



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REGISTRATION FORM: BEFORE AND AFTER SCHOOL PROGRAMS - SUMMER CAMP - PRE-K

_____ - _____ SCHOOL YEAR

NAME OF SCHOOL: _____ LOCATION NUMBER: _____

STUDENT NAME: _____
LAST FIRST REGISTRATION DATE: _____

STUDENT ID #: _____ AGE: _____ GRADE: _____

NAME OF TEACHER: _____

MOTHER'S NAME: _____
LAST FIRST

HOME ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

FATHER'S NAME: _____
LAST FIRST

HOME ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

PERSON/S AUTHORIZED TO PICK UP CHILD CARE STUDENT: _____
LAST FIRST

I AUTHORIZE MY CHILD TO WALK HOME: YES NO
LAST FIRST

EMERGENCY CONTACT INFORMATION

CONTACT NAME 1: _____
LAST FIRST PHONE: _____

CONTACT NAME 2: _____
LAST FIRST PHONE: _____

NAME OF PHYSICIAN: _____
LAST FIRST PHONE: _____

PREFERED HOSPITAL: _____

IN THE EVENT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT? YES NO

SPECIAL NEEDS / INSTRUCTIONS: _____

SIBLINGS IN PROGRAM: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS
Prekindergarten Program
Title 1/Fee-Supported
PREKINDERGARTEN SCREENINGS CONSENT

School _____ Date _____

The Miami-Dade County Public School System is conducting a preschool screening of vision, hearing, and speech. If you would like your child to participate in this screening, please sign this form, and enter your child's name and date of birth.

The results of this screening will be used to provide the best possible prekindergarten program for your child.

Child's Name _____ Date of Birth _____

Parent's Signature _____ Parent's Phone Number _____

I. HEARING SCREENING

Needs further evaluation:

	1000	2000	4000	6000	8000
Right Ear					
Left Ear					

Yes No

II. VISION SCREENING

Wears Glasses

Both Eyes	Right Eye	Left Eye

Yes No

NEEDS FURTHER EVALUATION:

Yes No

CRITERIA

Age 3 20/40
 Age 4-5 20/30
 Age 6 + 20/20

III. SPEECH SCREENING

Language:

- Appropriate
- Inappropriate

Phonological Chart

Age 3	b p m h n w
-------	-------------

Age 4-5	k g t d f y
---------	-------------

Age 6	n (sing) r l
-------	--------------

NEEDS FURTHER EVALUATION:

Yes No

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. Number _____ 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 _____	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 ___

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 _____

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 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 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.

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/día/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 "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: _____ / _____ / _____ 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 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) (Name of Child/Children)

Verification

Under penalties of perjury, I declare that I have read the foregoing Statement of Bonafide Residence and that the facts stated in it are true. 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. Florida Statute §92.525 provides that whoever knowingly makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree.



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 or send forms to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.