



## Miami-Dade County Public Schools Federal and State Compliance Office

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



**Parents / Legal guardians must present themselves in-person, with their child(ren), at the assigned school based on residence**

- To find your child's assigned school based on your home's address, please [CLICK HERE](#).
- For a directory of principals' email addresses, for questions please [CLICK HERE](#).



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

- Verification of Age and Legal name, [CLICK HERE](#)**
- Verification of Parent / Legal Guardian Current Residence\*, [CLICK HERE](#)**
- Health Immunization Requirement, [CLICK HERE](#)**



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

- Home Language Survey Form ([FM-5196](#))
- Emergency Student Data Form ([FM-2733](#))

Disclosure at Time of Registration ([FM-5740](#))

- Project UP-START Student Questionnaire ([FM-7378](#)) Form can be completed and submitted online by clicking the [Submit Form.tton](#)

**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](#)



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 \_\_\_\_\_



### 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

**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)*

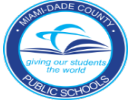
Ethnic \_\_\_\_\_ (Check all that apply) Race: White  Black  Asian   
Hispanic \_\_\_\_\_ (Y/N) American Indian  Native Pacific Islander

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

Address \_\_\_\_\_

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

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



**Miami-Dade County Public Schools  
Department of Title I Administration  
Children and Youth in Transition Program  
2020-2021 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 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. If none of the boxes above are checked, please proceed to the next section.**

**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 )	Was displaced from household because of... ( check only one )
<input type="checkbox"/> In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)	<input type="checkbox"/> Pandemic (P)
<input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B)	<input type="checkbox"/> Natural Disaster - Hurricane (H)
<input type="checkbox"/> 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)	<input type="checkbox"/> Natural Disaster - Flooding (F)
<input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)	<input type="checkbox"/> Natural Disaster - Tropical Storm (S)
	<input type="checkbox"/> Natural Disaster - Tornado (T)
	<input type="checkbox"/> Man-made Disaster/Fire (D)
	<input type="checkbox"/> Mortgage Foreclosure (M)
	<input type="checkbox"/> Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)
	<input type="checkbox"/> Parents/Caregiver is incarcerated
	<input type="checkbox"/> 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](mailto:projectupstart@dadeschools.net), or send forms to Location #9102:

- ▶ FM-7378
- ▶ FM-7402, FM-7404, and FM-7405, as applicable

**Note: This form does not trigger a call to the family. For more services, forms FM-7404 and/or FM-7405 must be submitted.**

**Fax/Email Date:** \_\_\_\_\_