Miami-Dade County Public Schools
Federal and State Compliance Office

New Student Registration Checklist for Parent(s) / Legal Guardian(s)

1. Parents / Legal guardians send an email registration request to the Principal at the student's assigned school based on residence. Follow this LINK for a directory of M-DCPS Principal emails. Include in the email:

- ☑ Email subject line: NEW STUDENT REGISTRATION
- ☑ Full Name of Parent/ Legal Guardian registering student
- ☑ Parent/ Legal Guardian's Home Address
- ☑ Parent/ Legal Guardian Contact Information: Email and Phone #
- ☑ Student Information:
  - Full Name
  - Date of Birth
  - Grade for the 2020- 2021 School Year

2. Parents / Legal guardians must provide these documents at the time of registration:

- ☑ Verification of Age and legal name
- ☑ Verification of parent/legal guardian current residence*
- ☑ Health and immunization Requirement

3. Parents / Legal guardians must complete the following forms (included in this packet) at time of registration:

- ☑ Home Language Survey Form (FM-5196)
- ☑ Disclosure at Time of Registration (FM-5740)
- ☑ Emergency Student Data Form (FM-2733)
- ☑ Project UP-START Student Questionnaire (FM-7378)

Notes:

***Verification of Address – Parents / Legal guardians must provide TWO of the following:**

- Broker's or Attorney's statement of parents' purchase of residence, **or** properly executed lease agreement
- Current Homestead Exemption Card
- Electric deposit receipt or electric bill, showing name and service address
- Miami-Dade County Public Schools Statement of Bonafide Residence – FM-7444

Clear Form

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 _____/_____/_____ Grade_____ Parent Language _____ Student Language _____
Month Day Year

Date Entered U.S. School : _____/_____/_____
Month Day Year

Ethnic
Hispanic _____ (Y/N)

(Check all that apply) Race: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐

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 _____/_____/_____ Grado _____ Lengua Paterna _____ Idioma del Estudiante _____
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: _____/_____/_____
Mes Dia Año

Origen Etnico
Hispano _____ (S/N)

(Marque todo lo pertinente) Raza: Blanco ☐ Negro ☐ Asiático ☐ Indígena de los EEUU ☐ Oriundo de las Islas del Pacífico ☐

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual 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 responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____ _____
Non fanmi Non

Dat Fèt li _____/_____/_____ Klas _____ Lang paran Yo _____ Lang Elèv La _____
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: _____/_____/_____
Mwa Jou Ane

Etnisite
Espayòl _____ (W/N)

(Tcheke tout sa ki aplike) Ras: Blan ☐ Nwa ☐ Azyatik ☐ Amriken Endyen ☐ Natif Il Pasifik ☐

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.	
1. Eske yo sèvi ak yon lang ki pa Anglè lakay li?	Wi ☐ Non ☐
2. Eske elèv la te genyen yon premye lang anvan Anglè?	Wi ☐ Non ☐
3. Eske elèv la abitye pale yon lang ki pa Anglè?	Wi ☐ Non ☐

Lekòl _____ Dat _____ Siyati Paran _____

CC: FILE IN CUMULATIVE FOLDER
TO STAFF FOR TESTING

MIAMI-DADE COUNTY PUBLIC SCHOOLS

Clear Form

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 the 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.

_____

_____

_____

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.**

_____

_____

_____

4) **Please state whether the student has any corresponding referrals to mental health services related to your answers to Questions 1, 2 and 3. If yes, please list them.**

_____

_____

_____

Student's Name_____ ID. # _____

(Please Print)

Ethnic Hispanic_____(Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐

Date of Birth_____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student)_____ Date Signed _____

FM-5740E Rev. (07-19)

Clear Form

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Non-Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Is either parent in the Military? Yes ☐ No ☐ Branch _____

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: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____ *(Relation to Student)* _____ *(Address)* _____ *(Phone at Work)* _____

(Name) _____ *(Relation to Student)* _____ *(Address)* _____ *(Phone at Work)* _____

Family Doctor _____ *Phone* _____ *Preference of Hospital* _____ *Phone* _____

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____ _____ _____

Authorized: _____ _____ _____

Not authorized: _____ _____ _____

Not authorized: _____ _____ _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

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.

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 Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.

Miami-Dade County Public Schools
Department of Title I Administration
Children and Youth in Transition Program
Project UP-START Student Eligibility Questionnaire

Clear Form

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. 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 second degree.

Project UP-START services are confidential and this form is not to be shared with outside community agencies.

SECTION A: The student currently has housing that is Fixed, Regular, and Adequate.

Parent/Guardian Initial:_____

Student Name: _____

Student ID#: _____

☐ Rent/own your home

☐ Live in foster care placement

Please do not continue completing this form if you checked one of the boxes above.

SECTION B: The student does NOT currently have housing that is Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

The current nighttime residence is... (**check only one**)

- ☐ In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)
- ☐ Temporarily sharing the housing of other persons due to economic hardship (B)
- ☐ Living in a vehicle of any kind, trailer park or campground, parks, abandoned buildings, public place, or substandard housing (e.g. no running water no electricity/mold infested) (D)
- ☐ In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)

Was displaced from household because of... (**check only one**)

- ☐ Natural Disaster - Hurricane (H)
- ☐ Natural Disaster - Flooding (F)
- ☐ Natural Disaster - Tropical Storm (S)
- ☐ Natural Disaster - Tornado (T)
- ☐ Man-made Disaster/Fire (D)
- ☐ Mortgage Foreclosure (M)
- ☐ Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)
- ☐ Parents/Caregiver is incarcerated
- ☐ Unknown/Other: _____ (U)

Please list the names of all students who are active in M-DCPS.

Student Name (Last, First)	Student ID#	Date of Birth	Grade	School/Location #

Current Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Name of Parent/Guardian: _____ **Date:** _____

SECTION C: Unaccompanied Youth must complete this section.

☐ Student is living alone without an adult. ☐ Student is living with an adult that is NOT a parent/guardian.

Caregiver Name: _____

Please complete the FM-7402 (Caregiver's Authorization Form).

SECTION D: Parents, Guardians and/or Unaccompanied Youth must complete this section, prior to submitting the Questionnaire for processing.

The undersigned certifies that the information provided is accurate.

_____ _____

Signature of Parent/Guardian OR Unaccompanied Student — Date

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ **Location #:** _____

Staff Name: _____ **Telephone #:** _____ **Extension:** _____

Please fax the following completed forms to 305 579-0370, via email to projectupstart@dadeschools.net, or send forms to Location #9102:

- ► **FM-7378**
- ► **FM-7402, FM-7404, and FM-7405, as applicable**

Fax/Email Date: _____