

## EMERGENCY STUDENT DATA FORM

School No./Name _____		I.D. Number _____		Grade _____	Section _____
Student's Last Name _____		APP _____	First Name _____		Middle Name _____
Address _____					
<b>Main contact phone number to be used for emergencies and automated messaging:</b> _____					
Registering Parent/Guardian's Name _____			Relation _____	Place of Employment _____	
Telephone _____		Cell Phone _____		Email _____	
Non-Registering Parent/Guardian's Name _____			Relation _____	Place of Employment _____	
Telephone _____		Cell Phone _____		Email _____	

Is either parent in the Military? Y \_\_\_\_\_ N \_\_\_\_\_ 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 \_\_\_

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**EMERGENCY CONTACT INFORMATION:** I authorize the school district to provide or secure any 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 _____
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**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 teachers(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. §92.525, which are punishable as provided in Fla. Stat., §§775.082, 775.083, and 775.084.

The Emergency Student Data Form governs early release withdrawal 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.

FULFORD ELEMENTARY SCHOOL

STUDENT'S INFORMATION

Student: \_\_\_\_\_
Name/Nombre/Nom Last/apellido/Siyati First/primer/premye non Middle/Segundo/non mitan

Birth day: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth day place: \_\_\_\_\_
(mes/dia/año)(dat/ne/sans) sexo/sèks (lugar de Nacimiento/Kote ou fè) city/ciudad/vil

Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_
(dirección/adrès) (teléfono mobil/selilè)

Father's Name: \_\_\_\_\_ Work phone #: \_\_\_\_\_
(nombre del padre/Non papa a) (Número del trabajo/telefòn travay)

Place of employed: \_\_\_\_\_ Occupation: \_\_\_\_\_
(lugar de trabajo) (ocupación)

Mother's/Stepmother Name: \_\_\_\_\_ Work phone #: \_\_\_\_\_
(nombre de la madre/Non manman a) (Número del trabajo/telefòn travay)

Place of employed: \_\_\_\_\_ Occupation: \_\_\_\_\_
(lugar de trabajo) (ocupación)

Name of person with whom pupil live (if not parent): \_\_\_\_\_
(nombre de la persona con quien vive el estudiante-si no son los padres)

Relationship: \_\_\_\_\_ Place employed: \_\_\_\_\_ Cellular #: \_\_\_\_\_
(si tiene tutor/gadyen legal) (Número de teléfono/selilè nimewo)

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 school last attended: \_\_\_\_\_ City: \_\_\_\_\_
(ultima escuela a que asistió/non dènye lekòl la te ale) (ciudad/vil la)

Family Doctor: (nombre del Doctor): \_\_\_\_\_ Phone (teléfono): \_\_\_\_\_

Hospital preference (hospital de preferencia): \_\_\_\_\_

# of brothers: \_\_\_\_\_ # of sisters: \_\_\_\_\_ Attend this school: \_\_\_\_\_
(cuantos hermanos) (Cuantas hermanas) (asistir a esta escuela)

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

Parent's signature: \_\_\_\_\_
(firma del padre or madre/siyati paran an

Date: \_\_\_\_\_
(fecha/dat)





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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ethnic \_\_\_\_\_ (Check all that apply) Race: White  Black  Asian   
Month Day Year Hispanic \_\_\_\_\_ (Y/N) 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Origen Etnico (Marque todo lo pertinente) Raza: Blanco  Negro   
Mes Día Año Hispano \_\_\_\_\_ (S/N) Asiático  Indígena de los EEUU  Oriundo de las Islas del Pacífico

Si responde "SI" 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Etnisite \_\_\_\_\_ (Tcheke tout sa ki aplike) Ras: Blan  Nwa  Azyatik   
Mwa Jou Ane Espayòl \_\_\_\_\_ (W/N) 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 \_\_\_\_\_



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 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 \_\_\_\_\_ (Check all that apply) Race: White  Black  Asian   
Hispanic \_\_\_\_\_ (Y/N) American Indian  Native Pacific Islander

Date of Birth \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Signature (Student) \_\_\_\_\_ Date Signed \_\_\_\_\_



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
**ADDRESS VERIFICATION AGREEMENT**

NAME OF STUDENT(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

I, \_\_\_\_\_, understand that the transfer(s) of the above-named student(s) is/are temporary and will depend on a successful verification of my address. I also understand that if my address cannot be verified by staff of Miami-Dade County Public Schools, the transfer(s) will be revoked and the student(s) will return to the school that serves my previous address.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_ SCHOOL ASSIGNMENT \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_ SCHOOL ASSIGNMENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_

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, punishable as provided in F.S. 775.083 or F.S. 775.084. (Florida Statute 837.06)





Miami-Dade County Public Schools  
Department of Title I Administration  
Project UP-START Program



2023-2024 Project UP-START Student Eligibility Questionnaire

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 the second degree.

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

QUESTION 1: WHAT IS YOUR FAMILY CURRENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Shelter (A)       Sharing the home of others/  
Doubled-up (B)       Car/Park/Trailer/Substandard Housing (e.g., no water,  
no electricity, mold infestation) [D]       Own home\*
- Hotel/Motel/Airbnb (E)       Rent home\*

\*If you select Rent Home/Own Home, please go to Question #7.

QUESTION 2: WHAT IS THE REASON YOUR FAMILY DOES NOT HAVE A PERMANENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Pandemic (P)     Hurricane (H)     Flooding (F)     Lack of affordable housing/eviction, domestic  
violence, mental illness, unemployment, etc. (N)     Parent/Caregiver is Incarcerated
- Man-Made  
Disaster/Fire (D)     Mortgage Foreclosure (M)     Tropical Storm (S)     Tornado (T)     Wild Fire (W)     Unknown (U)

QUESTION 3: WHO IS/ARE THE STUDENT(S) FOR WHOM YOU ARE COMPLETING THIS FORM?

Student First & Last Name	Student ID Number	Date of Birth	Grade Level	School Name/Location #

QUESTION 4: ARE YOU SEEKING SUPPORT SERVICES FOR YOUR CHILD AT THIS TIME? (SERVICES ARE ONLY APPLICABLE TO ELIGIBLE FAMILIES)

- Yes, I am requesting services at this time.\*       No, I am not requesting services at this time.

\*If "Yes" is selected, your child's school will contact you to obtain information about the specific service(s) that you are seeking for your child.

Attention School Staff: Please submit a Referral for Services (FM-7404) and/or Transportation Request (FM-7405) if the family is requesting services.

QUESTION 5 AND 6: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)\*

- 5) Are you living alone without an adult?       6) Are you living alone with an adult that is NOT a parent/guardian?

Caregiver's Name:       Date:

Unaccompanied Youth Signature:

\*Please ask your caregiver to complete the Caregiver's Authorization Form (FM-7402), and submit it with this form.

QUESTION 7: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address:       City:       Zip Code:

Parent Name:       Phone Number:

Parent/Guardian Signature:       Date:

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name:       Location #:

School Contact Name:       Position:

Contact Number/Ext:       Email Address:

Please fax the completed forms to 305 579-0370, or via email at [projectupstart@dadeschools.net](mailto:projectupstart@dadeschools.net) or send forms to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.