro idioma que no sea el inglés? Sí ☐ No ☐

Escuela

Fecha

Firma del Padre/Madre

MIAMI-DADE COUNTY PUBLIC SCHOOLS
SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsa timeun nan ranpli

No. I.D. Elev La

Non Elev la

Non

Non fanmi

Dat Fêt li

Klas

Lang paran Yo

Lang Elev La

Mwa

Jou

Ana

Mwa

Jou

Ana

Dat ou Antre U.S. Lekòl:

Si repons lan se "Wi" pou nempòt nan kasyon anba yo, elev la dwe pran yon tèm Anglè:

1. Ese ki soy ak yon lang ki pa Anglè lakay li? Wi ☐ Non ☐

2. Ese elev la te genyen yon pranye lang arvye Anglè? Wi ☐ Non ☐

3. Ese elev la abitye pale yon lang ki pa Anglè? Wi ☐ Non ☐

Lekòl

Dat

Siyali Paran

CC: FILE IN CUMULATIVE FOLDER
TO STAFF FOR TESTING

FM-5196ESH Rev. (09-13)
MIAMI-DADE COUNTY PUBLIC SCHOOLS

DISCLOSURE AT TIME OF REGISTRATION

Chapter 1006.07 (1)(b), requires that any student seeking admission to a public school in the State of Florida will provide the following information at the time of initial registration:

1) Has student ever been expelled from any school, in or out of the State of Florida?
   YES ☐ NO ☐

   If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

   EXAMPLE

2) Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES", please list each and every arrest which resulted in a formal charge.

3) Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.

Student's Name __________________________ ID. # __________________________
(Please Print)

Date of Birth __________________________ Parent's/Guardian's Name __________________________

Address __________________________________________

Signature (Parent/Guardian) __________________________

Signature (Student) __________________________ Date Signed __________________________

FM-5746E Rev. (09-09)
DECLARACIÓN AL MATRICULARSE

Chapter 1006.07 (1)(b), requiere que cualquier estudiante que solicite ser admitido/a a una escuela pública en dicho estado, debe proporcionar la siguiente información en su matrícula inicial:

1) ¿Ha sido el/la estudiante expulsado de alguna escuela en el estado de la Florida o fuera de él?
   Si □   No □
   Si su contestación es "Sí", por favor enumere cada uno de los casos por el cual el/la estudiante ha sido expulsado/a.
   EJEMPLO

2) Por favor explique si el/la estudiante ha sido arrestado alguna vez y si debido a este arresto si hicieron cargos en su contra. Si contestó que "Sí", por favor enumere cada uno de los arrestos por el cual se hicieron cargos formales en su contra.

3) ¿Por favor explique si el/la estudiante ha estado involucrado como una de las partes de un caso presentado ante el Sistema de Justicia Juvenil? Si este es el caso, explique cual fue la acción que el Sistema de Justicia Juvenil tomó en su contra.

Nombre del/de la estudiante ___________________________ # de ID. ___________________________
Fecha de nacimiento ________ Nombre del padre, la madre o tutor/a _________________________
Dirección __________________________________________
Firma (Padre/Madre/Tutor/a) _________________________________________________________
Firma (Estudiante) ___________________________ Fecha de la firma __________________________
LEKÒL LETA MIAMI-DADE COUNTY

ENFÒMASYON POU W BAY LÈ ENSKRIPSYON

Chapter 1006.07 (1)(b), mande pou nenpòt élèv k ap chèche enski nan yon lekòl leta nan Eta Florid la ap genyen pou bay enfòmasyon sa yo lè l ap fè eskrïpsyon pou premye fwa:

1) Éske yo jann mete élèv la deyò nan nenpòt lekòl, nan Eta Florid la oubyen nan lôt Eta?

WI ☐ NON ☐
Si repons pou kexyon nimewo en an se "WI", silvouplè site chak e tout sikonstan ki fè yo te met élèv la deyò.

EGZANP

2) Silvouplè di nou èske yo te jann arete pitit ou a. Éske rezilta arestasion sa a te lakoz yo te chaje li fòmelman pou vyolasyon an. Si repons la se "WI", silvouplè site chak e tout arestasion kote yo te chaje li fòmelman pou vyolasyon an.

3) Silvouplè fè n konnen si élèv la te jann patisipe nan yon ka ki rive devan "Juvenile Justice System" Sistèm Jistis Jivni? Si se sa, site chak aksyon "Juvenile Justice System" la te pran ki t afekte élèv la.

Non Elèv la ___________________________________________ #ID. ____________________
Dat Fèt li ____________________ Non Paran/Gadyen ____________________________
Adrèz ___________________________ ____________________________
Siyati (Paran/Gadyen) ____________________________________________
Siyati (Elèv) __________________________________________ Dat Li Siyen ____________________

FM-5740H Rev. (09-09)
Miami-Dade County Public Schools

Directory Information Opt-Out Form

If you do not want Miami-Dade County Public Schools (M-DCPS) to disclose directory information from your child’s educational records in accordance with federal law, please mark the appropriate statements below and return or mail this form to your child’s school within the next 30 days to:

EXAMPLE

For further information, contact the school personnel listed below:

Name:_____________________________ Title:_____________________________

Phone Number:_______________________

Student’s Name:____________________ Birth Date:_____________________

ID#________________________________

Directory Information is defined as the following student information: name, address, telephone number if it is a listed number, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees and awards received, and most recent previous educational agency or institution attended.

DO NOT DISCLOSE my child’s name, address and telephone number to the entities checked below without my prior permission:

US Military (Army, Navy, Airforce, Marines, etc.)

Colleges and other educational institutions

Any agency, or organization with prior principal approval of school-sanctioned activities

I understand that by completing and submitting this form, M-DCPS will restrict the disclosure of this type of information from my child’s educational records and that M-DCPS has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of directory information.

_________________________________________
Parent/Guardian Name

_________________________________________ Date
Signature


FM-6479E Rev. (10-09)
Escuelas Públicas del Condado Miami-Dade

FORMULARIO DE BAJA DEL DIRECTORIO

Si usted no desea que las Escuelas Públicas del Condado de Miami-Dade (M-DCPS, por sus siglas en inglés) divulguen información de directorio en cuanto a los expedientes educacionales de su hijo/a en concordancia con la ley federal\textsuperscript{1}, por favor, señale las oraciones a continuación que se ajusten a su caso y devuelva este formulario en los próximos 30 días a:

EJEMPLO

Para más información, comuníquese con el/la/miembros/s del personal de la escuela cuyos nombres aparecen a continuación:

Nombre: --------------------------------- Cargo que ocupa: _______________

Número de teléfono: __________________________________________

Nombre del/de la estudiante: _______________ Fecha de nacimiento __________

Número de identificación: __________________________

La información correspondiente a un directorio ha sido definida como los siguientes datos de un/a estudiante: el nombre, la dirección, el número de teléfono, si está registrado en la guía telefónica, la participación en actividades reconocidas oficialmente y deportes, el peso y la estatura de los miembros de los equipos deportivos, los diplomas y reconocimientos recibidos y las agencias educacionales a las cuales haya asistido.

NO DIVULGEN el nombre, la dirección, o número de teléfono de mi hijo/a a las entidades señaladas a continuación sin mi consentimiento previo.

___ Las Fuerzas Armadas de los E.E.U.U. (el Ejército, la Marina, la Fuerza Aérea, la Infantería de Marina, etc.)

___ Las universidades y demás instituciones educacionales.

___ Cualquier agencia u organización que cuente con la aprobación previa del/de la director/a de actividades sancionadas por la escuela.

Entiendo que al llenar y entregar este formulario, las Escuelas Públicas del Condado de Miami-Dade restringirán la divulgación de esta clase de información y que las M-DCPS no tienen la obligación adicional de ponerse en contacto conmigo en cada uno de los casos a fin de solicitar mi consentimiento para la divulgación de información de directorio.

______________________________________________________
Nombre del padre/de la madre/del/de la tutor/a

__________________________________________
Firma

________________________
Fecha


FM-6478S Rev. (10-08)
Fôm pou pa Soumèt Enfòmasyon Jeneral

Si w pa vie Lekòl Leta Miami-Dade County (M-DCPS) bay enfòmasyon jeneral ki nan dosye edikasyonèl pitit ou dopre lwa federal1 la, silvoupè make nan espas apwoiprye ki anba a e retoune oubyen poste fòm la nan lekòl pitit ou nan 30 jou k ap vini yo nan:

EGZANP

Pou plis enfòmasyon, kontakte direksyon lekòl ki make anba a:

Non: ___________________________ Tit: ___________________________

Nimewo telefon: ___________________________

Non Elèv la: ___________________________ Dat li Fêt: ___________________________

Nimewo Idantifikasyon: ___________________________

Yo defini Enfòmasyon Jeneral sou elèv kòm enfòmasyon k ap suiv la: non, adrès, nimewo telefon, si l pa nan liv telefon, patispasyon nan aktivite yo rekonèt ofisyèlman e espò, pwa ak wotè e mann nan ekip espòtif, degre ak prim li resevwa, e ajans edikasyonèl oubyen enstitisyon li te ale resamman.

PA DEVWALE non pitit mwen, adrès li ak nimewo telefon li bay enstitisyon ki make anba yo san mwen pa bay konsantman mwen avan.

_____ Miltè Etazini (Ame, Nevi, Éfòs, Marin, eks.)

_____ Kolèj ak lòt enstitisyon edikasyonèl

_____ Kélkseswa endividajans, oubyen oganizasyon an avèk konsantmon davan direkèl/tris la sou aktivite lekòl la sanksyone

Mwen konprann nan ranpli e soumèt fòm sa a, M-DCPS pap devwale kalite enfòmasyon sa a nan dosye edikasyonèl pitit mwen e M-DCPS pa gen okenn obligasyon pou kontakte m ankò chak fwa pou mande m konsantman mwen pou devwale enfòmasyon jeneral sou pitit mwen.

Non Paran/Gadyen

Siyati ___________________________ Dat ___________________________

SAMPLE LETTER
(Use School Letterhead)

Dear Parent:

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's educational records. They are:

1. The right to restrict the release of directory information which includes, name, address, telephone if it is a listed number, participation in officially recognized activities and sports, degrees and awards received, and the most recent previous educational agency or institution attended. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.

2. The right to restrict the release of a student's name, address, and telephone listing to military recruiters and institutions of higher education as required by federal law. This request applies to our students in the senior high schools. M-DCPS is required to advise you of this requirement and afford you the opportunity to notify the school, if you do not want this information disclosed to the military recruiters and institutions of higher learning. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.

3. The right to inspect and review the student's educational records upon request. Parents or eligible students should submit a written request to the school principal that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected. Copies of records may be requested and obtained.

4. The right to request the amendment of the student's educational record that the parents or eligible students believes are inaccurate, misleading, or inappropriate. Parents or eligible students may ask Miami-Dade County Public Schools (M-DCPS) to amend a record that they believe is inaccurate, misleading, or inappropriate. A written request to the principal should clearly identify the part of the record the parents or eligible students wishes to have amended, state the reasons why the record should be amended and be signed by the parents or eligible students. The principal will notify the parents or eligible students of the decision and advised of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parents or eligible students with notification of the right to a hearing.

5. The right to consent to disclosures of personally identified information contained in the student's educational records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by M-DCPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel). A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibility. Upon request, M-DCPS discloses educational records without consent to the officials of another school district or postsecondary institution in which a student seeks or intends to enroll.

6. The right to file a complaint with the U.S. Department of Education concerning alleged failures by M-DCPS to comply with the requirement of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

If you have any questions, please contact ____________________________________________.

Sincerely,

__________________________
Principal
Florida law requires that your child presents immunization documentation prior to admittance or attendance in a Florida school for the first time. This applies to all new students in pre-kindergarten through the 12th grade. You must present a Florida Certificate of Immunization, DH-Form 680, Part A, B, or C, or Form DH 681 – Religious Exemption when registering your child for the school. The form can now be printed on plain white paper as long as it is printed from the Florida State Health Online Tracking System (FL SHOTS). NOTE: for the 2014-2015 school year, parents must provide documentation of:

- One (1) dose of Varicella (chicken pox) vaccine for pre-kindergarten, seventh, eighth, ninth, tenth, eleventh, and twelfth grade children entering, attending or transferring into school.
- Two (2) doses of Varicella (chicken pox) vaccine for kindergarten, first, second, third, fourth, fifth, and sixth grade children entering, attending, or transferring into school.
- Varicella (chicken pox) vaccine is not required if child has documented history of varicella disease.
- Two (2) valid measles doses for students enrolling in/attending grades kindergarten through twelfth.
- One (1) valid measles dose for students enrolling in/attending pre-kindergarten.
- Pneumococcal conjugate vaccine is required for student 2 months to 59 months old.
- The final dose of IPV (polio) vaccine must be administered on or after the student’s 4th birthday for entry into Kindergarten. A 5th dose is required if the 4th dose was administered prior to the 4th birthday. Students in grades 1 through 12 do not have to be recalled if all 4 polio doses were administered prior to the 4th birthday.
- Hepatitis B vaccine series for children enrolling in/attending grades pre-kindergarten, kindergarten, first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh and twelfth.
- Tdap required for seventh grade students entering, attending or transferring into school.

The "Florida Plan for School Health Services" requires that all students (PK-12) submit documentation of a Students Health Examination performed within the 12 months prior to initial entry into a Florida school. A Student Health Examination (DH or HRS-H Form 3040), including proof of a Tuberculosis Clinical Screening and appropriate follow up if necessary, should be completed and signed by a licensed practicing health care provider, and presented to the school at the time of registration.

Please consult your private health care provider, or usual source of health care for the above requirements before registering your child for school. If you do not have a private provider please contact the Health Department's Special Immunization Unit (SIP) by calling 786-845-4550 for an immunization appointment. Please have your child’s record of immunizations with you at the time of your appointment. For a reduced price physical examination, contact the Children’s Trust 211 helpline.

Emergency Contact Cards must be completed and signed by the student’s parent or guardian. If you have any address or telephone number changes please notify the school.
AVISO IMPORTANTE
PARA LOS PADRES DE FAMILIA
REQUISITOS DE SALUD PARA EL INGRESO A LA ESCUELA
PARA EL AÑO ESCOLAR 2014-2015

Las leyes de la Florida requieren que su hijo o hija presente documentación de inmunización sobre sus inmunizaciones o vacunas antes de su admisión o asistencia a una escuela de la Florida por primera vez. Esto se aplica a todos los estudiantes nuevos desde el prekindergarten hasta el duodécimo grado. Deberá presentar un Certificado de Inmunización de la Florida, Formulario 680 del Departamento de Salud, Parte A, B o C (Florida Certificate of Immunization, DH-Form 680, Part A, B or C), el Formulario DH 681 – Exención Religiosa, cuando matricule a su hijo o hija en la escuela. **El Formulario se puede imprimir en papel blanco mientras venga de la Florida State Health Online Tracking System (FL SHOTS).**

NOTA: Para el curso escolar de 2014-2015, los padres de familia deberán presentar documentación en cuanto a las siguientes inmunizaciones:

- Una dosis de la vacuna contra la varicela en el caso de los estudiantes de prekindergarten, séptimo, octavo, noveno, décimo, undécimo, y duodécimo grados que ingresen, asistan, o se transfieran a una escuela de Miami-Dade.
- Dos dosis de la vacuna contra la varicela en el caso de los estudiantes de kindergarten, primero, segundo, tercero, cuarto, quinto, y sexto grado que ingresen, asistan, o se transfieran a una escuela de Miami-Dade.
- La vacuna contra la varicela no se requerirá si el/la niño/niña tiene un historial documentado de haber padecido la enfermedad.
- Dos dosis válidas de la vacuna contra el sarampión para los estudiantes que se matriculen o asistan a los grados comprendidos entre el kindergarten y el duodécimo grado.
- Una dosis válida de la vacuna contra el sarampión en el caso de los estudiantes que se matriculen o asistan a prekindergarten.
- La vacuna pneumococcal conjugate se requiere para estudiantes de 2 a 59 meses.
- La última dosis de la vacuna contra la poliomielitis será requerida para aquellos niños que entren al Kindergarten y recibieron la cuarta dosis antes de su cuarto cumpleaños. La quinta dosis se requiere si la cuarta dosis se subministró antes del cuarto cumpleaños. Los estudiantes que cursan los grados del 1 al 12 no serán penalizados si recibieron la cuarta dosis de la vacuna de la poliomielitis antes de su cuarto cumpleaños.
- La serie de las vacunas de la hepatitis B para los estudiantes que se matriculen en prekindergarten, kindergarten, primero, segundo, tercero, cuarto, quinto, sexto, séptimo, octavo, noveno, décimo, undécimo y duodécimo grados.
- La vacuna de refuerzo contra el tétanos y la difteria (Tdap) en el caso de los estudiantes de séptimo grado que ingresen.

El “Plan de Servicios de Salud Escolar de la Florida” (Florida Plan for School Health Services) requiere que todos los estudiantes (desde el prekindergarten hasta el duodécimo grado) presenten documentación de un Examen de Salud del Estudiante (Student’s Health Examination) realizado en un plazo de doce meses antes de su ingreso inicial a una escuela de la Florida. El Examen de Salud del Estudiante (Formulario 3040 de DH o del HRS-H), incluso un comprobante de una prueba clínica de tuberculosis y del seguimiento apropiado si fuese necesario, un proveedor de servicios de cuidado de la salud licenciado en práctica deberá llenarlo y firmarlo para presentarlo en la escuela en el momento en que se efectúe la matrícula.

Le rogamos que consulte a su proveedor de servicios de cuidado de la salud privado o a su fuente de servicios de cuidado de la salud usual antes de matricular a su hijo o hija en la escuela. Si no tiene un proveedor privado, por favor, póngase en contacto con la Unidad Especial de Inmunizaciones del Departamento de Salud (Special Immunization Unit, SIP, por sus siglas en inglés), llamando al 786-845-4550 para sacar un turno para las vacunas. Por favor, lleve consigo el expediente de inmunizaciones de su hijo o hija cuando vaya para su turno. Para un examen físico, llame a la línea de ayuda 211 del Children’s Trust.

El padre, la madre o el tutor o la tutora del estudiante deberán llenar y firmar las tarjetas de contactos para emergencias. Si usted ha tenido algún cambio en las direcciones o números de teléfono notifíquelo a la escuela.

Federal and State Compliance Office • 489 East Drive • Miami Springs, FL 33166
305-883-5323 • 305-883-7544 (FAX)
MESAJ ENPÒTAN POU PARAN
SOUDEMAND KONDISYON SANTE POU ANTRE LEKÒL 2014-2015

LwaFlorid mande pou piti ou prezantedokimanvakansenanvanyoaksepte loubyenli antre nan yonlekol nan Florid pou premyefwa. Sa aplike pou tout élèvedepinan klasmaténéjisrive nan 12yèm aneeskolè. Ou dwe prezante yon Séttifika Florid Vaksen, DH-fòm 680, yon pati A, ou B ou C, ou fòm DH 681-relijye ti ankourajman lè ap enskri piti ou an pou lekol la. Fòm a kapab Kounye a ëtre enprime sou papy blan plain osi lontan ke li enprime de la "Florida State Health Online Tracking System (FL SHOTS)." (Florid eta en saviti sysétm (PLANS FL)).

- Yon (1) dòz vaksen (pyè nan saranpyon) li obligatwa pou pre-kindergarten, septième, wityèm, nevyèm, dizyèm, vè senkè ak douzyèm klas moun k ap antre nan à ou transfert nan lekol.
- De (2) dòz vaksen (pyè nan saranpyon) li obligatwa pou jaden danfan, premye, dezyèm, twazyèm, katriyèm, fifth ak sizyèm klas moun ap antre nan, à, ou transfert nan lekol.
- Pran vaksen kont (pyè nan saranpyon) pa mande li si timoun te konn istwa li obligatwa maladi.
- De (2) valab woujòl dòz pou elèv ki enskri nan/à klas maténéli rive douzyèm.
- Yon (1) valab woujòl dòz pou elèv ki enskri nan/à pre-kindergarten.
- Pneumocoques conjugué vaksen mande pou elèv 2 mwa pou 59 mwa.
- A dénye dòz vaksen IPV (polyo) dwe ëtre administré osawa aprè fòt 4 elèv la pou antre nan jaden danfan. Yon dòz 5kyèm mande l si dòz 4 a ke yo te bay anvan fòt 4 a. Elèv ki nan klas 1 à 12 pa gen pou fé a ke yo si tout 4 polyo dòz te bay anvan 4 fèt ki te (nan men egzijans sa a la sèlman pou elèv la ap antre nan kindégadenn efficace pou ane lekol 2012-2013).
- Epatit B vaksen seri pou timoun ki te enskri nan/à klas pre-kindergarten, jaden danfan, premye, dezyèm, twazyèm, katriyèm, cinquièm, sizyèm, septième, wityèm, nevyèm, dizyèm, vè senkè ak douzyèm.
- Tdap mande pou setyèm elèv klas k ap antre nan, à ou transfert nan lekol.

La "Florid gen Plan pou lekol sèvis sante" mande ke tout elèv (PK-12) prezante dokiman D' Examen sante elèv ap jwe nan kèk 12 mwa anvan premye antre nan yon lekol Florid. Yon elèv sante Examen (DH ou 00-H fòm 3040), y prèv pou yon la Clinique Filtrage Et Suivi apwopriye leve si nesesè, ta dwe ëtre te konplete te siyen pa yon sous pratiquer swen medikal la, epi pwezante li bay lekol la nan maman enskripsiyen an.

Souple konsilte pwive swen medikal la ou, ou sous òdinè swen sante pou CI-dessus egzijans pou ensskri piti ou an pou lekol. Si ou pa gen yon founisè pwive souple kontakte espesyal Vaccination initite w la (SIP Depatman sante) lè w rele 786-845-4550 pou yon randevou pou vaksen. Souple gen dosye piti ou a de vaccination avè ou lè ou randevou. Pou yon egzamen fizik diminye prix kontakte Confiance 211 Assistance piti la.

Kat dijans kontakt dwe ëtre te konplete epi siyen paran oubyen gadyen elèv la. Si ou gen nempòt adrès ou chanjman nimewo telefon souple notifye lekol la.
STUDENT'S INFORMATION

Student's Name __________________________________________________________

Last (apellido)                       First (nombre)              Middle (segundo)

Birthdate: ______________                  Place of Birth: ___________        Sex ________

Mo.    Day       Yr.                    City/State           (sexo)
Mes/día/año                                 (lugar de nacimiento)

Address (dirección) _____________________________  Phone (teléfono) ___________

Father/Step-Father's Name: ______________________  Work/cell phone ________________
(nombre del padre o padrastro)     (teléfono/celular del trabajo)
Place employed ________________________________  Occupation_______________
(lugar de trabajo)    (ocupación)

Mother’s/Step-Mother’s Name: _____________________ Work/cell phone ________________
(nombre de la madre o madrastra)                        (teléfono/celular del trabajo)
Place employed ________________________________  Occupation ________________
(lugar de trabajo)                        (ocupación)

Name or person with whom pupil lives (if not parent)_______________________________
(nombre de la persona con quien vive el estudiante – si no son los padres)

Relationship ___________            Place employed ____________   Phone # ___________

Emergency contact (other than parents) – Contacto de Emergencia (aparte de los padres):

1.__________________________________________________________________________

  Name (nombre)                      Relation (parentesco)                   Phone (teléfono)

2.__________________________________________________________________________

  Name (nombre)                      Relation (parentesco)         Phone (teléfono)

Name of last of school attended __________________________       City _____________
(nombre de la última escuela que asistió)              (ciudad)

Family Doctor (nombre del Dr.) ________________       Phone (teléfono) __________

Hospital preference (hospital de preferencia) ____________________________________

# of brothers _____                     # of sisters ______           Attend this school ___________
(cuántos hermanos)                   (cuántas hermanas)         (attendió esta escuela)

Pupil health data which should be known in emergency:
(datos sobre la salud del alumno que debemos saber en caso de emergencia)

____________________________________________________________________________

Parent’s Signature (firma de los padres) _________________________________

Date (fecha) ______________
Foreign Student Placement and Student Visa Guidelines

Argentina
Bahamas
Canada
Denmark
Ecuador
Finland
Guatemala
Haiti
Italy
Jamaica
Kenya
Lebanon
Mexico
Netherlands
Peru
Romania
Surinam
Trinidad & Tobago
Venezuela

Aruba
Brazil
Cuba
Dominica
England
France
Guyana
Honduras
Israel
Japan
Korea
Libya
Morocco
Nicaragua
Pakistan
Spain
Thailand
Uruguay
Yugoslavia

Federal and State Compliance Office

http://ehandbooks.dadeschools.net/policies/67.pdf