



## 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 and 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](#).

**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](#)

The Family Court Self-Help Program at <http://www.jud11.flcourts.org/Family-Court-Self-Help-Program>.



**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 Origen Etnico (Marque

Fecha de Entrada a la Escuela de los Estados Unidos: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hispano \_\_\_\_ (S/N) todo lo pertinente) Raza: Blanco  Negro   
Mes Día Año 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 Etnisite (Tcheke tout

Dat ou Antre U.S. Lekòl: \_\_\_\_/\_\_\_\_/\_\_\_\_ Espayòl \_\_\_\_ (W/N) sa ki aplike Ras: Blan  Nwa  Azyatik   
Mwa Jou Ane 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. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.
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 name of any individual who is authorized or unauthorized by the registering parent to pick up a student from school must be contained on the Emergency Student Data Form for that student to be released to the individual by school staff (See Fla. Stat. 1000.21(5) and Policy 0100 for definitions of "parent"). The school shall abide by the information provided on the Emergency Student Data Form. Any person verified as a parent in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated. The registering parent who completes the Emergency Student Data Form is responsible for providing information that is truthful and accurate – and in the case of unmarried, divorced, or separated parents, consistent with any court order in effect governing their divorce, separation, or parenting matters. Any parent contesting the information provided in the Emergency Student Data Form by another parent may seek assistance from the court governing their parenting matters to compel the registering parent to revise the information. School staff shall provide such persons with the website for the Family Court Self-Help Program at http://www.jud11.flcourts.org/Family-Court-Self-Help-Program. Parents may also agree to change the registering parent and submit an Agreement to Change Registering Parent Form (FM-7600) at any time.



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.

Three horizontal lines for writing the answer to question 1.

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.

Three horizontal lines for writing the answer to question 2.

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.

Three horizontal lines for writing the answer to question 3.

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.

Three horizontal lines for writing the answer to question 4.

Student's Name \_\_\_\_\_ ID. # \_\_\_\_\_

(Please Print)

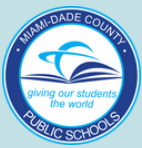
Ethnic \_\_\_\_\_ (Y/N) (Check all that apply) Race: White [ ] Black [ ] Asian [ ] American Indian [ ] Native Pacific Islander [ ]

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

Address \_\_\_\_\_

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

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



Lekòl Leta Miami-Dade County  
 Depatman Administrasyon 'Title I'  
 Timoun ak Jèn nan Pwogram Tranzisyon



2024-2025 Kesyonè Pwojè 'UP-START' pou Elijibilite Elèv

Kesyonè sa a fèt pou ede detèmine elijibilite pou sèvis ki nan Akò federal McKinney-Vento. Lwa Florid 837.06 prevwa ke nenpòt moun ki konsyamman ekri yon fo deklarasyon avèk entansyon pou twonpe yon fonksyonè piblik nan pèfòmans devwa ofisyèl li ap koupab de yon "misdemeanor" (enfrazsyon) dezyèm degre.

**Sèvis Project UP-START yo konfidansyèl e fòm sa pa dwe pataje avèk okenn lòt ajansy.**

**KESYON 1: KI KOTE FANMI OU DOMI NAN NWIT? (CHWAZI YON OPTION)**

- Abri Ijans (A)       Abite kay lòt moun tanporèman (B)       Dòmi nan machin/pak/kay mobil/bilding abandone/ kay ki an move eta (e.g. pa gen dlo/elektisite, enfeksyon mwazi) [D]
- Motèl/otèl/Airbnb (E)       Lwe kay\*       Posede pwòp kay\*

**\*Si ou chwazi Lwey Kay / Pwòp Kay, tanpri ale nan Kesyon #7.**

**KESYON 2: KI REZON FANMI OU PA GEN KOTE PO YO DOMI NAN NWITYON REZIDANS PERMANAN LWIT (CHWAZI YON OPTION)**

- Pandemic (P)     Siklòn (H)     Inondasyon (F)     Mank lojman ou pakab paye, mete deyò nan kay, vyolans domestik, maladi mantal, pa travay (O)     Paran/ Moun k ap bay swen an nan prizon
- Dezas/Dife     Moun Lakoz (D)     Labank Sezi Kay (M)     Tanpèt Twopikal (S)     Tònad (T)     Dife sovaj (W)     Lòt rezon nou pa konnen (U)

**KESYON 3: PO KI ELÈV (YO) WAP RANPLI FÒM SA A?**

Pronoun & Non Elèv	#ID Elèv la	Dat Nesans	Klas	#Lekòl/Lokasyon

**KESYON 4: ÈSKE W AP CHÈCHE SÈVIS SIPÒ POU PITIT OU A NAN MOMAN SA A? (SÈVIS YO APLIKAB SÈLMAN POU FANMI KI KALIFYE yo)**

- Wi, m ap mande sèvis nan moman sa.\*       Non, mwen pap mande sèvis nan moman sa.\*

**Si se "Wi", lekòl pitit ou ap kontakte'w pou jwenn enfòmasyon sou sèvis spesifik w'ap chèche pou pitit ou.**

**Anplwaye atansyon lekòl la: Tanpri soumèt yon Referans pou Sèvis (FM-7404) ak/oswa Demann Transpòtasyon (FM-7405), si fanmi ap mande sèvis yo.**

**KESYON 5 AK 6: YO DWE RANPLI PA JÈN KI PA AKONPAYE SÈLMAN (CHWAZI YON SÈL OPSYON)**

- 5)Èske w ap viv poukont ou san yon granmoun?       6)Èske w ap viv poukont ou ak yon adilt ki PA yon paran/gadyen?

Non Moun Kap Bay Swen :       Dat :

Siyati Jèn ki pa Akonpaye :

**\*Tanpri mande moun kap bay w swen ranpli Fòm Otorizasyon Moun Kap Bay Swen an (FM-7402), epi soumèt li ak fòm sa a.**

**KESYON 7: KI ENFOMASYON KONTAK OU?**

Adrès aktyèl la:

Longè tan nan adrès aktyèl la:

Ansyen adrès:

Nimewo telefòn:

Siyati Paran/Gadyen:

Siyati Paran/Gadyen:

Dat:

**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.