

Initial Entry Registration Procedures Handbook

2014-2015



Miami-Dade County Public Schools

Federal State Compliance Office

March 2014

Miami-Dade County Public Schools
The School Board of Miami-Dade County, Florida

Ms. Perla Tabares Hantman, Chair

Dr. Martin S. Karp, Vice Chair

Dr. Dorothy Bendross-Mindingall

Ms. Susie Castillo

Mr. Carlos L. Curbelo

Dr. Lawrence S. Feldman

Dr. Wilbert "Tee" Holloway

Dr. Marta Pérez

Ms. Raquel A. Regalado

Ms. Krisna Maddy, Student Advisor

Superintendent of Schools
Alberto M. Carvalho



Ms. Charlene Burks, Administrative Director
Federal and State Compliance Office

CONTENTS

Preface.....	iii
I. Forms, Documents and Procedures for Initial Entry.....	1
Student Data Card.....	3
Home Language Survey.....	4
Age and Legal Name Verification.....	4
• Birth Certificate.....	5
• Applying for a Birth Certificate.....	5
• Legal/Assumed Names.....	5
Verification of Address.....	5
Miami-Dade County Public Schools Statement of Bonafide Residence.....	6
Disclosure at Time of Registration.....	6
Health & Immunization Requirements.....	6
Parent Communication.....	9
Prior Resident Entry Code.....	9
Student Records.....	9
Foreign Student Records.....	9
• Out-of-State Transfer Students.....	9
Registration Package.....	10
Military Families.....	10
II. Registration and Transfers to Choice/Special Programs.....	11
• John M. McKay Scholarship Program.....	12
• Opportunity Scholarship Program.....	12
• No Child Left Behind Choice Transfers.....	12
• Foster Care Students Transfer.....	13
• Non-M-DCPS Students.....	16
• Teenage Parent Program (TAP).....	16

III.	Appendices.....	18
•	Appendix 1 Registrar’s Checklist.....	19
•	Appendix 1A Miami-Dade Online Academy (MDO) Registration Procedures for New Students.....	21
•	Appendix 2 Registration Requirements.....	22
	Glossary.....	23
•	Appendix 3 Student Data Card.....	24
•	Appendix 4 Instructions for Completing Student Data Card.....	25
•	Appendix 5 Student Social Security Number.....	26
•	Appendix 6 Home Language Survey.....	27
•	Appendix 7 Verification of Student Information on a Passport, Parolee Card, or Certificate Arrival.....	28
•	Appendix 7A Verification of Birth Certificate.....	29
•	Appendix 8 Affidavit of Age.....	30
•	Appendix 9 Where to Apply for Birth Certificates.....	33
•	Appendix 10 Change of Data.....	40
•	Appendix 11 Address Verification Agreement.....	41
•	Appendix 12 Disclosure at Time of Registration.....	44
•	Appendix 13A and 13B Student Health Examinations.....	47
•	Appendix 14A and 14B Florida Certificate of Immunizations.....	49
•	Appendix 15 Religious Exemption from Immunization.....	51
•	Appendix 16 Important Message to Parents-Health Requirements for School Entrance.....	52
•	Appendix 17 Foreign Records/Student Visa Department.....	55
•	Appendix 18 Rules of the State Board of Education of Florida.....	56
•	Appendix 19 Legal Minimum Public School Entry Ages by State and Territory.....	57
•	Appendix 20 John M. McKay Scholarship Program.....	62
	Opportunity Scholarship Program.....	62
	No Child Left Behind, NLCB, Choice Transfers.....	62
	Non-M-DCPS Students.....	62
•	Appendix 21 Foster Care Out-of Area.....	63
•	Appendix 22 Dependent Student Address Verification.....	64
•	Appendix 23 Miami-Dade County Public Schools Statement of Bonafide Residence.....	65
•	Appendix 24 State Statutes and Board Rules.....	66

PREFACE

The purpose of this handbook is to provide assistance and guidance to school level personnel in the important process of initial entry registration in Miami-Dade County Public Schools (M-DCPS). This handbook contains three major sections. **Section I** provides general information on forms, documents, and procedures for initial entry. **Section II** provides guidelines for registration and transfers to Choice and Special Programs, and **Section III** provides various attachments that can be downloaded and copied, if necessary.

The Registrar's Checklist, Appendix 1, and the Registration Requirements, Appendix 2, are documents developed to assist schools in the implementation of uniform district wide registration procedures. The Registrar's Checklist is a tool to be used by the registrar for easy reference. The Registration Requirements should be included in the Registration Package provided to parents. To assist schools with the providing information to parents/guardian pertaining to registration the following is the link to the Registration Package <http://ehandbooks.dadeschools.net/policies/75.pdf>. Page 1 should be updated to include contact information prior to distribution to parents/guardians and students.

We hope this handbook will assist you in having a smooth and successful registration process. If there are questions concerning any part of this document, please contact Ms. Teresita Ceballos at TCeballos@dadeschools.net or 305-883-5323.

I. FORMS, DOCUMENTS AND PROCEDURES FOR INITIAL ENTRY

Miami-Dade County Public Schools

INITIAL ENTRY PROCEDURES FOR REGISTRATION

I. Forms, Documents and Procedures for Initial Entry

It is suggested that the **REGISTRAR'S CHECKLIST** Appendix 1, be used to ensure completion of all registration procedures. You may want to provide parents a copy of **REGISTRATION REQUIREMENTS** Appendix 2, which provides a glossary of terms and a list of requirements.

- A. STUDENT DATA CARD
- B. HOME LANGUAGE SURVEY FORM
- C. AGE AND LEGAL NAME VERIFICATION
- D. VERIFICATION OF ADDRESS
- E. DISCLOSURE AT TIME OF REGISTRATION
- F. HEALTH REQUIREMENTS
 - 1. STUDENT HEALTH EXAMINATIONS, including proof of tuberculin screening, reading of the test, and appropriate follow-up
 - 2. FLORIDA CERTIFICATE OF IMMUNIZATION, or Certificate of Exemption
- G. PARENT COMMUNICATION
- H. PRIOR RESIDENT ENTRY CODE
- I. STUDENT RECORDS
 - 1. Foreign Students
 - 2. Out-of-State Transfer Students
- J. REGISTRATION PACKAGE
- K. MILITARY FAMILIES

A. STUDENT DATA CARD, FM-2733 ESH-Appendix 3

Students initially entering Miami-Dade County Public Schools must have at least one *Student Data Card* completed front and back, by a parent/guardian as part of the registration process. *Student Data Cards* in **English, Spanish and Haitian Creole** are available from Stores and Distribution; however, these are only to be used for language assistance to the parent/guardian, and are not to be completed as the registration card. The emergency contact and release from school information section on the back of the *Student Data Card* **must** be completed and signed. The information must be updated annually for all students in membership and at any time when parent provide additional or new information. **Only the parent who enrolls the student may withdraw or transfer the student.** Specific procedures for releasing students during the school day are as follows:

1. The Authorization for Release of Student from School section of the Student Data Card must contain the name of any person(s), other than parents, who are authorized to pick up the student during the school day. A parent, as identified on the front side of the Student Data Card, must sign this authorization.
2. In instances where parents are divorced or separated, the action of the school will be governed by information on the Authorization for Release of Student from School section of the Student Data Card. The enrolling parent responsible for completing the card.
3. The Authorization for Release of Student from School section of the Student Data Card must be updated at any time during the school year when parent notify a school of additional or new information.
4. The school administrator or designee (preferably assistant principal or counselor) must be the responsible person at the school to release a student during the school day. This person must review the Authorization for Release of Student from School section of the Student Data Card to ensure that the person requesting the student is authorized to remove the student. Under no conditions should students working in school offices release other students. Students should only be released from the office.
5. Only individuals listed on the Authorization for Release of Student from School section of the Student Data Card are allowed to take students from school during the school day provided they are identified through the following:
 - a. driver's license or other identification card (photo ID preferred),
 - b. identified by student being picked up if photo ID is not presented, or
 - c. known to school personnel or identified by the student being picked up.
6. Individuals who do not possess the identification information listed above and are authorized to pick up children from elementary school should have a signed note from the parent or a phone call should be made to the parent for identification purposes.
7. If a person other than a parent whose name is not on the Authorization for Release of Student from School section of the Student Data Card as authorized to pick up the student appears at the school seeking early release of a student, no release shall be permitted until a contact is made with the parent, no release shall be authorized.
8. If a person who is listed on the Student Data Card as not authorized to pick up the student early, no release shall be permitted regardless of the person's relationship to the student. The person authorized to release a student from school must have the person requesting release of the student sign an excused early sign-out sheet or similar document.

9. For information regarding release of students to law enforcement officers or Department of Children and Families, personnel should contact District/School Operations Juvenile Justice Support Office at EDAT@dadeschools.net.

To assist parents in completing the data card, "Instructions for Completing Student Data Card", Appendix 4, have been developed in three languages. The instructions may be accessed in the e-handbook:

<http://ehandbooks.dadeschools.net/ehome.asp?Page=Main>

For students who are pre-registered, that is, futured in ISIS, two preprinted cards will be sent to each school by Information Technology Services, ITS, in August. The preprinted information represents the most recent data as it exists in the *Student Database System*.

B. HOME LANGUAGE SURVEY FORM

In accordance with the program requirements as well as with the FDOE/META Consent Decree, the Florida Department of Education has mandated that every student initially entering Miami-Dade County Public Schools be asked a series of three questions. The questions are required as part of the registration process. A form titled, *HOME LANGUAGE SURVEY*, FM-5196 ESH, Appendix 6, is provided to survey new students.

C. AGE AND LEGAL NAME VERIFICATION

Florida Statute 1003.21, Appendix 24 specifies the evidence which may be used for establishing proof of birth, and also indicates that if the first prescribed evidence is not available, the evidence obtainable in the order listed below shall be accepted (See "Glossary" in Appendix 2 for definition of terms).

1. A duly attested transcript of the child's birth record (birth certificate or birth card) filed according to law with a public officer charged with the duty of recording births. Must be original; hospital certificate is not acceptable. Birth certificates that were issued on January, 2013 to present do not photocopy, so use the Verification of Birth Certificate Form 6982 (Appendix 7A); **or**
2. A duly attested transcript of the Certificate of Baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent; **or**
3. An insurance policy on the child's life which has been in force for at least two years; **or**
4. A *bona fide contemporary Bible record* of the child's birth accompanied by an affidavit sworn to by the parent; **or**
5. A passport or Certificate of Arrival in the United States showing the age of the child. Since the passport or Certificate of Arrival cannot be copied, please refer to Form 6670, Appendix 7; **or**
6. A transcript of record of age shown in the child's school record of at least 4 years prior to application, stating date of birth.
7. If none of this evidence can be produced, then the parent must supply an AFFIDAVIT OF AGE, FM-4681 ESH, Appendix 8, sworn by the parent, and accompanied by a Certificate of Age signed by a public health officer or by a public school physician, or, if neither of these shall be available in the county, by a licensed practicing physician designated by the school board, which certificate shall state that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct.

8. BIRTH CERTIFICATE

Parents are to provide proof of age for their child. It may be necessary for the school site personnel to help parent complete requests for birth certificates. Some states are now issuing birth cards in lieu of birth certificates and these cards bear the official or embossed seal of the issuing office. **Hospital Certificates are not acceptable.** If available, a copy of the birth certificate is to be placed in the student's Cumulative Record Folder and the birth registration number is to be recorded in the appropriate place on the Cumulative Record Folder.

9. APPLYING FOR A BIRTH CERIFICATE

- a. **Children born in Miami-Dade County, Florida** - Apply to Department of Health, Bureau of Vital Statistics, Miami, Florida.
<http://www.dadehealth.org/records/RECORDSintro.asp>
- b. **Children born in the State of Florida** - Apply to Bureau of Vital Statistics, Jacksonville, Florida.
- c. **Children born outside the State of Florida but in the U.S.A.** - A list of addresses for the Bureau of Vital Statistics for each state, including the cost of birth certificate, is provided in Appendix 9.

10. LEGAL/ASSUMED NAMES

Please note that all schools are guided by School Board Policy 5200, Section IV "Legal Names of Students in Regard to School Records" Appendix 24 states:

In cases where the parent seeks to enroll a child in a public school under a name other than the legal name, Board Attorneys have ruled that this request may be granted on a temporary basis provided court action is in process to make the assumed name legal.

In all cases, official school records must list both the legal name and assumed name of the student. Students entering a Miami-Dade County public school for the first time must have a Student Data Card completed with both legal and assumed names shown.

In other words, **a student's legal name should not be changed** on any of the student's records **without a legal document** noting the change. Upon registration, the staff person who is initially entering a student's name into ISIS should enter the **student's name as it appears on the legal document**. Do not simply enter the name the parent wrote on the *Student Data Card*, **use the legal document**.

When a student's name, birth date, sex, social security number, ethnicity or place of birth have been initially entered incorrectly or when there is a legal change with documentation provided, complete the form *ACR-3, CHANGE OF DATA, FM-0735 Rev. 02/09*, Appendix 10, and submit the document received during initial registration of student to **Federal and State Compliance Office, Mail Code 9028**.

D. VERIFICATION OF ADDRESS

Verification of a parent's residence shall be required at the time the child registers in a District school. Verification of residence may also be required at any other time at the discretion of the Superintendent. The student shall reside with the parent placing the student in the attendance area of the school.

Verification required includes two (2) of the following items:

- A. broker's or attorney's statement of parents' purchase of residence, or properly executed lease agreement;
- B. current Homestead Exemption card;
- C. electric deposit payment receipt or electric bill, bottom portion, showing name and service address.

If verification is not provided or acceptable, the Superintendent may verify the student's residence.

If an electric deposit payment receipt is used as verification, the electric bill, bottom portion, must also be submitted to the school within forty (40) calendar days after registration. If the parent is unable to furnish the school with the requested electric deposit payment receipt, the student will be allowed to enroll in the new school, but must submit the electric bill, bottom portion, to the school within forty (40) calendar days.

When a change of family residence occurs after ninety (90) school days in which a student is enrolled in a school which would place the student in a different attendance area, the student, upon the request of the parent, may complete the year in the present school. No transportation will be provided.

When a change of family residence occurs after ninety (90) days in which a student is enrolled in grades 11 through 12, or is enrolled in the last grade offered at a school, which would place the student in a different attendance area, the student, upon the request of the parent, may remain in the present school through graduation (for grades 11 through 12), or the last grade offered at the school. No transportation will be provided.

Miami-Dade County Public Schools Statement of Bonafide Residence (FM 7444) FL. Statute 837.06, state that any parent knowingly makes false statement in writing with the intent to mislead a public servant will be penalized by law. Appendix 23

Power of Attorney document from legal parent must be submitted and properly executed through the legal system with valid identification. Receipt of Affidavit from the Family Court to obtain guardianship of student.

E. DISCLOSURE AT TIME OF REGISTRATION, FM-5740-Appendix 12

Chapter 1006.07 Appendix 24 of the Florida law requires that any student seeking admission to a public school in the State of Florida be required to provide information regarding expulsions, arrests which may have resulted in a formal charge, or any involvement with the Juvenile Justice System, at the time of initial registration. See Appendix 12.

F. HEALTH AND IMMUNIZATION REQUIREMENTS

NO STUDENT WILL BE ADMITTED TO SCHOOL WITHOUT PRESENTING TANGIBLE DOCUMENTATION THAT IMMUNIZATION AND HEALTH REQUIREMENTS HAVE BEEN MET.

Schools are to keep a list of names of all students with their addresses who have not enrolled because of missing required documents. If students on this list do not register within a reasonable period of time, the school is to request

home visits from the School Social Worker, in order to assist the parents/guardians and ensure student enrollment.

Parent shall be encouraged to contact a private physician, clinic, local health center, the **Children’s Trust Hotline #211** or the **Special Immunization Program Office at 786-845-0550** for additional information concerning the required immunizations. When parents indicate they cannot afford a private physician or they do not have another source of health care, they should be advised to contact the 211 helpline for free immunizations and/or reduced price school physicals.

Health and Immunization documentation shall be completed on forms **approved and provided** by the Department of Health and shall become a part of each student’s *Cumulative School Health Record DH Form-3041* to be transferred when the student is promoted or changes schools. *Cumulative School Health Records DH Form-3041* may be obtained by contacting the Comprehensive Health Services at 305-995-1235.

Effective for the 2014-2015 school year the following changes will take effect:

Grade Levels-including retainees for the grade	Immunization Changes
Kindergarten, first, second, third, fourth, fifth and sixth grade.	Two (2) doses of varicella vaccine or proof of varicella
Pre-kindergarten, seventh, eighth, ninth, tenth, eleventh, and twelfth grade.	One (1) dose of varicella vaccine or proof varicella disease
Kindergarten	The final dose of IPV (polio) vaccine must be administered on or after the student’s 4th birthday for entry into Kindergarten. A 5th dose is required if the 4th dose was administered prior to the 4th birthday. Students in grades 1 through 12 do not have to be recalled if all 4 polio doses were administered prior to the 4th birthday.

1. *Student Health Examinations-Appendix 13A and 13B*

Students enrolling in a Florida school for the first time must present proof of a physical exam done within 12 months prior to entry. In addition, Miami-Dade County Public Schools requires a Tuberculosis Clinical Screening with appropriate follow-up, if needed.

Students transferring from within the state or within the county are **not** required to be **re-examined**. However, all students initially entering Miami-Dade County Public Schools must present proof prior to enrollment of tuberculosis Clinical Screening and appropriate follow-up if necessary.

2. *Florida Certificate of Immunization-DH Form 680, 8/2000-Appendix 14A and 14B*

Section 1003.22 (1), Florida law, **Evidence of immunization, Appendix 24** required indicates that the school board of each district shall require each student PK-12 prior to admittance to or attendance in a Florida public or private school, to present or to have on file a Certificate of Immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health.

Students enrolling in school for the first time or transferring into Miami-Dade County Public Schools from out-of-state or from another county within the state must present one of the following:

3. *DH Form 680, 8/2000-Appendix 14A and 14B*
 - a. Part A-1, Certificate of Immunization for K-12, excluding 7th grade requirements
 - b. Part A-2, Certificate of Immunization Supplement for 7th grade requirement
 - c. Part B, Temporary Medical Exemption Additional certification must be presented on or before the expiration date or student should be excluded from school;
 - d. Part C, Permanent Medical Exemption:

The Certification of Immunization, DH 680 form, can now be printed in white or blue paper. Schools should accept the DH 680 form if printed on white paper. Forms may be completed by hand or printed from the Florida State Online Tracking System (Florida SHOTS). When determining the validity of a DH 680 form, please follow the guidelines below that reflect legal requirements to the form:

- Must be a DOH form (either from Florida SHOTS or pre-printed blank form);
- Must be legible; and
- Must have the signature of the provider (either by hand or by means of an electronic signature verification ID from Florida SHOTS).

4. *DH FORM 681, Jan 92-Appendix 15*

Religious Exemption From Immunization form, Appendix 15, may be obtained from **the Special Immunization Program of the Florida Department of Public Health, 786-845-0550.**

Health Records for students within the state should be requested via the Florida Automated System for Transferring Educational Records (F.A.S.T.E.R.) For additional information, call the **Special Immunization Program Office at 786-845-0550.**

Parents of students transferring within Miami-Dade County Public Schools do not need to be issued a copy of the immunization documentation on file in the student's cumulative folder. The receiving school can access the immunization information from the ISIS student information file PF17-Health Information.

Students identified as **Military Children, Project Upstart, Homeless Children, Youth Program and Juvenile Justice Programs** are to be admitted to school on a 30 day temporary exemption. Absence of the documents will not prevent the student from attending school. For information on homeless students contact Ms. Mercy Arbucias, Program Manager, School Social Worker, **Division of Student Services**, at **305-995-7583.**

5. Florida SHOTS (State Health Online Tracking System) is a free, statewide, centralized online immunization registry that helps parents, authorized health-care providers, schools and day care centers keep track of immunization records. The registry was designed to help Health Care Providers' offices by providing you with lots of benefits including:

- Easy-to-print forms (DH Form 680)

- 24/7 access to immunization information
- Up-to-date immunization tracking software that never needs to be downloaded or upgraded on your computer
- System-certified electronic 680s accessible directly to authorized schools, child-care centers, and medical providers
- Reliable, consolidated immunization histories for new or continuing patients
- Previously reported contraindications
- Immunization reminders and recalls

G. PARENT COMMUNICATION

The **IMPORTANT MESSAGE TO PARENTS-HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE**, Appendix 16, may be distributed to each parent who is attempting to enroll a child in Miami-Dade County Public Schools for the first time and who does not have the required documents. For health related questions, contact **Comprehensive Health Services** at **305-995-1235**.

H. PRIOR RESIDENT ENTRY CODE

During the registration process, students entering Miami-Dade County Public Schools must indicate the county, state, country or territory in which they were previously enrolled.

I. STUDENT RECORDS

1. FOREIGN STUDENT RECORDS

Records written in English, Spanish, and Haitian Creole may be converted at the school level unless they present problems. Records written in languages other than English, Spanish, and Haitian Creole should be sent directly to **Federal and State Compliance Office, Foreign Records/Student Visa Department**. Staff may be consulted at any time on any foreign record or student placement. Contact information for the **Foreign Records/Student Visa Department** may be found in Appendix 17.

2. OUT-OF-STATE TRANSFER STUDENTS

- a. *RULES OF THE STATE BOARD OF EDUCATION OF FLORIDA* regarding entry into kindergarten and first grade by out-of-state transfer students are listed in Appendix 18.
- b. The listing of *LEGAL MINIMUM PUBLIC SCHOOL ENTRY AGES BY STATE AND TERRITORY* as provided by the Florida Department of Education is contained in Appendix 19.

J. REGISTRATION PACKAGE

A sample *REGISTRATION PACKAGE* has been posted in the **Federal and State Compliance Office** and e-handbooks web site, for your use. Please note that some documents are required while others are listed as optional. It is requested that documents identified as required be included in all packets in an effort to comply with uniform registration practices.

<http://ehandbooks.dadeschools.net/policies/75.pdf>

K. MILITARY FAMILIES

Section 1003.05(3), Florida Statutes gives enrollment priority to students whose parents are on active military duty. The following procedures are to be adhered to when processing an out-of-area military transfer:

- Parent must enroll the student in the home school that serves their resident address before the request for the military transfer can be considered.
- Complete a Student Transfer form, FM-3281, at home school and obtain the signature on the Student Transfer form of the principal or designated administrator from the home school with whom the parent met.
- Regional Center staff will approve all military transfer to the requested school as long as receiving school is below 100% of permanent and relocatable FISH capacity.

II. REGISTRATION AND TRANSFERS TO CHOICE/SPECIAL PROGRAMS

II. Registration and Transfers to Choice/Special Programs

A. JOHN M. MCKAY SCHOLARSHIP PROGRAM-Appendix 20

The **John M. McKay Program for Students with Disabilities** provides students the opportunity to attend a participating private school, **transfer code “P”**, Work Location 3518; or to attend another public school, **transfer code “W”** with transportation or **transfer code “O”** without transportation. To be eligible the following must apply:

- Have an Individual Education Plan (IEP) or 504 Plan
- Be at least 5 years old and younger than 22 by September 1 of the scholarship year
- Be a current Florida public school student
- Have attended public school in Florida during the prior school year (meeting both the October and February FTE counts)

B. OPPORTUNITY SCHOLARSHIP PROGRAM-Appendix 20

The Opportunity Scholarship Program provides students assigned to schools with a grade of “D” or “F”, as determined by the Florida Department of Education, the opportunity to transfer to another public school graded “C” or better, **transfer code “V”** with transportation or **transfer code “N”** without transportation.

To be eligible the following must apply:

- The student’s attendance must have occurred during a school year in which the school was designated as failing, **or**
- The student must have been in attendance in the public school system, or is eligible to start kindergarten, and be assigned to a school that was designated as failing.

C. NO CHILD LEFT BEHIND, NCLB, CHOICE TRANSFERS-Appendix 20

The No Child Left Behind Choice transfer allows students from designated Title I schools that fail to meet Adequate Yearly Progress (AYP) for two consecutive years, the opportunity to transfer to another public schools with transportation, **transfer code “C”**, or without transportation, **transfer code “D”**. NCLB is currently on hold as per the Florida Department of Education.

To be eligible the following must apply:

- The student must be enrolled in a Title I public school that has been designated as failing to make adequate yearly progress.
- The school has had two consecutive years of such low performance.

D. PROCEDURES FOR DEPENDENT STUDENT TRANSFERS JUVENILE JUSTICE SUPPORT OFFICE (JJSO)

School Placements for all dependent students are determined by an educational review conducted by an M-DCPS District Court Liaison at the Juvenile Justice Support Office (JJSO) in District/School Operations. Dependent students are children and youth who are under the supervision of the Department of Children and Families (DCF). These students may be placed in licensed foster care, DCF supervised group homes or shelters, or in DCF supervised relative care.

School personnel may not withdraw a dependent student without prior approval from the Juvenile Justice Support Office in District/School Operations, and must immediately direct DCF child protective investigators, Our Kids full case management agency workers, licensed foster parents, or anyone wishing to withdraw a dependent student, to the JJSO at the Juvenile Justice Center. **Please note that a student may be removed from school at any time by DCF in the course of an investigation, but may not be withdrawn or transferred from his/her school without prior approval from the JJSO.**

Questions regarding all dependent student transfers and withdrawals should be directed to the Juvenile Justice Support Office at 305-633-4950.

Foster Care Out of Area Transfers – Dependent Students-Appendix 21

- In order for a dependent student to remain at his/her current school, the student's full case manager or a DCF child protective investigator must participate in an educational review conducted by a JJSO District Court Liaison, and request a *Foster Care Out-of-Area Transfer*. The *Foster Care Out-of-Area Transfer* form is not available online and the out of area transfer may only be completed at the JJSO. All *Foster Care Out of Area Transfers* must be authorized by JJSO in District/School Operations.
- JJSO staff will enter a transfer code of "J" in the Integrated Student Information System (ISIS) *Student Transfer Form Update* screen. The transfer code "J" will appear in the ISIS *Student Information* screen (PF3) to indicate that the student has been approved for a *Foster Care Out of Area Transfer*, and cannot be removed from his/her current school.
- The full case manager, and/or foster parent, will be directed to the approved school to present a copy of the authorized *Foster Care Out of Area Transfer* and to update the student's records, including the student data card and emergency contact information. It is imperative that schools ensure that both hard copy and electronic emergency contact is updated.
- All students approved for a *Foster Care Out of Area Transfer* may be eligible for M-DCPS transportation. The JJSO will request transportation for all such transfers; however the school will receive the bus and route information directly from Transportation, and is responsible for informing and providing this information to the student.

School Transfers – Dependent Students

- Although approval of a transfer for a dependent student from his/her current school placement is unlikely, the receiving school must contact the JJSO to verify that the transfer has been authorized.
- If the transfer is approved by the JJSO; the DCF worker, full case manager, or foster parent will be directed to the receiving school to register the student.
- The receiving school's registrar must contact the sending school's registrar for withdrawal and to complete the transfer. DCF workers, full case managers, foster parents, are **not** to be directed back to the sending school for withdrawal or transfer.
- The receiving school's registrar should provide a *Dependent Student Address Verification Form* (FM-6536), Appendix 22 and assist the DCF worker, full case manager, or foster parent, in completing the form as part of the registration process.
- Any books or other school materials the child has with him/her should be sent back by the receiving school to the sending school via school mail. Schools may not deny the transfer of a dependent student for lost books, school materials, or a financial debt. The students' parent remains responsible for the financial obligation.
- Any questions by school staff regarding these procedures should be directed to personnel in the Juvenile Justice Support Office at 305-633-4950.

WORKING WITH DEPENDENT STUDENTS

Who are dependent youth? Students who are under the supervision of the Department of Children and Families (DCF) and under the jurisdiction of the Juvenile Court are considered dependent youth. The entity responsible for child welfare supervision in Miami-Dade County is Our Kids, Inc. Several full case management agencies that are supervised by Our Kids, Inc. provide direct case management services to these youth and their families.

Where are dependent youth placed? They may be placed in temporary shelter, licensed foster care, relative care, or in a group home supervised by DCF or a full case management agency. Even while in relative care, these youth may still be under the temporary custody of relatives under the supervision of DCF and the jurisdiction of the court.

How do school personnel know that a student is under the supervision of DCF? A dependent student's educational record is identified by a DCF flag in the Integrated Student Information System (ISIS) *Student Information* (PF3) screen. The DCF flag identifies the full case management agency which is responsible for the direct supervision of the youth. (See Attachment A – *Our Kids Full Case Management Providers DCF Flags*).

Who should school personnel contact with questions regarding dependent students? M-DCPS in collaboration with Our Kids, Inc. established the Education Dependency Action Team (EDAT), which is located at the juvenile courthouse and is staffed by M-DCPS and Our Kids, Inc. EDAT provides a clearinghouse and information center for schools and full case management agencies for all issues related to M-DCPS students in the dependency system. Office hours are 7:30 am – 4:30 pm. For immediate assistance during normal business hours call 305-633-4950.

What is the transfer policy regarding dependent students? In order to provide educational stability to dependent students, M-DCPS students who are under the

supervision of DCF have the right to remain at their current school regardless of their home placement within the school district. No school, regional or district personnel, Our Kids or DCF caseworker, full case manager, relative, or foster parent, may withdraw, nor transfer, a dependent child without the approval and consent of the Juvenile Justice Support Office (JJSO), District/School Operations, at 305-633-4950. (See Attachment B – *Procedures for Dependent Student Transfers*).

**DISTRICT/SCHOOL OPERATIONS
JUVENILE JUSTICE SUPPORT OFFICE (JJSO)**

**OUR KIDS FULL CASE MANAGEMENT PROVIDERS
INTEGRATED STUDENT INFORMATION DATABASE (ISIS)
DCF FLAG DESIGNATIONS**

A. CHARLEE

D. Center for Family and Child Enrichment (CFCE)

E. Children’s Home Society (CHS)

F. Family Resource Center (FRC)

G. His House (HH)

O. IL – Central

S. IL – South

T. IL – North

Y. Our Kids Temporary Code

(Utilized for new entries prior to full case management agency assignment, courtesy supervisions, or adult students under extended jurisdiction)

N. No longer under the supervision of the Department of Children and Families (DCF) and/or Our Kids of Miami-Dade/Monroe, Inc.

E. NON-M-DCPS STUDENTS-LOCATION 8013-Appendix 20

A procedure was developed to assign identification numbers for non-M-DCPS students that are tested through the psychoeducational evaluation process. When a request for evaluation, FM-2561, is completed for non-M-DCPS students, a designee at the site must contact Ms. Rosa Roman, Senior Student Information Specialist, **Federal and State Compliance Office, at 305-805-8563**, to facilitate the assignment of a student to location 8013 and to process the request for a student identification number or to have an inactive student reactivated into location 8013 for testing. The student will remain assigned to location 8013 until the student officially registers at a M-DCPS site. The following student information is required to process the assignment to location 8013:

- Copy of the birth certificate e-mail to Ms. Rosa Roman at RRoman@dadeschools.net
- Current address
- Current telephone number (if possible)
- Current grade level

The staff at **Federal and State Compliance Office** extends to you our best wishes for a smooth and successful registration. If you have any questions regarding the *Initial Entry Registration Procedures*, contact, Ms. Teresita Ceballos, Coordinator, **Federal and State Compliance Office, at 305-883-5323**.

F. Teenage Parent Program (TAP) – Enrollment Procedures for School Registrars

1. When a teen parent returns from the Early Learning Coalition Eligibility Center or Approved Contracted Daycare Provider with a completed application, the registrar should enter the infant into ISIS within 24 hours and issue that infant a M-DCPS student identification number, if one hasn't already been assigned. The infant should be entered into school 8016 and the section should be 999. If you are unable to enter an infant, please contact the TAP office. Infants cannot be entered into the ISIS system without the parent first being TAP qualified and Single Parent Coded.
 - Infants whose parent was attending one of the COPE centers or those re-entering the TAP program should already have M.D.C.P.S. student I.D. numbers. (Please check before issuing a new student I.D. number.) Some infants who have ID#'s assigned from COPE may have had a change of last name, if so please complete a HEAT ticket and attach birth certificate and forward to Attendance Services.
 - When entering the student and infant into the dropout prevention screen using the Eligibility forms, please complete the three TAP survey questions at the bottom of the TAP screen.
 - Enter the number of children using numbers 1-9.
 - Enter whether the infant weight 5 pounds, using either Y for yes or N for no.
 - Enter the ancillary services the student is eligible to receive, H=Health care.
 - C=child care, S=social service and T=transportation. All four must be listed.

The student's and infant's TAP eligibility codes must be entered into ISIS on the student's Dropout Prevention Screen (PF19).

- Also listed on the Eligibility Forms is the single parent coding. This code is entered on the student's MISC Screen (PF20). Single Parent Coded data is collected to benefit the Carl D. Perkins Grant.
2. Once the infant has been registered, the Registrar need to put the following documents in a labeled folder, inside the mother's official cum. If the student transfers to another school, copies of all TAP information must be forwarded to the new school via the cumulative folder.

Documents:

- Eligibility forms for parent and infant
- Parental Decision Letter
- TAP application
- Infant's Birth certificate
- Parent & Infant's Social Security Cards
- Language survey form (signed by infant's parent) Form #5196
- Infant's current blue or white 680 and yellow 3040 H.R.S. forms (originals)
- Temporary Exempt Certificates must have Expiration Dates

After the student has been entered, check the teen-parent's transportation zone code. If this field has an N for No, please change this field to show a Y for Yes. This is to ensure the teen-parent and infant receives transportation.

3. The registrar must update the infant's immunization when the teen-parent brings in official documentation that the infant's immunization has been updated. This is very important because if the immunization is expired, the infant will not be allowed to attend the daycare center.
4. Each time the teen-parent completes a new TAP application; a copy of that application needs to be placed in the infant's folder and in the parent's cum. When the infant's daycare center changes, the new daycare centers code must be updated and placed on the application. When a daycare change is needed the student must report to the Early Learning Coalition Eligibility Center of an Approved Contracted Daycare Provider that was chosen with their pink copy of the TAP Application for a transfer to be issued. A new application is not needed for transfers. Please contact District TAP Office to approve change in daycare center.
5. "When an infant has been receiving services but has not been properly registered, the registrar must register the infant as quickly as possible and then contact Attendance Services at (305) 882-1855 so that the entry date can be corrected or backdated.

III. APPENDICES

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

Registrar's Check List

- ___ A. **Complete Student Data Card-Revised 01/12**
- FM 2733
- ___ B. **Home Language Survey Form**
- FM 5196 (form is available in other languages from the Division of Bilingual Education and World Languages)
 - Dates of entry into the U.S., when applicable, must be filled in
- ___ C. **AGE AND LEGAL NAME VERIFICATION** – Birth document must be verified by registrar using birth verification stamp for authenticity purposes.
Must provide one of the following:
- ___ 1. Duly attested original birth certificate or birth card – Must be original; hospital certificate not acceptable
 - ___ 2. Duly attested Certificate of Baptism with a parent affidavit
 - ___ 3. Insurance policy on the child's life in force for two years
 - ___ 4. Bona fide Bible record with parent affidavit
 - ___ 5. Passport or Certificate of Arrival in the U.S. showing age of child
 - FM 6670 – These documents cannot be photocopied
 - ___ 6. Transcript of school records of at least four years prior, stating date of birth
 - ___ 7. Affidavit of age sworn by the parent and a Certificate of Age signed by a public health officer
 - FM 4681
- ___ D. **VERIFICATION OF ADDRESS** – Must provide two of the following:
- ___ 1. Broker's or Attorney's statement of parents' purchase of residence, **OR** properly executed lease agreement
 - ___ 2. Current Homestead Exemption Card
 - ___ 3. Electric deposit receipt or electric bill, showing name and service address
 - ___ 4. Miami-Dade County Public Schools Statement of Bonafide Residence
- ___ E. **DISCLOSURE AT TIME OF REGISTRATION**
- FM 5740
- ___ F. **HEALTH REQUIREMENTS***
- ___ 1. Student Health Examination – DH 3040 yellow form health examination performed within one year prior to enrollment Clinical TB screening/ results
 - ___ 2. Florida Certificate of Immunization – HRS 680
From a private doctor or local health provider
- * If assistance is needed regarding these documents, please call Comprehensive Health (305) 995-1235**
- ___ G. **IMPORTANT MESSAGE TO PARENTS**
- Health Requirements for School Entrance

_____ H. **PRIOR RESIDENT ENTRY CODE**

- ____ 1. County Name
- ____ 2. District Number
- ____ 3. Enrollment Type

_____ I. **STUDENT SCHOOL RECORDS**

- For grade placement and verification of credits earned
- Interpretation of foreign records available from Federal and State Compliance Office

_____ J. **PARENT HANDBOOK/CURRICULUM BULLETIN** (if applicable)

_____ K. **SCHOOL INSURANCE AND FREE AND REDUCED LUNCH APPLICATIONS**

_____ L. **STUDENT CODE OF CONDUCT**

_____ M. **MILITARY FAMILIES**

- Yes _____ No _____

MIAMI-DADE ONLINE ACADEMY (MDO) REGISTRATION PROCEDURES FOR NEW STUDENTS
Work Location 7001

Acceptance letter required – If parent does not have documents call 305-995-1928

<http://mdo.dadeschools.net/>

- ___ A. **Complete Student Data Card**-Revised 01/12
- FM 2733
- ___ B. **Home Language Survey Form**
- FM 5196
 - Dates of entry into the U.S., when applicable, must be filled in
- ___ C. **AGE AND LEGAL NAME VERIFICATION** – Birth document must be verified by registrar using birth verification stamp for authenticity purposes. Must provide one of the following:
- ___ 1. Duly attested original birth certificate or birth card – Must be original;
 - ___ 2. Duly attested Certificate of Baptism with a parent affidavit
 - ___ 3. Insurance policy on the child's life in force for two years
 - ___ 4. Bona fide Bible record with parent affidavit
 - ___ 5. Passport or Certificate of Arrival in the U.S. showing age of child
 - FM 6670 – These documents cannot be photocopied
 - ___ 6. Transcript of school records of at least four years prior, stating date of birth
 - ___ 7. Affidavit of age sworn by the parent and a Certificate of Age signed by a public health officer
 - FM 4681
- ___ D. **VERIFICATION OF ADDRESS** – Must provide two of the following:
- ___ 1. Broker's or Attorney's statement of parents' purchase of residence, **OR** properly executed lease agreement
 - ___ 2. Current Homestead Exemption Card
 - ___ 3. Electric deposit receipt or electric bill, showing name and service address
 - ___ 4. Miami-Dade County Public Schools Statement of Bonafide Residence
- ___ E. **DISCLOSURE AT TIME OF REGISTRATION**
- FM 5740
- ___ F. **HEALTH REQUIREMENTS***
- ___ 1. Student Health Examination – DH 3040 yellow form health examination performed within one year prior to enrollment Clinical TB screening/ results
 - ___ 2. Florida Certificate of Immunization – HRS 680
From a private doctor or local health provider
- * If assistance is needed regarding these documents, please call Comprehensive Health (305) 995-1235**
- ___ G. **IMPORTANT MESSAGE TO PARENTS**
- Health Requirements for School Entrance
- ___ H. **PRIOR RESIDENT ENTRY CODE**
- ___ 1. County Name
 - ___ 2. District Number
 - ___ 3. Enrollment Type
- ___ I. **STUDENT SCHOOL RECORDS**
- For grade placement and verification of credits earned
 - Interpretation of foreign records available from Federal and State Compliance Office
- ___ J. **PARENT HANDBOOK/CURRICULUM BULLETIN** (if applicable)
- ___ K. **SCHOOL INSURANCE AND FREE AND REDUCED LUNCH APPLICATIONS**
- ___ L. **STUDENT CODE OF CONDUCT**
- ___ M. **MILITARY FAMILIES**
- Yes _____ No _____

Send the registration materials with MDO documents to: **Work Location 7001** **Attention: Registrar**

Miami-Dade County Public Schools

Registration Requirements

Hours of Registration _____

Miami-Dade County Public Schools is committed to the education of all children. Your child's enrollment in this school is very important. If you cannot produce any of these documents, please ask to speak to an administrator.

I. ENTRIES FROM OUT-OF-COUNTY, STATE, COUNTRY, AND PRIVATE SCHOOLS

- A. AGE AND LEGAL NAME VERIFICATION – Must provide **one** of the following:
1. **Duly attested** original birth certificate or birth card – Must be original; hospital certificate not acceptable
 2. Duly attested Certificate of Baptism with a parent **affidavit**
 3. Insurance policy on the child's life in force for two years
 4. **Bona fide** bible record with parent affidavit
 5. Passport or Certificate of Arrival in the U.S. showing age of child
 6. **Transcript** of school records of at least four years prior, stating date of birth
 8. Affidavit of age signed by parent and Certificate of Age signed by public health officer
- B. VERIFICATION OF ADDRESS – Must provide **two** of the following:
1. **Broker's** or Attorney's statement of parents' purchase of residence **OR properly executed** lease agreement
 2. Current Homestead Exemption Card
 3. Electric deposit receipt or electric bill, showing name and service address
- C. HEALTH REQUIREMENTS – Must provide **both** forms:
1. Student Health Examination – DH 3040 yellow form
health examination performed within one year prior to enrollment
 2. Florida Certificate of Immunization – DH 680 blue card from a private doctor or local health provider
- D. SCHOOL RECORDS
- For grade placement and verification of credits earned
 - Interpretation of foreign records at no cost available from Federal and State Compliance Office
- II. TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL
- Parent or legal guardian must bring a withdrawal slip from sending school
 - Proof of address in name of parent/guardian

(Please see definition of terms on the back)

GLOSSARY

Duly attested: Affirmed to be true or genuine. Solemnly declared in writing to support a fact. Certified.

Affidavit: A written or printed declaration or statement of facts, voluntarily made and confirmed by oath of person making it, taken before a notary.

Transcript: Document from the prior school bearing the seal and/or signature of a school official or registrar.

Bona fide: In or with good faith; honestly, openly, and sincerely. Without deceit, simulation, pretense, or fraud.

Broker: A person licensed to sell real estate (houses, etc.)

Properly executed: Fully signed and current lease agreement. Lease signed by landlord and tenant with term and rent.

SPANISH TRANSLATION

GLOSARIO

Duly attested: Certificado, auténtico, atestiguado. Dar fe a través de una deposición.

Affidavit: Declaración jurada; testimonio, affidavit; atestiguación.

Transcript: Copia de las notas del alumno dadas por la escuela con el sello de dicho centro o con la firma de un oficial escolar o de la persona encargada de matricular a los alumnos.

Bona fide: Buena fe, honesto, sincero. Sin fraude.

Broker: Agente de bienes raíces. Person con licencia para vender propiedades (casas, etc.)

Properly executed: Escritura de arrendamiento (renta) firmada por el dueño y el arrendatario, con la fecha corriente, el plazo, y la cantidad.

CREOLE TRANSLATION

TRADIKSYON TÉM

Duly attested: Afime li vre e li otantik. Dek larasyon pa ekri pou sipòte yon fé. Li sétifye.

Affidavit: Yon deklarasyon ekri e enprime oswa yon temwayaj ki fét volontéman e ki konfirme ma moun ki fé la lé li sémante devan noté.

Trancript: Doliman ki soti nan lekól kote timoun nan te ye anvan an, ki genyen so ak/oswa siyali ofisyél lekól la.

Bona fide: Fét ak tout onétete epi bón fwa san kache ak tout senserite. San desepsyon, pretans oswa manti.

Broker: Se yon mun ki gen lisans pou vann kay ak té.

Properly executed: Se yon kntra ki siyen kote tout moun dakó. Se yon papye legal pwopriyeté a siyen ansanm ak locaté a ak tout régleman lokasyon yo.

MIAMI-DADE COUNTY PUBLIC SCHOOLS STUDENT DATA CARD								
SCHOOL NO	ID NUMBER	STUDENT'S LAST NAME	APP	FIRST NAME	MIDDLE NAME	BIRTH DATE	SFX	GRADE
Current Entry Date	Florida I.D. Number	Last Legal Name (if different)	APP	First Name	Middle Name	Section		
ETHNIC HISPANIC ____ (Y/N)	(Check all that apply) RACE: WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> NATIVE PACIFIC ISLANDER <input type="checkbox"/>				Place of Birth: (City) (State/Country)			
Student's Address						(City) (Zip)		Telephone () ()
P A R E N T / G U A R D I A N	Last Name	First Name	Relation	Place of Employment	Telephone		Alt Telephone () ()	
	Last Name	First Name	Relation	Place of Employment	Telephone		Alt Telephone () ()	
Current School:				Are you in Military services? Y ___ N ___			Card No.	

EXAMPLE

COMPLETE REVERSE SIDE

FM-2733E Rev. (01-12)

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.

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: Additional data is needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one if parents/guardian can't be reached, whom should we try to contact? (List two person in priority order below.)

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

Parent's/Guardian's E-Mail address _____

Family Doctor _____ Phone _____

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

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you.

AUTHORIZED: _____

NOT AUTHORIZED: _____

IT IS THE PARENTS' RESPONSIBILITY to inform the school in writing of any changes in the information listed on this card.

Date: _____ Parent's Signature _____

2000611

FM-2733E Rev. (01-12)

INSTRUCTIONS FOR COMPLETING STUDENT DATA CARD

- When giving a work number, please provide us with an extension number. In the event of an emergency, we need to get you as quickly as possible.
- Your home phone number is to be written on the front of the card after your address.
- Your work number is to be written in the area after place of employment.
- If you have cell number, please write it at the bottom of the card and indicate that is a cell number.
- When you furnish us with an emergency contact, please give us telephone numbers other than the ones on the front of the card. In the event of an emergency when we cannot get in touch with you at work or at home then we need to call the emergency contacts and we need other numbers.
- Please make sure that if you have someone who is NOT authorized to pick up your child that you write the name in the section that says not authorized.
- If an e-mail address is available, please add to the back of the card.

INSTRUCCIONES PARA COMPLETAR LA TARJETA DE CONTACTOS DE EMERGENCIA

- Después de escribir su dirección, usted debe escribir su número de teléfono en la parte de delante de la tarjeta.
- Usted debe escribir el número de teléfono de su trabajo en el espacio donde aparece la palabra “empleo”.
- Cuando nos escriba el número telefónico de su trabajo, por favor incluya el número de la extensión. En caso de una emergencia, necesitamos contactarlo lo más rápido posible.
- Si tiene teléfono celular, por favor, escríbalo en la parte inferior de la tarjeta e indique que es el número de su teléfono celular.
- Si tiene correo electrónico, por favor, escríbalo al dorso de la tarjeta.

ENSTRIKSYON KOMAN POU RANPLI KAT ENFOMASYON ELEV LA

- Lé nou ap bay yon nimewo travay, silvouplé ban nou nimewo yon ekstansyon. An ka yon ijans, nou bezwen pran kontak ak ou pivit posib.
- Nimewo telefón lakay ou dwe ekri devan an sou kat la apre adrès ou.
- Nimewo travay ou dwe ekri nan plas apre travay la.
- Si ou genyen yon telefón selila, silvouplé ekri li anba a sou kat la e endike se nimewo selila ou.
- Lé ou ban nou non kontak pou ijans, silvouplé ban nou lot nimewo ki diferan ke sa ou bay devan kat la. An ka ta genyen yon ijans e nou pa ka pran kontak ak o unan travay oubyen lacar ou lé sa a nou bezwen rele kontak ijans yo nou e bezwen lot nimewo.
- Silvouplé asire si ou genyen yon moun ou PA otorize pou vin cheche pitito ou ekri non li nan seksyon ki di ou pa otorize li.

STUDENT SOCIAL SECURITY NUMBERS

Florida Statute 1008.386 requires each district school board to **request** for each student enrolled in a public school provide his or her social security number. The following are instructions for schools:

- Schools shall request that each student enrolled provide his or her social security number.
- Schools should make a copy of the original social security card.
- Schools shall include the copy of social security card in the student's cumulative folder.
- A student is **not required** to provide his or her social security number as a condition for enrollment or graduation.
- Record social security numbers in the Integrated Student Information System (ISIS) for Pre-Kindergarten through 12th grade students and in the Vocational Adult Community System (VACS) for adult students.

In the event that schools need to include information regarding the social security number into written documents, the following statement is suggested:

When a student is enrolled in a public school in the State of Florida, it is requested that the student provides his/her social security number. The number serves as a student identifier to facilitate the accurate maintenance and transfer of records.

If a social security number is incorrect in the school records, parent/guardian should obtain a new card with a date or a social security number printout (current) from the Social Security Administration. This printout should display a stamp by the Social Security Office.

Your assistance in disseminating this information to appropriate staff in your school is appreciated. Should you have a question or need further clarification in this matter, please contact Ms. Teresita Ceballos, Coordinator, Federal and State Compliance Office, at (305) 883-5323.



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.: _____ / _____ / _____
Month Day Year

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 _____

EXAMPLE



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 del Padre/madre _____ Lengua del Estudiante _____
Mes Día Año

Fecha de Entrada a los Estados Unidos: _____ / _____ / _____
Mes Día Año

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 _____

EJEMPLO



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 _____ Lang Elèv La _____
Mwa Jou Ane

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

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 _____

EGZANP



Miami-Dade County Public Schools
Federal and State Compliance Office

**VERIFICATION OF STUDENT INFORMATION
ON A PASSPORT, PAROLEE CARD, OR
CERTIFICATE OF ARRIVAL**

This form will be completed by school personnel only when documentation of student information is submitted in the form of a passport, parolee card, or certificate of arrival.

1. Indicate which document has been presented for verification of legal name, date of birth, and place of birth:

- _____ Passport
- _____ Parolee Card
- _____ Certificate of Arrival

EXAMPLE

IT IS NOT LEGAL TO PHOTOCOPY THESE DOCUMENTS

2. To be filled in by school personnel ONLY, based on the information provided by the parent/guardian.

Legal Name:

_____ Last Name _____ First Name _____ Middle Name

Date of Birth:

_____ Month _____ Day _____ Year

Place of Birth:

_____ City _____ State (Province) _____ Country

_____ Print Name of Parent/Guardian _____ Signature _____ Date
Submitting Document

VERIFIED BY:

_____ Print Name of School Official _____ Signature _____ Date



MIAMI-DADE COUNTY PUBLIC SCHOOLS
AFFIDAVIT OF AGE

STATE OF FLORIDA)
 (SS
COUNTY OF MIAMI-DADE)

BEFORE ME, a Notary Public duly qualified and acting, personally appeared the undersigned,
_____, who, being by me first duly sworn,
(print or type name of parent/guardian)
deposes and says:

1. That his/her name is _____
(print or type name of parent/guardian)

2. That he/she is the parent/guardian of _____
(circle one) (print name of child)

minor child, whose date of birth is _____
(month) (day) (year)

FURTHER AFFIANT SAYETH NOT. **EXAMPLE**

(signature of parent/guardian)

SWORN TO and subscribed before me this _____ day of _____, 20 _____.

My Commission Expires:

Notary Public, State of Florida

NOTICE TO PARENT/GUARDIAN: This affidavit is a sworn statement or oath made before a notary public in order to gain admission to the Miami-Dade County Public Schools. Any person making a false oath before a notary public shall be guilty of perjury and be subject to the penalties, forfeitures, and disabilities that are prescribed by law in cases of perjury under Chapter 837, Florida Law, pursuant to s. 117.03(2), Florida Law. 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, pursuant to s. 837.06, Florida Law, punishable by up to 60 days imprisonment and/or a fine of up to \$500.



EKOL PIBLIK NAN MIAMI-DADE KONTI
AFFIDAVIT POU LAJ

ETA FLORID)
(SS
COUNTY MIAMI-DADE)

DEVAN MWEN, youn Notè Piblik kalifye epi an fonksyon jan lalwa mande-l, te prezante,
pèsoneyman, mounn ki siyen anba-a, _____
(ekri an lèt enprimri oubyen alamachin non paran/responsab)
ki, apre mwen te fè li prete sèman, deklare lan depozisyon li fè:

1. Non li se _____
(ekri an lèt enprimri oubyen alamachin non paran/responsab)
 2. Li se paran/responsab _____
(ansèkle youn) (ekri non timounn nan an lèt enprimri)
- oun timounn minè, ki fèt _____
(mwa) (jou) (ane)

EGZANP

MOUNN KI JIRE ANVAN LI FÈ DEPOZISYON-AN PA DEKLARE LÒT BAGAY ANPLIS.

(Siyati paran/responsab)

Responsab la PRETE SÈMAN epi siyen devan mwen, _____ jou sa-a, mwa _____
_____, 20 _____.

Komisyon mwen ap espire:

Notè Piblik, Èta Florid

NÒT POU PARAN/RESPONSAB: Affidavit sa-a se youn deklarasyon ki fèt apre yo jire oubyen youn sèman ki fèt devan youn notè piblik, pou yo kab jwenn oun plas nan Lekòl Piblik Miami-Dade County yo. Nenpòt mounn ki fè youn fo deklarasyon devan youn notè piblik y'ap akize-l kòm koupab pou fo-temwayaj, epi li kab tonbe anba kondanasyon amand, fòfè ak anpechman lalwa prevwa, pou ka fo-temwayaj, lan Chapit 837 Lwa Florid yo, dapre s. 117.03(2), Florida Law. Nenpòt mounn ki, volontèman, fè youn fo deklarasyon pa ekri avèk entansyon pou li twonpe youn ajan sèvis piblik lan akonplisman travay ofisyèl l'ap fè-a, y'ap akize-l odezyèm degre pou bay manti, selon s. 837.06, Florida Law, sa ki okazyone youn maksimòm 60 jou prizon epi/oubyen youn maksimòm \$500 amand.

WHERE TO APPLY FOR BIRTH CERTIFICATES

Give the following facts when writing for birth record: child's full name, sex, ethnicity, parents' names, including maiden name of mother, month, day, and year of birth, place of birth (city or town, county, state, and name of hospital, if any), purpose for which copy is needed, and relationship to person whose record is being requested.

STATE	FEE	ADDRESS
ALABAMA (Money Order or check to State Board of Health) http://adph.org/vitalrecords/index.asp?id=1559	\$15.00	Alabama Vital Records P.O. Box 5625 Montgomery, AL 36103-5625 (334) 206-5418
ALASKA (Money Order or check to Bureau Vital Statistics) http://vitalrecords.alaska.gov/dph/bvs/birth/default.htm	\$30.00	Bureau of Vital Statistics Department of Health and Social Services of 5441 Commercial Blvd. Juneau, AK 99801 (907) 465-3618
AMERICAN SAMOA (Money Order to Office of Vital Statistics/ASG)	\$ 5.00	American Samoa Government Department of Homeland Security Office of Vital Statistics PO Box 6894 Pago Pago, AS 96799 (684) 633-1405
ARIZONA (Money Order to State Office of Vital Records) http://www.azdhs.gov/vitalrcd/index.htm	\$20.00	State Office of Vital Records 1818 West Adams PO Box 3887 Phoenix, AZ 85030- 3887 (602) 249-3040
ARKANSAS (Money Order or check to Arkansas Department of Health) http://www.healthylarkansas.com/certificates/certificates.html	\$12.00	Arkansas Department of Health Vital Records, Slot 44 4815 West Markham Street Little Rock, AR 72205 1-800-462-0599 or 1-501-661-2000
CALIFORNIA (Money Order or check to CDPH Vital Records) http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx	\$20.00	California Department of Public Health Vital Records-MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410 (916) 445-2684
CANAL ZONE (Money Order or check to Department of State)	\$30.00	Vital Records Branch Passport Services 1111 19 th Street NW, Suite 510 Washington, DC, CZ 20036 (202) 955-0307

<p>COLORADO (Money Order or check to Vital Records)</p>	<p>\$17.75</p>	<p>Colorado Department of Public Health and Environment Vital Records Section HSVR-VR-A1 4300 Cherry Creek Drive South Denver, CO 80246-1530 (303) 692-2200</p>
<p>http://www.cdphe.state.co.us/certs/index.html</p>		
<p>CONNECTICUT (Money Order to Treasurer, State of Connecticut)</p>	<p>\$30.00</p>	<p>State of Connecticut Department of Public Health Vital Records Section, Customer Services 410 Capitol Avenue, MS #11VRS P.O. Box 340308 Hartford, CT 06134-0308 (860) 509-8000</p>
<p>http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388130&dphNav=46940</p>		
<p>DELAWARE (Money Order or check to Office of Vital Statistics)</p>	<p>\$25.00</p>	<p>Delaware Health and Social Services Division of Public Health Office of Vital Statistics Jesse S. Cooper Bldg. 417 Federal Street Dover, DE 19901 (302) 744-4549</p>
<p>http://www.dhss.delaware.gov/dhss/dph/ss/vitalstats.html</p>		
<p>DISTRICT OF COLUMBIA (Long Form) (Money Order or check to DC Treasurer)</p>	<p>\$23.00</p>	<p>Vital Records Department 825 North Capitol Street, NE 1st Floor, Room 1312 Washington, DC 20002 (202) 442-9303</p>
<p>FLORIDA (Check or Money Order to Vital Statistics)</p>	<p>\$ 9.00</p>	<p>State Office of Vital Statistics Attn: Client Services P.O. Box 210 Jacksonville, FL 32231-0042 (904) 359-6931</p>
<p>http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html</p>		
<p>MIAMI-DADE COUNTY Mail Request/Walk-in Service 1350 N.W. 14 Street, Room 3 Miami, FL 33125</p>	<p>\$20.00</p>	<p>(305) 575-5030</p>
<p>http://www.dadehealth.org/records/RECORDSrequestbirth.asp</p>		
<p>Walk-in Service (only) 18680 N.W. 67 Avenue Hialeah, FL 33015</p>		<p>(305) 628-7227</p>
<p>Walk-in Service (only) 18255 Homestead Avenue, Room 113 West Perrine, FL 33157</p>		<p>(305) 278-1046</p>
<p>GEORGIA (Money Order or check to Vital Records)</p>	<p>\$25.00</p>	<p>Vital Records 2600 Skyland Drive, NE Atlanta, GA 30319 (404) 679-4702</p>
<p>http://health.state.ga.us/programs/vitalrecords/index.asp</p>		

GUAM (Money Order to Treasurer of Guam)	\$ 5.00	Office of Vital Statistics 123 Chalan Kareta Mangilao, GU 96913 (671) 735-7263
HAWAII (Money Order, cashier's check to State Department of Health)	\$10.00	State Department of Health Office of Health Status Monitoring Issuance/Vital Statistics Section PO Box 3378 Honolulu, HI 96801 (808) 586-4539 or (808) 586-4542
http://hawaii.gov/health/vital-records/		
IDAHO (Money Order or check to Idaho Vital Records)	\$13.00	Idaho Vital Records P.O. Box 83720 Boise, ID 83720-0036 (208) 334-5988
http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_enUS/tabID_3335/DesktopDefault.aspx		
ILLINOIS (Money Order or check to Illinois Department of Public Health)	(Long) \$15.00 (Short) \$10.00	Illinois Department of Public Health Division of Vital Records 925 East Ridgely Avenue Springfield, IL 62702-2737 (217) 782-6553
http://www.idph.state.il.us/vitalrecords/index.htm		
INDIANA (Money Order or check to Indiana State Department of Health)	\$10.00	Vital Records Indiana State Department of Health PO Box 7125 Indianapolis, IN 46204-7125 (317) 233-1325
http://www.in.gov/isdh/20422.htm		
IOWA (Money Order or check to Iowa Dept. of Public Health)	\$15.00	Iowa Department of Public Health Bureau of Health Statistics Lucas State Office Building, 1 st Floor 321 East 12 Street Des Moines, IA 50319-0075 (866) 809-0290
http://www.idph.state.ia.us/apl/health_statistics.asp		
KANSAS (Money Order or check to Kansas Vital Statistics)	\$15.00	Office of Vital Statistics 1000 SW Jackson, Suite 120 Topeka, KS 66612-2221 (785) 296-1400
http://www.kdheks.gov/vital/index.html		
KENTUCKY (Money Order or check to Kentucky State Treasurer)	\$10.00	Vital Statistics 275 East Main Street 1E-A Frankfort, KY 40621 (502) 564-4212
http://chfs.ky.gov/dph/vital/		
LOUISIANA (Long Form) (Short Form)	\$15.00 \$ 9.00	Center for Records and Statistics P.O. Box 60630 New Orleans, LA 70160 (255) 342-9500
(Money Order or check to Louisiana Vital Records)		
MAINE (Checks to Treasurer - State of Maine)	\$15.00	Office of Vital Records 244 Water Street, SHS #11 Augusta, ME 04333-0011 (207) 287-3181
http://www.maine.gov/dhhs/faq.htm		

MARYLAND (Money Order or check to Division of Vital Records) http://dhmh.maryland.gov/vsa/SitePages/Home.aspx	\$24.00	Division of Vital Records P.O. Box 68760 Baltimore, MD 21215-0036 (410) 764-3038
MASSACHUSETTS (Mail) (In person) (Money Order or check to the Commonwealth of Massachusetts) http://www.mass.gov/eohhs/consumer/basic-needs/vitals/obtaining-certified-copies-of-vital-records.html	\$28.00 \$18.00	Registry of Vital Records and Statistics 150 Mount Vernon Street, 1 st Floor Dorchester, MA 02125-3105 (617) 740-2600
MICHIGAN (Check to State of Michigan) http://www.michigan.gov/mdch/0,1607,7-132-4645---,00.html	\$26.00	Vital Records Requests PO Box 30721 Lansing, MI 48909 (517) 335-8666
MINNESOTA (Money Order or check to MN Dept. of Health) http://www.health.state.mn.us/divs/chs/osr/birth.html	\$26.00	Minnesota Department of Health Central Cashiering-Vital Records P.O. Box 64499 St. Paul, MN 55164-0499 (651) 201-5980
MISSISSIPPI (Money Order or check to Mississippi Vital Records) http://www.msdh.state.ms.us/phs/index.htm	\$15.00	Mississippi Vital Records P.O. Box 1700 Jackson, MS 39215-1700 (601) 576-7960
MISSOURI (Money Order or check to Missouri Department of Health and Senior Services) http://health.mo.gov/data/vitalrecords/applications.php	\$15.00	Missouri Department of Health and Senior Services Bureau of Vital Records P.O. Box 570 Jefferson City, MO 65102-0570 (573) 751-6387
MONTANA (Check to Montana Vital Records) https://dphhs.mt.gov/certificates/ordercertificates.shtml	\$12.00	Office of Vital Statistics Department of Public Health and Human Services 111 North Sanders, Room 6 P.O. Box 4210 Helena, MT 59604 (406) 444-2685
NEBRASKA (Check to Vital Records) http://dhhs.ne.gov/Pages/contact.aspx	\$12.00	Vital Records P.O. Box 95065 Lincoln, NE 68509-5065 (402) 471-2871
NEVADA (Money Order or check to Vital Records) http://health.nv.gov/VS.htm	\$20.00	State of Nevada Health Division Bureau of Health Statistics Planning, Epidemiology and Response Office of Vital Records and Statistics 4150 Technology Way, Suite 104 Carson City, NV 89706 (775) 684-4242

NEW HAMPSHIRE (Check to Treasurer - State of N.H)	\$15.00	NH Department of State Division of Vital Records Administration Registration/Certification 71 South Fruit Street Concord, NH 03301-2410 (603) 271-4650
http://sos.nh.gov/vital_records.aspx		
NEW JERSEY (Money Order or check to State Treasurer)	\$25.00	New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370 (609) 292-4087 or (866) 649-8726
http://www.state.nj.us/health/vital/index.shtml		
NEW MEXICO (Money Order or check to NM Vital Records)	\$10.00	New Mexico Department of Health Bureau of Vital Records and Health Statistics P.O. Box 25767 Albuquerque, NM 87125 (505) 827-0121 or (866) 534-0051
http://vitalrecordsnm.org/		
NEW YORK (Except New York City) (Money Order or check to N.Y. State Department of Health)	\$30.00	New York State Dept. of Health Vital Records Certification Unit P.O. Box 2602 Albany, NY 12220-2602 (518) 474-3077
http://www.health.state.ny.us/vital_records/		
NEW YORK CITY-only (Money Order or check to NYC Department of Health and Mental Hygiene)	\$15.00	NYC Department of Health and Mental Hygiene Office of Vital Records 125 Worth Street, CN-4, Room 133 New York, NY 10013 (212) 639-9675
http://www.nyc.gov/html/doh/html/home/home.shtml		
NORTH CAROLINA (Money Order or check to NC Vital Records)	\$24.00	North Carolina Vital Records 1903 Mail Service Center Raleigh, NC 27699-1903 (919) 733-3000
http://vitalrecords.nc.gov/vitalrecords/		
NORTH DAKOTA (Money Order or check to ND Department of Health)	\$ 7.00	Vital Records 600 East Boulevard Avenue - Dept. 301 Bismarck, ND 58505-0200 (701) 328-2360
http://www.ndhealth.gov/vital/		
NORTHERN MARIANA ISLANDS (Money Order or <u>Bank</u> Check to CNMI Treasurer)	\$20.00	Vital Statistics Office Division of Public Health P.O. Box 500409 Saipan, MP 96950 (670) 236-8717 or (670) 236-8718
http://www.disastercenter.com/Vital%20Records/Northern%20Mariana%20Islands%20Vital%20Records.html		

OHIO (Money Order or check to Treasurer, State of Ohio)	\$21.50	Vital Statistics Ohio Department of Health 264 North High Street, 1st Floor Columbus, OH 43216 (614) 466-2531
OKLAHOMA (Check to OSDH)	\$15.00	Division of Vital Records PO Box 53551 Oklahoma City, OK 73152 (405) 271-4040
http://www.ok.gov/health/Birth_and_Death_Certificates/index.html		
OREGON (Money Order or check to OHA/Vital Records)	\$20.00	Oregon Vital Records PO Box 14050 Portland, OR 97293-0050 (971) 673-1190
http://oregon.gov/DHS/ph/chs/order/fags.shtml		
PENNSYLVANIA (Regular) (Money Order or check to Vital Records)	\$10.00	Division of Vital Records Attn: Birth Unit PO Box 1528 New Castle, PA 16103 (724) 656-3100
http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=168&Q=229939		
PUERTO RICO (Money Order to Secretary of the Treasury)	\$ 5.00	Department of Health Demographic Registry P.O. Box 11854 Fernandez Juncos Station San Juan, PR 00910 (787) 767-9120
http://www.cdc.gov/nchs/w2w/puerto_rico.htm		
RHODE ISLAND (Check to General Treasurer of Rhode Island)	\$20.00	Rhode Island Department of Health Office of Vital Records 3 Capitol Hill, Rm 101 Providence, RI 02908 (401) 222-2811
http://www.health.ri.gov/chic/vital/index.php		
SOUTH CAROLINA (Money Order or cashier's check to SC DHEC)	\$12.00	SC DHEC - Vital Records 2600 Bull Street Columbia, SC 29201 (803) 898-3630
http://www.scdhec.net/administration/vr/		
SOUTH DAKOTA (Money Order or check to South Dakota Department of Health)	\$15.00	Vital Records South Dakota Department of Health 207 East Missouri Avenue, Suite 1A Pierre, SD 57501 (605) 773-4961
http://doh.sd.gov/records/		
TENNESSEE (Long form)	\$15.00	Tennessee Vital Records
(Short form)	\$ 8.00	421 5 th Avenue North
(Money Order or check to Tennessee Vital Records)		1 st Floor, Central Services Building Nashville, TN 37243 (615) 741-3111
http://health.state.tn.us/vr/index.htm		
TEXAS (Money Order or check to DSHS)	\$22.00	Texas Vital Records Department of State Health Services P.O. Box 12040 Austin, TX 78711-2040 (512) 776-7111 or (888) 963-7111
http://www.dshs.state.tx.us/vs/default.shtm		

UTAH (Money Order or check to Utah Department of Health) http://health.utah.gov/vitalrecords/	\$18.00	Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012 (801) 538-6105
VERMONT (Money Order or check to Vermont Department of Health) http://healthvermont.gov/research/records/vital_records.aspx#overview	\$10.00	VT Department of Health Vital Records P.O. Box 70 Burlington, VT 05402-0070 (802) 863-7275 or 800-439-5008
VIRGINIA (Money Order or check to State Health Department) http://www.vdh.virginia.gov/Vital_Records/index.htm	\$12.00	Division of Vital Records P.O. Box 1000 Richmond, VA 23218-1000 (804) 662-6200
VIRGIN ISLANDS (U.S.) (MAIL) (Money Order to Bureau of Vital Statistics)	\$10.00	Registrar of Vital Statistics Knud Hansen Complex, Hospital Ground Charlotte Amalie, St. Thomas, VI 00802 (340) 774-9000 Ext. 4621 or 4623
ST. CROIX (MAIL) (Money Order to Department of Health)	\$15.00	Department of Health, Vital Statistics Charles Harwood Memorial Complex Christiansted, St. Croix, VI 00820 (340) 773-1311
WASHINGTON (Money Order or check to Department of Health) http://www.doh.wa.gov/EHSPHL/CHS/cert.htm	\$20.00	Center for Health Statistics Department of Health PO Box 9709 Olympia, WA 98507-9709 (360) 236-4300
WEST VIRGINIA (Money Order or check to Vital Registration) http://www.wvdhhr.org/bph/hsc/vital/	\$ 12.00	Vital Registration Room 165 350 Capitol Street Charleston, WV 25301-3701 (304) 558-2931
WISCONSIN (Money Order or check to State of Wisconsin Vital Records) http://dhs.wisconsin.gov/vitalrecords/index.htm	\$ 20.00	State Vital Records Office PO Box 309 Madison, WI 53701-0309 (608) 266-1373
WYOMING (Money Order or check to Vital Records Services) http://www.health.wyo.gov/rfhd/vital_records/certificate.html	\$13.00	Vital Records Services Hathaway Building Cheyenne, WY 82002 (307) 777-7591

DHHS Publication No. (PHS) 90-1142
U.S. Dept. of Health & Human Services
National Center for Health Statistics
12/31/07

Subject to Change

Prepared by the Federal and State Compliance Office
MIAMI-DADE COUNTY PUBLIC SCHOOLS

MIAMI-DADE COUNTY PUBLIC SCHOOLS CHANGE OF DATA							
SCHOOL NO.	I.D. NUMBER	STUDENT'S LAST NAME	APP.	FIRST NAME	MIDDLE NAME	BIRTH DATE	SEX
CHANGE OF NAME: (Last)		(First)	(Middle)	(Last)	(First)	(Middle)	
FROM:				TO:			
BIRTH CERTIFICATE NO.:				PASSPORT NO.:			
DATE OF BIRTH: From:				To:			
PLACE OF BIRTH: From:				To:			
SOCIAL SECURITY #: From:				To:			
MARRIAGE OF STUDENT -		Date of Marriage:		Husband's Name:			
SEX: From:				To:			
ETHNIC: HISPANIC: (CHECK) <input type="checkbox"/> Yes or <input type="checkbox"/> No		RACE: (CHECK ALL THAT APPLY) <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> I					
PARENT/GUARDIAN SIGNATURE:							
HEAT TICKET NO.:							
NOTE: PLEASE PROVIDE PROPER DOCUMENTATION FOR CHANGE.							

EXAMPLE

FM-0735 Rev. (01-13)

RESTRICTED CHANGES

INSTRUCTIONS:

1. Submit the ACR3 form to location 9028 for all changes in student name, date of birth, birthplace, Social Security number, sex or ethnicity.
2. In a change of name, date of birth, Social Security number, the original document submitted at time of initial registration along with the new updated information must be attached.
3. A copy of the Birth Certificate, Final Judgement or Marriage Certificate seen/used must be attached to the ACR3 form.
4. Should you have any questions please call Federal and State Compliance Office (305) 882-1855.

FM-0735 Rev. (01-13)



MIAMI-DADE COUNTY PUBLIC SCHOOLS
ADDRESS VERIFICATION AGREEMENT

NAME OF STUDENT(S) _____

NAME OF PARENT/GUARDIAN **EXAMPLE** _____

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)



ESCUELAS PÚBLICAS DEL CONDADO DE MIAMI-DADE
ACUERDO DE VERIFICACIÓN DE DIRECCIÓN

**NOMBRE(S) DEL
(DE LOS) ESTUDIANTE(S)** _____

**NOMBRE DEL (DE LA)
PADRE/MADRE/TUTOR(A)** **EJEMPLO** _____

Yo, _____, entiendo que el(los) traslado(s) del(de los) estudiante(s) anteriormente mencionado(s) es(son) transitorio(s) y dependerá(n) del éxito en la verificación de mi dirección. También entiendo que si mi dirección no puede ser verificada por un empleado de las Escuelas Públicas del Condado de Miami-Dade, el traspaso será revocado y el(los) estudiante(s) volverá(n) a la escuela que corresponde a la dirección anterior.

**FIRMA DEL (DE LA)
PADRE/MADRE/TUTOR(A)** _____ **FECHA** _____

DIRECCIÓN ANTIGUA _____ **ESCUELA ASIGNADA** _____

DIRECCIÓN NUEVA _____ **ESCUELA ASIGNADA** _____

TELÉFONO DE LA CASA _____

Cualquier persona que a sabiendas haga una declaración falsa por escrito con la intención de engañar a un funcionario público en el desempeño de su labor oficial será culpable de un delito en segundo grado, con la penalidad que se estipula en el F.S. 775.083 o el F.S. 775.084. (Estatuto de la Florida 837.06)



LEKÒL PIBLIK MIAMI-DADE COUNTY
AKÒ ANNANTANDAN YO VERIFYE ADRÈS

NON ELÈV LA(YO) _____

NON
PARAN/RESPONSAB _____

EGZANP

Mwenmenm, _____, mwen konnen transfè elèv non li (yo) site anlè-
a se youn bagay pwovizwa eke l'ap valab lè yo fini verifye adrès mwen. Mwen konprann tou, ke si youn anketè lekòl piblik
konte Miami-Dade pa ka verifye adrès mwen, transfè ya ap revoke epi ti moun nan (yo) ap retounen nan lekòl ki
koresponn ak ansyen adrès mwen an.

SIYATI
PARAN/RESPONSAB _____ DAT _____

ANSYEN
ADRÈS LA _____ LEKÒL KOTE
YO VOYE ELÈV LA (YO) _____

NOUVO
ADRÈS LA _____ LEKÒL KOTE
YO VOYE ELÈV LA (YO) _____

TELEFÒN _____

Kèlkilanswa mounn ki, avèk fèm volonte-l, ekri youn fo deklarasyon lan entansyon pou li endui youn fonksyonè leta annerç, lan travay ofisyèl l'ap fç, mounn sa-a y'ap deklare-l koupab pou dezyèm degre konpètman delenkan, youn zak yo pini dapre atik F.S. 775.083 oubyen F.S. 775.084. (Lwa Eta Florid 837.06)



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 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.

EXAMPLE

- 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.**

 Student's Name _____ ID. # _____
 (Please Print)

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



ESCUELAS PÚBLICAS DEL CONDADO DE MIAMI-DADE

DECLARACIÓN AL MATRICULARSE

Chapter 1006.07 (1)(b), requiere que cualquier estudiante que solicite ser admitido/a a una escuela pública en dicho estado, debe proporcionar la siguiente información en su matrícula inicial:

1) ¿Ha sido el/la estudiante expulsado de alguna escuela en el estado de la Florida o fuera de él?

Si No

Si su contestación es "Si", por favor enumere cada uno de los casos por el cual el/la estudiante ha sido expulsado/a.

EJEMPLO

2) Por favor explique si el/la estudiante ha sido arrestado alguna vez y si debido a este arresto si hicieron cargos en su contra. Si contestó que "Si", por favor enumere cada uno de los arrestos por el cual se hicieron cargos formales en su contra.

3) ¿Por favor explique si el/la estudiante ha estado involucrado como una de las partes de un caso presentado ante el Sistema de Justicia Juvenil? Si este es el caso, explique cual fue la acción que el Sistema de Justicia Juvenil tomó en su contra.

Nombre del/de la estudiante _____ # de ID. _____

(por favor imprima)

Fecha de nacimiento _____ Nombre del padre, la madre o tutor/a _____

Dirección _____

Firma (Padre/Madre/Tutor/a) _____

Firma (Estudiante) _____ Fecha de la firma _____



LEKÒL LETA MIAMI-DADE COUNTY

ENFÒMASYON POU W BAY LÈ ENSKRIPSYON

Chapter 1006.07 (1)(b), mande pou nenpòt elèv k ap chèche enskri nan yon lekòl leta nan Eta Florid la ap genyen pou bay enfòmasyon sa yo lè l ap fè enskripsyon pou premye fwa:

1) Èske yo janm mete elèv la deyò nan nenpòt lekòl, nan Eta Florid la oubyen nan lòt Eta?

WI NON

Si repons pou keksyon nimewo en an se "WI", silvouplè site chak e tout sikonstans ki fè yo te met elèv la deyò.

EGZANP

2) Silvouplè di nou èske yo te janm arete pitit ou a. Èske rezilta arestasyon sa a te lakoz yo te chaje li fòmèlman pou vyolasyon an. Si repons la se "WI", silvouplè site chak e tout arestasyon kote yo te chaje li fòmèlman pou vyolasyon an.

3) Silvouplè fè n konnen si elèv la te janm patisipe nan yon ka ki rive devan "Juvenile Justice System" Sistèm Jistis Jivenil? Si se sa, site chak aksyon "Juvenile Justice System" la te pran ki t afekte elèv la.

Non Elèv la _____ #ID. _____

Dat Fèt li _____ Non Paran/Gadyen _____

Adrès _____

Siyati (Paran/Gadyen) _____

Siyati (Elèv) _____ Dat Li Siyen _____

FM-5740H Rev. (09-09)



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

_____ Signature of Parent/Guardian _____ Date _____

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

<p>1. Comprehensive Vision Examination (3-5 years of age)</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Health Care Provider: _____</p> <p>(check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/></p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>2. Comprehensive Dental Examination</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Dentist: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>3. Hearing Screening</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Health Care Provider: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>

DH 3040, 6/02 (Obsoletes previous editions which may not be used) Stock Number: 5744-000-3040-2



Name of Child (Last, First, Middle)	Birth Date
-------------------------------------	------------

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____
(Exam must be within one year of enrollment) Month Day Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/ _____	Left 20/ _____	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>		Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

- Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
- Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
- Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
- Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
- Abdomen Normal Abnormal _____ Refer/Tx: _____
- Postural assessment Normal Abnormal _____ Refer/Tx: _____

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

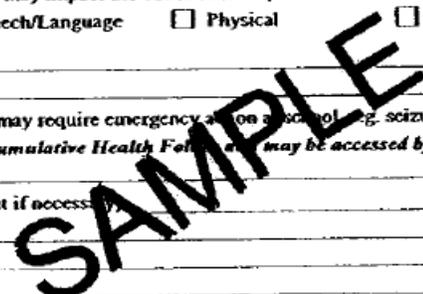
This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school (e.g. seizures, allergies). Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____



(Please Check One)

- This child may participate fully in school activities including physical education.
- This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/> _____	____/____/____	_____
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:
Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



FLORIDA CERTIFICATION OF IMMUNIZATION

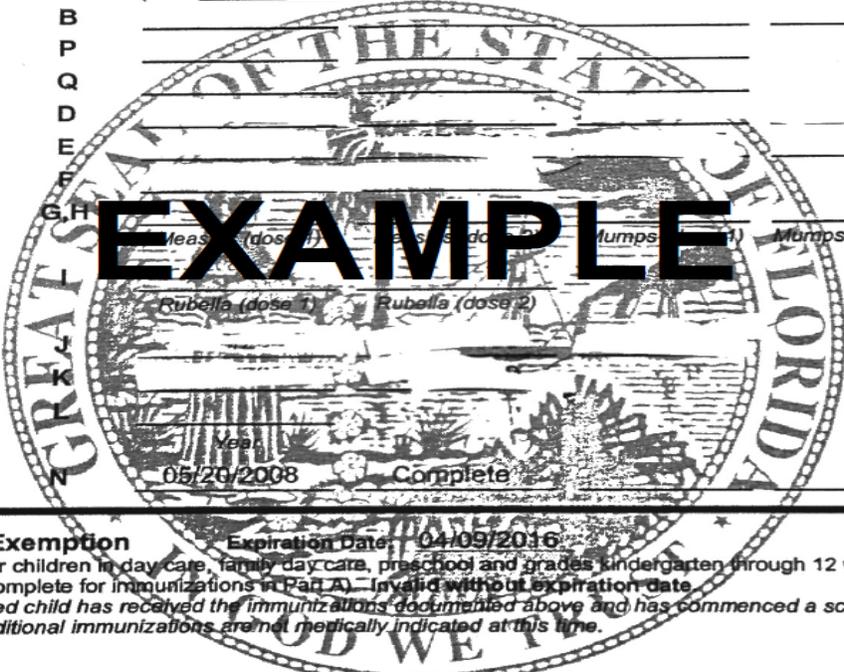
Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046 Florida Administrative Code

_____	_____	_____	_____
Last Name	First Name	MI	DOB
Parent or Guardian	Child's SS# (optional)	State Immunization ID#	

Directions:

* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
HIB	E					
MMR (Combined) (Separate)	F					
	G,H	Meas (dose 1)	Meas (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
Hepatitis B						
Varicella	K					
Varicella Disease						
PneumoConju	N	05/20/2008	Complete			



Temporary Medical Exemption

Expiration Date: 04/09/2016

PART B DOE Code 2: (For children in day care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A) ~~Invalid without expiration date.~~

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name: _____

Physician or

Authorized Signature: _____

Electronic Certification: _____

Date: _____

Issued By: _____



LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccine not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name: _____
(Print or stamp)

Physician or Authorized Signature: _____

Address: _____

Date: _____

Certificate of Immunization Supplement for 7th Grade Requirement

PART A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus/diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or Clinic Name: _____
(Print or stamp)

Physician or Authorized Signature: _____

Address: _____

Date: _____

SAMPLE

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name: _____
(Print or stamp)

Expiration Date: _____
(As of date of next immunization appointment)

Address: _____

Physician or Authorized Signature: _____

Date: _____

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name: _____
(Print or stamp)

Physician Signature: _____

Address: _____

Date: _____

DH 680 7/2001, obsoletes earlier editions (Stock Number: 5740-000-0680-6)



RELIGIOUS EXEMPTION FROM IMMUNIZATION

DATE OF BIRTH [] [] [] [] [] [] PARENT OR GUARDIAN

CHILD'S NAME (PRINTED)

MO DA YR

CHILD'S SSN

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD. WE ARE MEMBERS OF THE CHURCH OR RELIGIOUS SECT. IMMUNIZATIONS ARE IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. THEREFORE, I REQUEST THAT MY CHILD BE ENROLLED IN SCHOOL OR CHILD DAY CARE WITHOUT THE REQUIRED IMMUNIZATIONS.

I HAVE BEEN COUNSELLED ON THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS. I ALSO HAVE BEEN COUNSELLED AND UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN PROTECTED AGAINST THE VACCINE-PREVENTABLE DISEASES, HE/SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY.

SAMPLE

SIGNATURE OF PARENT OR GUARDIAN

DATE

HRS COUNTY PUBLIC HEALTH UNIT STAMP

SIGNATURE OF DIRECTOR/ADMINISTRATOR

DATE

THIS FORM IS VALID ONLY IF ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE.

HRS DATA UNIT, JAN 92 (Replaces previous editions which may not be used) (Form Number) 5740-000-0041-02



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools
Alberto M. Carvalho

Administrative Director
Charlene Burks

Miami-Dade County School Board
Perla Tabares Hantman, Chair
Dr. Lawrence S. Feldman, Vice Chair
Dr. Dorothy Bendross-Mindingall
Susie V. Castillo
Carlos L. Curbelo
Dr. Wilbert "Tee" Holloway
Dr. Martin Karp
Dr. Marta Pérez
Raquel A. Regalado

IMPORTANT MESSAGE TO PARENTS HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE 2014-2015

Florida law requires that your child presents immunization documentation prior to admittance or attendance in a Florida school for the first time. This applies to all new students in pre-kindergarten through the 12th grade. You must present a Florida Certificate of Immunization, DH-Form 680, Part A, B, or C, or Form DH 681 – Religious Exemption when registering your child for the school. **The form can now be printed on plain white paper as long as it is printed from the Florida State Health Online Tracking System (FL SHOTS).** NOTE: for the 2014-2015 school year, parents must provide documentation of:

- One (1) dose of Varicella (chicken pox) vaccine for pre-kindergarten, seventh, eighth, ninth, tenth, eleventh, and twelfth grade children entering, attending or transferring into school.
- Two (2) doses of Varicella (chicken pox) vaccine for kindergarten, first, second, third, fourth, fifth, and sixth grade children entering, attending, or transferring into school.
- Varicella (chicken pox) vaccine is not required if child has documented history of varicella disease.
- Two (2) valid measles doses for students enrolling in/attending grades kindergarten through twelfth.
- One (1) valid measles dose for students enrolling in/attending pre-kindergarten.
- Pneumococcal conjugate vaccine is required for student 2 months to 59 months old.
- The final dose of IPV (polio) vaccine must be administered on or after the student's 4th birthday for entry into Kindergarten. A 5th dose is required if the 4th dose was administered prior to the 4th birthday. Students in grades 1 through 12 do not have to be recalled if all 4 polio doses were administered prior to the 4th birthday.
- Hepatitis B vaccine series for children enrolling in/attending grades pre-kindergarten, kindergarten, first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh and twelfth.
- Tdap required for seventh grade students entering, attending or transferring into school.

The "Florida Plan for School Health Services" requires that all students (PK-12) submit documentation of a Students Health Examination performed within the 12 months prior to initial entry into a Florida school. A Student Health Examination (DH or HRS-H Form 3040), including proof of a Tuberculosis Clinical Screening and appropriate follow up if necessary, should be completed and signed by a licensed practicing health care provider, and presented to the school at the time of registration.

Please consult your private health care provider, or usual source of health care for the above requirements before registering your child for school. If you do not have a private provider please contact the Health Department's Special Immunization Unit (SIP) by calling 786-845-4550 for an immunization appointment. Please have your child's record of immunizations with you at the time of your appointment. For a reduced price physical examination, contact the Children's Trust 211 Helpline.

Emergency Contact Cards must be completed and signed by the student's parent or guardian. If you have any address or telephone number changes please notify the school.

Federal and State Compliance Office • 489 East Drive • Miami Springs, FL 33166
305-883-5323 • 305-883-7544 (FAX)



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools
Alberto M. Carvalho

Administrative Director
Charlene Burks

Miami-Dade County School Board
Perla Tabares Hantman, Chair
Dr. Lawrence S. Feldman, Vice Chair
Dr. Dorothy Bendross-Mindingall
Susie V. Castillo
Carlos L. Curbelo
Dr. Wilbert "Tee" Holloway
Dr. Martin Karp
Dr. Marta Pérez
Raquel A. Regalado

**AVISO IMPORTANTE
PARA LOS PADRES DE FAMILIA
REQUISITOS DE SALUD PARA EL INGRESO A LA ESCUELA
PARA EL AÑO ESCOLAR 2014-2015**

Las leyes de la Florida requieren que su hijo o hija presente documentación de inmunización sobre sus inmunizaciones o vacunas antes de su admisión o asistencia a una escuela de la Florida por primera vez. Esto se aplica a todos los estudiantes nuevos desde el prekindergarten hasta el duodécimo grado. Deberá presentar un Certificado de Inmunización de la Florida, Formulario 680 del Departamento de Salud, Parte A, B o C (Florida Certificate of Immunization, DH-Form 680, Part A, B or C), el Formulario DH 681 – Exención Religiosa, cuando matricule a su hijo o hija en la escuela. **El Formulario se puede imprimir en papel blanco mientras venga de la Florida State Health Online Tracking System (FL SHOTS).** NOTA: Para el curso escolar de 2014-2015, los padres de familia deberán presentar documentación en cuanto a las siguientes inmunizaciones:

- Una dosis de la vacuna contra la varicela en el caso de los estudiantes de prekindergarten, séptimo, octavo, noveno, décimo, undécimo, y duodécimo grados que ingresen, asistan, o se transfieran a una escuela de Miami-Dade.
- Dos dosis de la vacuna contra la varicela en el caso de los estudiantes de kindergarten, primero, segundo, tercer, cuarto, quinto, y sexto grado que ingresen, asistan, o se transfieran a una escuela de Miami-Dade.
- La vacuna contra la varicela no se requerirá si el/la niño/niña tiene un historial documentado de haber padecido la enfermedad.
- Dos dosis válidas de la vacuna contra el sarampión para los estudiantes que se matriculen o asistan a los grados comprendidos entre el kindergarten y el duodécimo grado.
- Una dosis válida de la vacuna contra el sarampión en el caso de los estudiantes que se matriculen o asistan a prekindergarten.
- La vacuna pneumococcal conjúgate se requiere para estudiantes de 2 a 59 meses.
- La última dosis de la vacuna contra la poliomielitis será requerida para aquellos niños que entran al Kindergarten y recibieron la cuarta dosis antes de su cuarto cumpleaños. La quinta dosis se requiere si la cuarta dosis se subministró antes del cuarto cumpleaños. Los estudiantes que cursan los grados del 1 al 12 no serán penalizados si recibieron la cuarta dosis de la vacuna de la poliomielitis antes de su cuarto cumpleaños.
- La serie de las vacunas de la hepatitis B para los estudiantes que se matriculen en prekindergarten, kindergarten, primero, segundo, tercero, cuarto, quinto, sexto, séptimo, octavo, noveno, décimo, undécimo y duodécimo grados.
- La vacuna de refuerzo contra el tétanos y la difteria (Tdap) en el caso de los estudiantes de séptimo grado que ingresen, asistan o se transfieran a una escuela.

El "Plan de Servicios de Salud Escolar de la Florida" (Florida Plan for School Health Services) requiere que todos los estudiantes (desde el prekindergarten hasta el duodécimo grado) presenten documentación de un Examen de Salud del Estudiante (Student's Health Examination) realizado en un plazo de doce meses antes de su ingreso inicial a una escuela de la Florida. El Examen de Salud del Estudiante (Formulario 3040 de DH o del HRS-H), incluso un comprobante de una prueba clínica de tuberculosis y del seguimiento apropiado si fuese necesario, un proveedor de servicios de cuidado de la salud licenciado en práctica deberá llenarlo y firmarlo para presentarlo en la escuela en el momento en que se efectúe la matrícula.

Le rogamos que consulte a su proveedor de servicios de cuidado de la salud privado o a su fuente de servicios de cuidado de la salud usual antes de matricular a su hijo o hija en la escuela. Si no tiene un proveedor privado, por favor, póngase en contacto con la Unidad Especial de Inmunizaciones del Departamento de Salud (Special Immunization Unit, SIP, por sus siglas en inglés), llamando al 786-845-4550 para sacar un turno para las vacunas. Por favor, lleve consigo el expediente de inmunizaciones de su hijo o hija cuando vaya para su turno. Para un examen físico, llame a la línea de ayuda 211 del Children's Trust.

El padre, la madre o el tutor o la tutora del estudiante deberán llenar y firmar las tarjetas de contactos para emergencias. Si usted ha tenido algún cambio en las direcciones o números de teléfono notifíquelo a la escuela.

Federal and State Compliance Office • 489 East Drive • Miami Springs, FL 33166
305-883-5323 • 305-883-7544 (FAX)



Superintendent of Schools
Alberto M. Carvalho

Administrative Director
Charlene Burks

Miami-Dade County School Board
Perla Tabares Hantman, Chair
Dr. Lawrence S. Feldman, Vice Chair
Dr. Dorothy Bendross-Mindingall
Susie V. Castillo
Carlos L. Curbelo
Dr. Wilbert "Tee" Holloway
Dr. Martin Karp
Dr. Marta Pérez
Raquel A. Regalado

MESAJ ENPÒTAN POU PARAN SOUEMAND KONDISYON SANTE POU ANTRE LEKÒL 2014-2015

LwaFlorid mande pou pitit ou prezantedokimanvaksenanvanyoaksepte loubyenli antre nan yonlekòl nan Florid pou premyefwa. Sa aplike pou tout elèvdepinan klasmatènèljisrive nan 12yèm aneeskolè. Ou dwe prezante yon Sètifika Florid Vaksen, DH-fòm 680, yon pati A, ou B ou C, ou fòm DH 681-relijye ti ankourajman lè ap enskri pitit ou an pou lekòl la. **Fòm a kapab Kounye a être enprime sou papye blan plain osi lontan ke li enprime de la "Florida State Health Online Tracking System (FL SHOTS)." (Florid eta sante en Suivi sistèm (PLANS FL)).** NOTE: pou 2014-2015 ane lekòl, paran yo dwe bay kèk dokiman de:

- Yon (1) dòz vaksen (pyè nan saranpyon) li obligatwa pou pre-kindergarten, sizyèm, septième, wityèm, nevyèm, dizyèm, vè senkè ak douzyèm klas moun k ap antre nan à ou transfert nan lekòl.
- De (2) dòz vaksen (pyè nan saranpyon) li obligatwa pou jaden danfan, premye, dezyèm, twazyèm, katriyèm, fifith ak sizyèm klas moun ap antre nan, à, ou transfert nan lekòl.
- Pran vaksen kont (pyè nan saranpyon) pa mande l si timoun te konn istwa li obligatwa maladi.
- De (2) valab woujòl dòz pou elèv ki enskri nan/à klas matènèl rive douzyèm.
- Yon (1) valab woujòl dòz pou elèv ki enskri nan/à pre-kindergarten.
- Pneumocoques conjugué vaksen mande pou elèv 2 mwa pou 59 mwa.
- A dènye dòz vaksen IPV (polyo) dwe être administré oswa apre fèt 4 elèv la pou antre nan jaden danfan. Yon dòz 5kyèm mande l si dòz 4 a ke yo te bay anvan fèt 4 a. Elèv ki nan klas 1 à 12 pa gen pou fè a ke yo si tout 4 polyo dòz te bay anvan 4 fèt ki te (nan men egzijans sa a la sèlman pou elèv k ap antre nan kindègadenn efficace pou ane lekòl 2012-2013).
- Epatit B vaksen seri pou timoun ki te enskri nan/à klas pre-kindergarten, jaden danfan, premye, dezyèm, twazyèm, katriyèm, cinquième, sizyèm, septième, wityèm, nevyèm, dizyèm, vè senkè ak douzyèm.
- Tdap mande pou setyèm elèv klas k ap antre nan, à ou transfert nan lekòl.

La "Florid gen Plan pou lekòl sèvis sante" mande ke tout elèv (PK-12) prezante dokiman D' Examen sante elèv ap jwe nan kèk 12 mwa anvan premye antre nan yon lekòl Florid. Yon elèv sante Examen (DH ou 00-H fòm 3040), y prèv pou yon la Clinique Filtrage Et Suivi apwopriye leve si nesesè, ta dwe être te konplete te siyen pa yon sous pratiquer swen medikal la, epi pwezante li bay lekòl la nan moman enskripsyon an.

Souple konsilte pwive swen medikal la ou, ou sous òdinè swen sante pou CI-dessus egzijans pou enskri pitit ou an pou lekòl. Si ou pa gen yon founisè pwive souple kontakte espesyal Vaccination inite w la (SIP Depatman sante) lè w rele 786-845-4550 pou yon randevou pou vaksen. Souple gen dosye pitit ou a de vaccination avè ou lè ou randevou. Pou yon egzamen fizik diminye prix kontakte Confiance 211 Assistance pitit la.

Kat dijans kontak dwe être te konplete epi siyen paran oubyen gadyen elèv la. Si ou gen nenpòt adrès ou chanjman nimewo telefòn souple notifie lekòl la.

Federal and State Compliance Office • 489 East Drive • Miami Springs, FL 33166
305-883-5323 • 305-883-7544 (FAX)

**FOREIGN RECORDS/STUDENT VISA (K-Adult)
FEDERAL AND STATE COMPLIANCE OFFICE**

489 East Drive
Miami Springs, Florida 33166

Telephone (305) 884-2044
Fax (305) 887-8423
Mail Code: 9028

The following services are provided by Federal and State Compliance Office, Foreign Records/Student Visa Department:

Interpretation of foreign school records (K-Adult) for grade placement and grade conversions of high school records (from foreign schools) for credit.

Staff Contacts:

Ms. Teresita Ceballos, Coordinator

Margarita Casero, International Student Placement Advisor (305) 884-2044 Ext. 3
Maria Elena Paradela, International Student Placement Advisor (305) 884-2044 Ext. 2
Michael J. Perez, International Student Placement Advisor (305) 884-2044 Ext. 1

Web site address: <http://attendanceservices.dadeschools.net/frsvd.asp>

Issuance of Form I-20, Certificate of Eligibility for non-immigrant (F-1 Student Visa) approved by the Bureau of Citizenship and Immigration Services, guardianship of all I-20 (F-1) Visa for any senior high school student who will be entering a post secondary institution, and initial processing and monitoring of (J-1) Exchange Visa.

Web site address: <http://attendanceservices.dadeschools.net/frsvd.asp>

Issuance of Form I-20, Certificate of Eligibility for non-immigrant (M-1 Vocational Student Visa) approved by the Bureau of Citizenship and Immigration Services. Plus the Adult Documentation Evaluation can be done at our office.

Staff Contacts:

Margarita Casero, International Student Placement Advisor (305) 883-1445
Web site address: <http://attendanceservices.dadeschools.net/frsvd.asp>

**RULES
OF
THE STATE BOARD OF
EDUCATION OF FLORIDA**
Out-of-State Transfer Students

6A-1.0985 Entry Into Kindergarten and First Grade by Out-of-State Transfer Students.

(1) Any student who transfers from an out-of-state public school and who does not meet regular age requirements for admission to Florida public schools shall be admitted upon presentation of the data required in subsection (3).

(2) Any student who transfers from an out-of-state nonpublic school and who does not meet regular age requirements for admission to Florida public schools may be admitted if the student meets age requirements for public schools within the state from which he or she is transferring, and if the transfer of the student's academic credit is acceptable under rules of the school board. Prior to admission, the parent or guardian must also provide the data required in subsection (3).

(3) In order to be admitted to Florida schools, such a student transferring from an out-of-state school must provide the following data:

(a) Official documentation that the parent(s) or guardian(s) was a legal resident(s) of the state in which the child was previously enrolled in school;

(b) An official letter or transcript from proper school authority which shows record of attendance, academic information, and grade placement of the student;

(c) Evidence of immunization against communicable diseases as required in Section 1003.22, Florida Statutes;

(d) Evidence of date of birth in accordance with Section 1003.21, Florida Statutes; and

(e) Evidence of a medical examination completed within the last twelve (12) months in accordance with Section 1003.21, Florida Statutes.

Specific Authority 1001.02(1) FS. Law Implemented 1003.21(2) FS. History—New 7-29-82, Formerly 6A-1.985.

**STATE OF FLORIDA
DEPARTMENT OF EDUCATION**

**LEGAL MINIMUM PUBLIC SCHOOL ENTRY AGES
BY STATE AND TERRITORY**

The legal public school entry ages listed below were provided to the Florida Department of Education by each state or territory. These dates should be used in accepting transfer students from out-of-state into Florida public schools according to Rule 6A-1.985.

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
ALABAMA	5	on or before 09/01	6	on or before 09/01
ALASKA	5	on or before 09/01	6	on or before 09/01
ARIZONA	5	on or before 09/01; Earlier Based on consultations	6	on or before 09/01
ARKANSAS	5	on or before 08/01	6	on or before 08/01 K is mandatory
CALIFORNIA	5	09/01 of current school year	6	09/01 of current year
CANADA (Ontario)	5	on or before 09/01	6	on or before 09/01
COLORADO	5	on or before 08/01	6	on or before 08/01
CONNECTICUT	5	on or before 01/01	6	on or before 01/01
DELAWARE	5	on or before 08/31 of current year	6	on or before 08/31 of current year
DISTRICT OF COLOMBIA	5	on or before 9/30	6	on or before 9/30
FLORIDA	5	on or before 09/01	6	on or before 09/01
GEORGIA	5	on or before 09/01; K is not required	6	on or before 09/01
GUAM	5	by 09/01	6	by 09/01

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
HAWAII	5	on or before 07/31	6	on or before 07/31
IDAHO	5	on or before 09/01	6	on or before 09/01
ILLINOIS	5	on or before 09/01	6	on or before 09/01
INDIANA	5	by 08/01	6	Local decision
IOWA	5	on or before 09/15	6	on or before 09/15
KANSAS	5	on or before 08/31	6	on or before 08/31
KENTUCKY	5	on or before 10/01	6	on or before 10/01
LOUISIANA	5	on or before 09/30	6	on or before 09/30
MAINE	5	on or before 10/15	6	on or before 10/15
MARYLAND	5	on or before 09/01 K is mandatory	6	on or before 09/01
MASSACHUSETTS	5	on or before 09/01 Local option	6	by 12/01-Local eligible for 1 st grade if 6 yrs. old between 09/01-12/01
MICHIGAN	5	on or before 10/01	6	on or before 10/01
MINNESOTA	5	on or before 09/01	6	on or before 09/01 or complete K-Local district may accept earlier
MISSISSIPPI	5	on or before 09/01	6	on or before 09/01
MISSOURI	5	by 08/01	6	by 08/01; or complete K
MONTANA	5	on or before 09/10; K not mandatory	6	on or before 09/10; Local decision

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
NEBRASKA	5	on or before 07/31	6	on or before 07/31
NEVADA	5	on or before 09/30	6	on or before 09/30
NEW HAMPSHIRE	5	usually by 09/30; local decision	6	usually by 09/30; early acceptance is local policy
NEW JERSEY	4	Prekindergarten usually 10/01; Local Boards determine placement	6	Local decision
NEW MEXICO	5	by 09/01, 12:01 a.m.; K is mandatory	6	None
NEW YORK	5	on or before 12/01; K not mandated; Local decision	6	on or before 12/01
NORTH CAROLINA	5	on or before 8/31	6	on or before 8/31
NORTH DAKOTA	5	on or before 08/01; K not required; Early entry by screening	6	on or before 8/01; or complete K
OHIO	5	on or before 09/30; Early testing by 01/01; K is mandatory	6	on or before 09/30 and completed K
OKLAHOMA	5	on or before 09/01	6	on or before 09/01
OREGON	5	on or before 09/01; Early entry allowed	6	on or before 09/01; Early entry allowed State mandated school age is 7
PENNSYLVANIA	5	on or before 09/01; Local districts may test for early entrance LEA Local decision	6	on or before 09/01; may test for early entrance

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
PUERTO RICO	5	by 09/01; Early, if space available; Screening	6	by 09/01 Complete K
RHODE ISLAND	5	on or before 09/01; K is mandatory	6	on or before 09/01; Earlier at option of school committee
SOUTH CAROLINA	5	on or before 09/01; K is compulsory	6	on or before 09/01
SOUTH DAKOTA	5	on or before 09/01; Early entry permitted if gifted or transfer	6	on or before 09/01
ST. KITTS & NEVIS	5	09/01; compulsory age	6	09/01; Automatic transfer from K
TENNESSEE	5	on or before 08/15	6	on or before 08/15 ; K is required
TEXAS	5	on or before 09/01	6	on or before 09/01
UTAH	5	on or before 09/02 ; Whether in state or transferring from out of State	6	on or before 09/02 ; K is not mandated
VERMONT	5	on or before 01/01; local districts determine early	6	Varies among district
VIRGINIA	5	on or before 09/30	6	on or before 09/30
VIRGIN ISLANDS	4 yrs. 6 mths.	by opening day of school	None	Promotion from K
WASHINGTON	5	on or before 08/31; Earlier at local decision	6	on or before 08/31; or completed K

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
WEST VIRGINIA	5	on or before 09/01; Early entry by District	6	on or before 09/01; Complete K or entrance test
WISCONSIN	5	on or before 09/01; Local boards may grant early admission	6	on or before 09/01 compulsory school age
WYOMING	5	on or before 09/15	6	on or before 09/15
DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS	5	on or before 09/01	6	on or before 09/01

**Federal and State Compliance
MIAMI-DADE COUNTY PUBLIC SCHOOL**

JOHN M. MCKAY SCHOLARSHIP PROGRAM FOR STUDENT WITH DISABILITIES LOCATION-3518

For questions pertaining to policies and procedures for the John M. McKay Program, please contact Ms. Mary Paz, Instructional Supervisor, Division of Special Education at 305-995-1742. For data entry questions or problems, please contact Ms. Rosa Roman, Senior Student Information Specialist, **Federal and State Compliance Office, at 305-805-8563.**

Regarding cumulative folders for students in the John M. McKay Scholarship Program (Location: 3518), refer to Briefing #6498. **Do not send cums to the district office, cums should be filed at the last public school the student attended.**

Parents who wish to participate in the John M. McKay Scholarship Program must file their intent at <http://www.floridaschoolchoice.org/>.

OPPORTUNITY SCHOLARSHIP PROGRAM

For information referring to the Opportunity Scholarship Program, policies and procedures, please contact Ms. Esperanza Macias, Teacher/Counselor, Schools Choice and Parental Options, at 305-995-7264. For data entry questions or problems, please contact Ms. Kathleen Adkinson, Attendance Services Specialist, **Federal and State Compliance, at 305-883-6504.**

NO CHILD LEFT BEHIND CHOICE TRANSFER

Questions pertaining to policies and procedures for the No Child Left Behind Choice Transfer, please contact Mr. Ramon Sanchez, Curriculum Support Specialist, TITLE I Support Programs at 305-274-7468. For data entry questions or problems, please contact Ms. Kathleen Adkinson, Attendance Services Specialist, **Federal and State Compliance Office, at 305-883-6504.**

School Year _____ - _____
Region _____
Date _____



Transfer Code: _____
Transportation to be provided Yes <input type="checkbox"/> No <input type="checkbox"/>
Assigned School: _____

FOSTER CARE OUT-OF-AREA TRANSFER

STUDENT'S NAME	(Last)	(First)	(Middle)	BIRTHDATE	GRADE	I.D. NO.
NEW ADDRESS	(No.)	(Street)	(City)	(Zip)	TELEPHONE NO. ()	
OLD ADDRESS	(No.)	(Street)	(City)	(Zip)	TELEPHONE NO. ()	

SCHOOL SERVING RESIDENCE	LOCATION NO.
LAST SCHOOL ATTENDED	LOCATION NO.
REQUESTED SCHOOL	LOCATION NO.

FOSTER FATHER'S/GUARDIAN NAME		
WORK TELEPHONE ()	CELLULAR NO. ()	BEEPER NO. ()
FOSTER MOTHER'S/GUARDIAN NAME		
WORK TELEPHONE ()	CELLULAR NO. ()	BEEPER NO. ()

OR

SHELTER NAME	
DIRECTOR'S NAME	TELEPHONE # ()
HOUSE PARENT'S NAME	TELEPHONE # ()
ALTERNATIVE CONTACT PERSON	TELEPHONE # ()

DCF CASEWORKER'S NAME	UNIT NO.
TELEPHONE NO. ()	CELLULAR NO. ()
	BEEPER NO. ()

Comments: _____

Whoever knowingly makes a false statement 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, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084 (Florida Statute 837.06)

Signature of DCF Worker: _____ Date: _____ District Court Liaison: _____

Approved

Denied

(Signature of Authorized Administrator) / (Title)

(Date)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPENDENT STUDENT ADDRESS VERIFICATION

Name of Student: _____ D.O.B.: _____

Court Case #: _____

Please verify ID for one of the following:

DCF Protective Investigator/ Full Case Manager

Name: _____ Agency #: _____ ID #: _____

Office Telephone #: _____ Cellular #: _____ Email Address: _____

OR

Foster Parent

Name: _____ License #: _____

Telephone #: _____ Cellular #: _____ Email Address: _____

I hereby affirm that the above named student is lawfully in the custody of the Department of Children and Families (DCF) and has been placed in a foster home/shelter/group home/relative care at the following address:

Address	Apt. #	City	Zip Code
---------	--------	------	----------

Signature of DCF Protective Investigator/ Full Case Manager Foster Parent	Date
---	------

Contact information:

Name of House Parent/Shelter Director: _____

Telephone #: _____

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)

For School Use Only

Student ID #: _____

Sending School: _____ School Location Number: _____

Registrar:

- You will need to call the registrar of the sending school to have the student withdrawn from that location before you can register the student at your school.
- Ask the DCF Worker/Foster Parent if the student has any books or other materials belonging to the sending school . If so, send these items to the sending school via school mail.
- Ask the DCF Worker/Foster Parent if the Court has placed any limitations on the nature and type of contact this student's parents can have with the student. If so, please alert an administrator and ask for a copy of the relevant Court Order.
- No student under the supervision of DCF should be moved without authorization from the Juvenile Justice Support Office in District/School Operations.



**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)

Acknowledgement

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.

STATE STATUTES AND BOARD RULES

- Florida Statute 1008.386 “Social Security Numbers used as student identification numbers.”
- Florida Statute 1003.21 “School Attendance”
- Florida Statute, Chapter 1006.07 “District school board duties relating to student discipline and school safety”
- Florida Law, Section 1003.22 (1) “Evidence of Immunization”
- School Board Policy 5200, Section IV “Legal Names of Students in Regard to School Records”
- School Board Policy 5131, “Attendance Student Transfers”

[Title XLVIII](#)

K-20 EDUCATION CODE

[Chapter 1008](#)

**ASSESSMENT AND
ACCOUNTABILITY**

[View Entire Chapter](#)

1008.386 Social security numbers used as student identification numbers.—Each district school board shall request that each student enrolled in a public school in this state provide his or her social security number. Each school district shall use social security numbers as student identification numbers in the management information system maintained by the school district. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. A student satisfies this requirement by presenting to school enrollment officials his or her social security card or a copy of the card. The school district shall include the social security number in the student's permanent records and shall indicate if the student identification number is not a social security number. The Commissioner of Education shall provide assistance to school districts to assure that the assignment of student identification numbers other than social security numbers is kept to a minimum and to avoid duplication of any student identification number.

History.—s. 385, ch. 2002-387.

1003.21 School attendance.—

(1)(a)1. All children who have attained the age of 6 years or who will have attained the age of 6 years by February 1 of any school year or who are older than 6 years of age but who have not attained the age of 16 years, except as otherwise provided, are required to attend school regularly during the entire school term.

2. Children who will have attained the age of 5 years on or before September 1 of the school year are eligible for admission to public kindergartens during that school year under rules adopted by the district school board.

(b) Any child who has attained the age of 6 years on or before September 1 of the school year and who has been enrolled in a public school or who has attained the age of 6 years on or before September 1 and has satisfactorily completed the requirements for kindergarten in a private school from which the district school board accepts transfer of academic credit, or who otherwise meets the criteria for admission or transfer in a manner similar to that applicable to other grades, shall progress according to the district's student progression plan. However, nothing in this section shall authorize the state or any school district to oversee or exercise control over the curricula or academic programs of private schools or home education programs.

(c) A student who attains the age of 16 years during the school year is not subject to compulsory school attendance beyond the date upon which he or she attains that age if the student files a formal declaration of intent to terminate school enrollment with the district school board. Public school students who have attained the age of 16 years and who have not graduated are subject to compulsory school attendance until the formal declaration of intent is filed with the district school board. The declaration must acknowledge that terminating school enrollment is likely to reduce the student's earning potential and must be signed by the student and the student's parent. The school district shall notify the student's parent of receipt of the student's declaration of intent to terminate school enrollment. The student's certified school counselor or other school personnel shall conduct an exit interview with the student to determine the reasons for the student's decision to terminate school enrollment and actions that could be taken to keep the student in school. The student's certified school counselor or other school personnel shall inform the student of opportunities to continue his or her education in a different environment, including, but not limited to, adult education and GED test preparation. Additionally, the student shall complete a survey in a format prescribed by the Department of Education to provide data on student reasons for terminating enrollment and actions taken by schools to keep students enrolled.

(d) Students who become or have become married and students who are pregnant shall not be prohibited from attending school. These students and students who are parents shall receive the same educational instruction or its equivalent as other students, but may voluntarily be assigned to a class or program suited to their special needs. Consistent with s. [1003.54](#), pregnant or parenting teens may participate in a teenage parent program. Pregnant students may attend alternative education programs or adult education programs, provided that the curriculum allows the student to continue to work toward a high school diploma.

(e) Consistent with rules adopted by the State Board of Education, children with disabilities who have attained the age of 3 years shall be eligible for admission to public special education programs and for related services. Children with disabilities younger than 3 years of age who are deaf or hard of hearing; visually impaired; dual sensory impaired; orthopedically impaired; other health impaired; who have experienced traumatic brain injury; who have autism spectrum disorder; established conditions, or who exhibit developmental delays or intellectual disabilities may be eligible for special programs and may receive services in accordance with rules of the State Board of Education. Rules for the

identification of established conditions for children birth through 2 years of age and developmental delays for children birth through 5 years of age must be adopted by the State Board of Education.

(f) Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), must have access to a free public education and must be admitted to school in the school district in which they or their families live. School districts shall assist such children in meeting the requirements of subsection (4) and s. [1003.22](#), as well as local requirements for documentation.

(2)(a) The State Board of Education may adopt rules under which students not meeting the entrance age may be transferred from another state if their parents have been legal residents of that state.

(b) Each district school board, in accordance with rules of the State Board of Education, shall adopt a policy that authorizes a parent to request and be granted permission for absence of a student from school for religious instruction or religious holidays.

(3) The district school superintendent may authorize certificates of exemptions from school attendance requirements in certain situations. Students within the compulsory attendance age limits who hold valid certificates of exemption that have been issued by the superintendent shall be exempt from attending school. A certificate of exemption shall cease to be valid at the end of the school year in which it is issued.

(4) Before admitting a child to kindergarten, the principal shall require evidence that the child has attained the age at which he or she should be admitted in accordance with the provisions of subparagraph (1)(a)2. The district school superintendent may require evidence of the age of any child whom he or she believes to be within the limits of compulsory attendance as provided for by law. If the first prescribed evidence is not available, the next evidence obtainable in the order set forth below shall be accepted:

(a) A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births;

(b) A duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent;

(c) An insurance policy on the child's life that has been in force for at least 2 years;

(d) A bona fide contemporary religious record of the child's birth accompanied by an affidavit sworn to by the parent;

(e) A passport or certificate of arrival in the United States showing the age of the child;

(f) A transcript of record of age shown in the child's school record of at least 4 years prior to application, stating date of birth; or

(g) If none of these evidences can be produced, an affidavit of age sworn to by the parent, accompanied by a certificate of age signed by a public health officer or by a public school physician, or, if these are not available in the county, by a licensed practicing physician designated by the district school board, which states that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), shall be given temporary exemption from this section for 30 school days.

History.—s. 116, ch. 2002-387; s. 18, ch. 2006-74; s. 4, ch. 2006-301; s. 4, ch. 2008-204; s. 5, ch. 2009-35; s. 7, ch. 2009-164; s. 4, ch. 2013-89.

1006.07 District school board duties relating to student discipline and school safety.—The district school board shall provide for the proper accounting for all students, for the attendance and control of students at school, and for proper attention to health, safety, and other matters relating to the welfare of students, including:

(1) CONTROL OF STUDENTS.—

(a) Adopt rules for the control, discipline, in-school suspension, suspension, and expulsion of students and decide all cases recommended for expulsion. Suspension hearings are exempted from the provisions of chapter 120. Expulsion hearings shall be governed by ss. [120.569](#) and [120.57\(2\)](#) and are exempt from s. [286.011](#). However, the student's parent must be given notice of the provisions of s. [286.011](#) and may elect to have the hearing held in compliance with that section. The district school board may prohibit the use of corporal punishment, if the district school board adopts or has adopted a written program of alternative control or discipline.

(b) Require each student at the time of initial registration for school in the school district to note previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had, and have the authority as the district school board of a receiving school district to honor the final order of expulsion or dismissal of a student by any in-state or out-of-state public district school board or private school, or lab school, for an act which would have been grounds for expulsion according to the receiving district school board's code of student conduct, in accordance with the following procedures:

1. A final order of expulsion shall be recorded in the records of the receiving school district.
2. The expelled student applying for admission to the receiving school district shall be advised of the final order of expulsion.
3. The district school superintendent of the receiving school district may recommend to the district school board that the final order of expulsion be waived and the student be admitted to the school district, or that the final order of expulsion be honored and the student not be admitted to the school district. If the student is admitted by the district school board, with or without the recommendation of the district school superintendent, the student may be placed in an appropriate educational program at the direction of the district school board.

(2) CODE OF STUDENT CONDUCT.—Adopt a code of student conduct for elementary schools and a code of student conduct for middle and high schools and distribute the appropriate code to all teachers, school personnel, students, and parents, at the beginning of every school year. Each code shall be organized and written in language that is understandable to students and parents and shall be discussed at the beginning of every school year in student classes, school advisory council meetings, and parent and teacher association or organization meetings. Each code shall be based on the rules governing student conduct and discipline adopted by the district school board and shall be made available in the student handbook or similar publication. Each code shall include, but is not limited to:

(a) Consistent policies and specific grounds for disciplinary action, including in-school suspension, out-of-school suspension, expulsion, and any disciplinary action that may be imposed for the possession or use of alcohol on school property or while attending a school function or for the illegal use, sale, or possession of controlled substances as defined in chapter 893.

(b) Procedures to be followed for acts requiring discipline, including corporal punishment.

(c) An explanation of the responsibilities and rights of students with regard to attendance, respect for persons and property, knowledge and observation of rules of conduct, the right to learn, free speech and student publications, assembly, privacy, and participation in school programs and activities.

(d)1. An explanation of the responsibilities of each student with regard to appropriate dress, respect for self and others, and the role that appropriate dress and respect for self and others has on an orderly learning environment. Each district school board shall adopt a dress code policy that prohibits a student, while on the grounds of a public school during the regular school day, from wearing clothing that exposes underwear or body parts in an indecent or vulgar manner or that disrupts the orderly learning environment.

2. Any student who violates the dress policy described in subparagraph 1. is subject to the following disciplinary actions:

a. For a first offense, a student shall be given a verbal warning and the school principal shall call the student's parent or guardian.

b. For a second offense, the student is ineligible to participate in any extracurricular activity for a period of time not to exceed 5 days and the school principal shall meet with the student's parent or guardian.

c. For a third or subsequent offense, a student shall receive an in-school suspension pursuant to s. [1003.01\(5\)](#) for a period not to exceed 3 days, the student is ineligible to participate in any extracurricular activity for a period not to exceed 30 days, and the school principal shall call the student's parent or guardian and send the parent or guardian a written letter regarding the student's in-school suspension and ineligibility to participate in extracurricular activities.

(e) Notice that illegal use, possession, or sale of controlled substances, as defined in chapter 893, by any student while the student is upon school property or in attendance at a school function is grounds for disciplinary action by the school and may also result in criminal penalties being imposed.

(f) Notice that use of a wireless communications device includes the possibility of the imposition of disciplinary action by the school or criminal penalties if the device is used in a criminal act. A student may possess a wireless communications device while the student is on school property or in attendance at a school function. Each district school board shall adopt rules governing the use of a wireless communications device by a student while the student is on school property or in attendance at a school function.

(g) Notice that the possession of a firearm or weapon as defined in chapter 790 by any student while the student is on school property or in attendance at a school function is grounds for disciplinary action and may also result in criminal prosecution.

(h) Notice that violence against any district school board personnel by a student is grounds for in-school suspension, out-of-school suspension, expulsion, or imposition of other disciplinary action by the school and may also result in criminal penalties being imposed.

(i) Notice that violation of district school board transportation policies, including disruptive behavior on a school bus or at a school bus stop, by a student is grounds for suspension of the student's privilege of riding on a school bus and may be grounds for disciplinary action by the school and may also result in criminal penalties being imposed.

(j) Notice that violation of the district school board's sexual harassment policy by a student is grounds for in-school suspension, out-of-school suspension, expulsion, or imposition of other disciplinary action by the school and may also result in criminal penalties being imposed.

(k) Policies to be followed for the assignment of violent or disruptive students to an alternative educational program.

(l) Notice that any student who is determined to have brought a firearm or weapon, as defined in chapter 790, to school, to any school function, or onto any school-sponsored transportation, or to have possessed a firearm at school, will be expelled, with or without continuing educational services, from the student's regular school for a period of not less than 1 full year and referred to the criminal justice or juvenile justice system. District school boards may assign the student to a disciplinary program or second chance school for the purpose of continuing educational services during the period of expulsion. District school superintendents may consider the 1-year expulsion requirement on a case-by-case basis and request the district school board to modify the requirement by assigning the student to a disciplinary program or second chance school if the request for modification is in writing and it is determined to be in the best interest of the student and the school system.

(m) Notice that any student who is determined to have made a threat or false report, as defined by ss. [790.162](#) and [790.163](#), respectively, involving school or school personnel's property, school

transportation, or a school-sponsored activity will be expelled, with or without continuing educational services, from the student's regular school for a period of not less than 1 full year and referred for criminal prosecution. District school boards may assign the student to a disciplinary program or second chance school for the purpose of continuing educational services during the period of expulsion. District school superintendents may consider the 1-year expulsion requirement on a case-by-case basis and request the district school board to modify the requirement by assigning the student to a disciplinary program or second chance school if it is determined to be in the best interest of the student and the school system.

(3) **STUDENT CRIME WATCH PROGRAM.**—By resolution of the district school board, implement a student crime watch program to promote responsibility among students and to assist in the control of criminal behavior within the schools.

(4) **EMERGENCY DRILLS; EMERGENCY PROCEDURES.**—

(a) Formulate and prescribe policies and procedures for emergency drills and for actual emergencies, including, but not limited to, fires, natural disasters, and bomb threats, for all the public schools of the district which comprise grades K-12. District school board policies shall include commonly used alarm system responses for specific types of emergencies and verification by each school that drills have been provided as required by law and fire protection codes. The emergency response agency that is responsible for notifying the school district for each type of emergency must be listed in the district's emergency response policy.

(b) Establish model emergency management and emergency preparedness procedures, including emergency notification procedures pursuant to paragraph (a), for the following life-threatening emergencies:

1. Weapon-use and hostage situations.
2. Hazardous materials or toxic chemical spills.
3. Weather emergencies, including hurricanes, tornadoes, and severe storms.
4. Exposure as a result of a manmade emergency.

(5) **EDUCATIONAL SERVICES IN DETENTION FACILITIES.**—Offer educational services to minors who have not graduated from high school and eligible students with disabilities under the age of 22 who have not graduated with a standard diploma or its equivalent who are detained in a county or municipal detention facility as defined in s. [951.23](#). These educational services shall be based upon the estimated length of time the student will be in the facility and the student's current level of functioning. District school superintendents or their designees shall be notified by the county sheriff or chief correctional officer, or his or her designee, upon the assignment of a student under the age of 21 to the facility. A cooperative agreement with the district school board and applicable law enforcement units shall be developed to address the notification requirement and the provision of educational services to these students.

(6) **SAFETY AND SECURITY BEST PRACTICES.**—Use the Safety and Security Best Practices developed by the Office of Program Policy Analysis and Government Accountability to conduct a self-assessment of the school districts' current safety and security practices. Based on these self-assessment findings, the district school superintendent shall provide recommendations to the district school board which identify strategies and activities that the district school board should implement in order to improve school safety and security. Annually each district school board must receive the self-assessment results at a publicly noticed district school board meeting to provide the public an opportunity to hear the district school board members discuss and take action on the report findings. Each district school superintendent shall report the self-assessment results and school board action to the commissioner within 30 days after the district school board meeting.

History.—s. 277, ch. 2002-387; s. 1, ch. 2004-272; s. 2, ch. 2010-204; s. 11, ch. 2011-51; s. 1, ch. 2011-103; s. 1, ch. 2013-63.

1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.—

(1) Each district school board and the governing authority of each private school shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public or private school in this state, present a certification of a school-entry health examination performed within 1 year before enrollment in school. Each district school board, and the governing authority of each private school, may establish a policy that permits a student up to 30 school days to present a certification of a school-entry health examination. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), shall be given a temporary exemption for 30 school days. Any district school board that establishes such a policy shall include provisions in its local school health services plan to assist students in obtaining the health examinations. However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.

(2) The State Board of Education, subject to the concurrence of the Department of Health, shall adopt rules to govern medical examinations and immunizations performed under this section.

(3) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. The rules must include procedures for exempting a child from immunization requirements. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization. Immunizations required by this section shall be available at no cost from the county health departments.

(4) Each district school board and the governing authority of each private school shall establish and enforce as policy that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health and further shall provide for appropriate screening of its students for scoliosis at the proper age. Such certification shall be made on forms approved and provided by the Department of Health and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.

(5) The provisions of this section shall not apply if:

(a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;

(b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;

(c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as

many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;

(d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(e) An authorized school official issues a temporary exemption, for up to 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for followup of each such student until proper documentation or immunizations are obtained. An exemption for 30 days may be issued for a student who enters a juvenile justice program to permit the student to attend class until his or her records can be obtained or until the immunizations can be obtained. An authorized juvenile justice official is responsible for followup of each student who enters a juvenile justice program until proper documentation or immunizations are obtained.

(6)(a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.

(b) No member of a district school board, or any of its employees, or member of a governing board of a private school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.

(7) The parents of any child admitted to or in attendance at a Florida public or private school, grades prekindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this section.

(8) Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the county health department director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health for each kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of Education, the Department of Health shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.

(9) The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until such time as is specified by the county health department director or administrator.

(10) Each district school board and the governing authority of each private school shall:

(a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or private school, who is not in compliance with the provisions of subsection (4).

(b) Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (4).

(11) The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.

History.—s. 117, ch. 2002-387; s. 38, ch. 2004-41; s. 6, ch. 2009-35; s. 8, ch. 2009-164.

The School Board of Miami-Dade County Bylaws & Policies

Unless a specific policy has been amended and the date the policy was revised is noted at the bottom of that policy, the Bylaws and Policies of the Miami-Dade County Public Schools were adopted on May 11, 2011 and were in effect beginning July 1, 2011.

5200 - ATTENDANCE

Parents and students are responsible for attendance which shall be required of all students during the days and hours that the school is in session.

Absences shall be reported to the school attendance office by the parent or adult student as soon as practicable. The Superintendent shall require, from the parent of each student of compulsory school age or from an adult student who has been absent from school or from class for any reason, a statement of the cause for such absence. The District reserves the right to verify such statements and to investigate the cause of each single absence.

Educators shall encourage regular attendance of students, maintain accurate attendance records, and follow reporting procedures prescribed by the Superintendent.

Accordingly:

- A. if the parent who has legal custody of a student requests that no one else be permitted to confer with the child at school the principal and/or teacher is required to honor this request;
- B. students are not be taken out of their regular classes to prepare for programs other than school-sponsored activities;
- C. when a student has been absent three (3) consecutive days and the school has been unable to ascertain the reason for the absences, the absences shall be investigated by the school principal or at any other time if deemed necessary;
- D. the parent or adult student shall report absences to the school as soon as practicable. Failure to report and explain the absence(s) shall result in unexcused absence(s). The principal shall have the final authority for determining acceptability of the reason for the absence(s).

Each school should establish procedures to ensure good attendance. A student who is absent more than nine (9) days within a semester or more than four (4) days for schools on a block schedule, will not receive a passing grade for the semester unless:

- A. medical evidence is presented to the principal in writing justifying a specific number of days absence, absences are for approved school activities, or absences are approved by the Principal, and
- B. the student demonstrates mastery of the student performance standards in the course(s) as identified in curriculum guides and/or adopted textbooks.

If the absences are excused, all educational requirements for the course shall be met before a passing grade and/or credit is assigned. The student shall have a reasonable amount of time, up to three (3) school days, to complete make-up work for excused absences. Principals may grant extensions to the make-up time limit for extenuating circumstances. Regarding make-up of the work missed as a result of unexcused absences, each principal shall establish site-specific policies that encourage both regular attendance and high academic achievement, and shall review and modify these policies from time-to-time as required to maintain and improve

their effectiveness.

Attendance Defined

- A. School Attendance - Students are to be counted in attendance only if they are actually present for at least two (2) hours of the day or engaged in a school-approved educational activity which constitutes a part of the instructional program for the student.
- B. Class Attendance - Students are to be counted in attendance if they are physically present in class for at least half of the class period, have been excused by the teacher on a class-related assignment, or have been requested by a member of the school support staff for an approved school activity.
- C. Tardiness - A student is considered tardy if they are not present at the moment the school bell rings for the class assigned. NOTE: If a student is not present when attendance is taken but is present later in the school day, that student must be considered in attendance, but tardy, and the absence should be changed. A student who is tardy should never remain on record as being absent.
- D. Early Sign-outs –No student shall be released within the final thirty (30) minutes of the school day unless authorized by the principal or principal's designee (i.e., emergency, sickness).

Each student who is scheduled at a school center for instructional purposes for a partial day, and at an area vocational-technical center, a vocational school or a community college for a partial day shall, if present at the school center, be reported as present one-half day.

Reasonable excuses for time missed at school:

- A. Personal illness of the student (medical evidence may be required by the Principal for absences exceeding five (5) consecutive days). The written statement must include all days the student has been absent from school. If a student is continually sick and repeatedly absent from school due to a specific medical condition, s/he must be under the supervision of a health care provider in order to receive excused absences from school.
- B. Court appearance of the student, subpoena by law enforcement agency, or mandatory court appearance.
- C. Absence due to a medical appointment requires a written statement from a health care provider indicating the date and time of the appointment and submitted to the Principal.
- D. An approved school activity (absences recorded but not reported).
- E. Other absences with prior approval of the Principal.
- F. Attendance at a center under Department of Children and Families supervision.
- G. Significant community events with prior permission of the Principal. When more than one (1) school is involved, the Region Superintendent will determine the status of the absence.
- H. Observance of a religious holiday or service when it is mandated for all members of a faith that such a holiday or service should be observed.
- I. Death in the immediate family.
- J. School-sponsored event or educational enrichment activity that is not a school-sponsored event, as determined and approved by the Principal. The student must receive advance written permission from the Principal. Examples of special events include: public functions, conferences, and regional, State, and national competitions.
- K. Outdoor suspension.
- L. Other individual student absences beyond the control of the parent or student, as determined and approved by the Principal, requires documentation related to the condition.

Unexcused absences include absences due to:

- A. vacations, personal services, local non-school event, program or sporting activity;
- B. older students providing day care services for siblings;
- C. illness of others;
- D. non-compliance with immunization requirements (unless lawfully exempted).

Absences not included in excused absences listed above shall be unexcused. Any student who has been absent from school will be marked unexcused absent until s/he submits the required documentation. Failure to provide required documentation within three (3) school days upon the return to school will result in an unexcused absence. Unexcused absences do not require that the teacher provide make-up work for the student.

A student accumulating ten (10) or more class unexcused absences in an annual course or five (5) or more class unexcused absences in a designated semester course may have quarterly, semester and final grade(s) withheld pending an administrative screening and completion of assigned interventions by the Attendance Review Committee.

Unexcused absences shall not be grounds for suspension from school but may result in detention or placement in existing alternative programs.

Any student who fails to attend any regularly scheduled class and has no excuse for absence should be referred to the appropriate administrator. Disciplinary action should include notification to parents or guardians. Chronic truancy or deliberate nonattendance in excess of fifteen (15) school days within a ninety (90) calendar day period shall be sufficient grounds for withdrawal of students sixteen (16) years of age or older, who are subject to compulsory school attendance under F.S. 1003.21.

The Superintendent shall develop administrative procedures that:

- A. ensure proper procedures are established so the student and his/her parents are provided the opportunity to challenge the attendance record prior to notification and that such notification complies with applicable Board policies;
- B. ensure a school session which is in conformity with the requirements of the rules of the State Board;
- C. govern the keeping of attendance records according to State Board rules;
- D. identify the habitual truant, investigate the cause(s) of his/her behavior, and consider modification of his/her educational program to meet particular needs and interests;
- E. ensure that students whose absence has been excused have an opportunity to make up work they missed and receive credit for the work, if completed;
- F. ensure that any student who, due to a specifically identifiable physical or mental impairment, exceeds or may exceed the District's limit on excused absence is referred for evaluation for eligibility either under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973 or other appropriate accommodation.

The regulations should provide that a student's grade in any course is based on performance in the instructional setting and is not reduced for reasons of conduct. If students violate the attendance or other rules of the school, they should be disciplined appropriately for the misconduct, but his/her grades should be based upon what the students can demonstrate they have learned.

Attendance Records and Reports Required

All officials, teachers, and other employees shall keep all records and shall prepare and submit promptly all reports that may be required by law, State rules, and District policies. These records shall include a register of enrollment and attendance and all persons named shall make reports. The enrollment register shall show the absence or attendance of each child enrolled for each school day of the year in a manner prescribed by the State Board. The register shall be open for inspection by the Superintendent. Violations of this section shall be a

misdemeanor of the second degree, punishable as provided by law.

Falsification of Attendance Records - Penalty

The presentation of reasonable and satisfactory proof that any teacher, principal, any other school personnel or school officer, has falsified or caused to be falsified attendance records for which they are responsible shall be sufficient grounds for the revocation of his/her teaching certificate by the Department of Education, or for dismissal or removal from office.

The principal shall require:

- A. attendance/tardiness is taken and recorded by authorized persons at a designated time every official school day;
- B. a review of classes that have excessive absences in order to determine if the quality of instruction is a factor in the failure of students to attend class on a regular basis;
- C. an authorized person(s) to determine the status of each absence/tardiness;
- D. parents be notified each time their child is absent from school possible;
- E. the steps outlined in F.S. 1003.26 regarding regular school attendance are implemented;
- F. an Attendance Review Committee is established at the school;
- G. consideration of appeals made by students and/or parents regarding recommendations of the Attendance Review Committee.

The teacher shall:

- A. encourage school and class attendance with challenging and rigorous instruction and curriculum and by demonstrating an interest in the welfare of students;
- B. take attendance during homeroom and whenever students change instructors in elementary schools and take attendance each period of the school day in secondary schools, and report absences as required by the school;
- C. at the request of the student or parent, provide make-up assignments for excused absences/tardinesses.

The student shall:

- A. attend classes 180 days each school year;
- B. request the make-up assignments for all excused absences/tardinesses from teachers upon return to school or class within three (3) days;
It should be noted that all classwork, due to the nature of instruction, is not readily subject to make-up work.
- C. complete the make-up assignments for classes missed within the equivalent number of days absent;
Failure to make up all assignments will result in a lower assessment of the student's academic and/or effort grade.
- D. be reported as present for the school day in order to participate in athletic and extracurricular activities.

The parent shall:

- A. be responsible for their child's school attendance as required by law and stress the importance of regular and punctual school attendance with their child;
- B. report and explain an absence or tardiness to the school;
- C. ensure that the child has requested and completes make-up assignments for all excused absences/tardinesses from the teachers upon return to school or class;
- D. appear before the Attendance Review Committee at the scheduled time to provide information relating to their child's absences and to support prescribed activities.

Truancy

If a child does not comply with efforts to enforce school attendance, the Superintendent may file a truancy petition. Any student who has a total of fifteen (15) days of unexcused absence from school within a ninety (90) calendar day period will be considered habitually absent. The Superintendent shall inform the student and parents of the record of excessive absences as well as the District's intent to notify the Department of Highway Safety and Motor Vehicles.

If a student has had at least five (5) unexcused absences, or absences for which the reasons are unknown, within a calendar month or ten (10) unexcused absences, or absences for which the reasons are unknown, within a ninety (90) calendar day period, the student's primary teacher shall report to the school principal or his/her designee that the student may be exhibiting a pattern of nonattendance. The principal shall, unless there is clear evidence that the absences are not a pattern of nonattendance, refer the case to the school's child study team to determine if early patterns of truancy are developing. If the child study team finds that a pattern of nonattendance is developing, whether the absences are excused or not, a meeting with the parent must be scheduled with the child study team to identify potential remedies.

If an initial meeting does not resolve the problem, the child study team shall implement the following:

- A. frequent attempts at communication between the teacher and the family;
- B. evaluation for alternative education programs;
- C. attendance contracts.

Student Data Cards

The registrar/attendance clerk is responsible for all student assignment and student accounting procedures during the school year. At the end of the first day, each homeroom teacher will submit to the main office the corrected and alphabetized sets of Student Data Cards. After the first day of school, all new enrollees must register in the main office and have on file a completed Student Data Card. The registrar/attendance clerk will also be notified of any transfer or withdrawal so that the files may be purged as changes occur. In addition, changes of address must be reflected on student records.

Where parents are divorced or separated, the parent who enrolled the student is responsible for completing the data card.

Legal Names of Students

Requests from a parent to enroll a child in a public school under a name other than the legal name, may be granted on a temporary basis provided court action is in process to make the assumed name legal. Official school records must list both the legal name and assumed name of the student. Students entering a District school for the first time must have a Student Data Card completed with both legal and assumed names shown.

Principal's Report on Attendance

The dates to be covered by the Principal's Report on Attendance are announced annually by the Office of Attendance Services. Reports are to be certified on-line by the principal by the fifth working day after the close of a reporting period. Attendance reports shall be accurate and current according to the State-approved recording and reporting system.

Full-Time Equivalent (FTE) Surveys

During each of several school weeks during the fiscal year, a program membership survey of each school shall be made by aggregating the full-time equivalent student membership of each program by school. The District's full-time equivalent (FTE) membership shall be computed and currently maintained according to rules of the State Department of Education. Instructions will be distributed by the Division of Attendance Services prior to each survey. These surveys are the basis of State monies forwarded to the District according to prescribed cost factors and base funds under the Florida Education Finance Program. For FTE Surveys 2 and 3, FTE will be prorated and allocated to schools based on student enrollment/attendance.

F.S. 984.151, 1001.41, 1001.42, 1001.43, 1002.20, 1003.21, 1003.24, 1003.26

F.S. 1003.27, 1006.07

The School Board of Miami-Dade County Bylaws & Policies

Unless a specific policy has been amended and the date the policy was revised is noted at the bottom of that policy, the Bylaws and Policies of the Miami-Dade County Public Schools were adopted on May 11, 2011 and were in effect beginning July 1, 2011.

5131 - STUDENT TRANSFERS

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. Transfers may be made as follows:

- A. Transfers from one (1) school to another in the county shall be effective as of the close of school on a given day. Where feasible, this should coincide with the end of the grading period. The receiving school shall be responsible for the student's attendance as of the next school day. If a transferring student has not reported prior to the receipt of the computer generated Notice of Withdrawal/Transfer, the receiving school should notify their assigned school social worker.
- B. Transfers will not be processed during FTE weeks, mid terms, FCAT, or final exams.
- C. Separate transfers shall be issued for each student.
- D. A student who requests and is eligible for a transfer may not be denied the transfer or have school records withheld because of unpaid fees, lost books, etc.
- E. When a student has been transferred to a school through an error by District administration and the student has been enrolled in the school for ninety (90) days, the student may elect to remain at the school or may return to the school to which s/he should have been originally assigned. If the transfer was based on fraudulent, false, or erroneous information provided to the school by the parent and/or student, the school may revoke the transfer and require that the student return to his/her previous school or to the appropriate school serving the area where the student resides.
- F. If a student does not enroll in the new school (to which the transfer has been granted) within ten (10) school days of the date of the District's approval of that transfer, that student's transfer will be revoked. Those transfers which were approved during the summer transfer period must be used during the first ten (10) days of the school year or they will be revoked.
- G. Transfers may be denied or revoked at any time due to poor attendance, tardiness, or disruptive behavior which results in a significant loss of

instructional time. If the transfer is revoked, the student will be assigned to the school that serves the verifiable residence address.

- H. When an administrative transfer has been approved, transportation will not be provided to the requested school.
- I. These procedures shall not supersede admission procedures in programs/schools where admission is governed by other Board policies or processes (e.g. magnets).

Transfers may be granted as follows:

- A. The student resides with parent and a change of residence occurs placing the student in the attendance area of the school to which transfer is requested.

The parent shall secure the transfer from the sending school before being admitted to the new school. The parent shall apply for the transfer in person, and shall provide verification of the change of residence, including two (2) of the following items:

1. broker's or attorney's statement of parents' purchase of residence, or properly executed lease agreement;
2. current Homestead Exemption card;
3. electric deposit payment receipt or electric bill, bottom portion, showing name and service address. If an electric deposit payment receipt is used as verification, the electric bill, bottom portion, must also be submitted to the school within forty (40) calendar days after registration.

If the parent is unable to furnish the school with the requested electric deposit payment receipt, the student will be allowed to enroll in the new school, but must submit the electric bill, bottom portion, to the school within forty (40) calendar days. Failure to submit the electric bill, bottom portion, within forty (40) calendar days or inability of school to verify residence of student, will result in revocation of the transfer or the student's reassignment to the previous school.

The receiving school shall secure verification of the change in residence within forty (40) calendar days of the student entering the school.

When a change of family residence occurs after ninety (90) school days in which a student is enrolled in a school which would place the student in a different attendance area, the student, upon the request of the parent, may complete the year in the present school. No transportation will be provided.

When a change of family residence occurs after ninety (90) days in which a student is enrolled in grades 11 through 12, or is enrolled in the

last grade offered at a school, which would place the student in a different attendance area, the student, upon the request of the parent, may remain in the present school through graduation (for grades 11 through 12), or the last grade offered at the school. No transportation will be provided.

- B. Students with an Individual Education Plan (IEP) requesting to attend a school other than the school in which the student is enrolled, must meet with the Region Special Education (SPED) personnel to ensure that the programmatic needs of the student can be met at the requested school.
- C. The Region Superintendent (or designated region director) may administratively assign or approve the reassignment or transfer of students when the Florida Inventory of School Houses (FISH) capacity of the receiving school is below 100%, the maximum number of students does not exceed the mandates of State law (F.S. 1003.03, Maximum Class Size), and the parent who requests a student transfer must:
 - 1. enroll the student in the school that serves the residence address before the request for transfer can be considered;
 - 2. complete a Student Transfer form, FM-3281, at the home school;
 - 3. obtain the signature on the Student Transfer form of the Principal or designated administrator with whom the parent met; and
 - 4. submit the Student Transfer form to the appropriate Region Center for processing.

Administrative Transfers

- A. Working Parent Hardship Transfer
 - 1. The parent of a kindergarten through eighth grade student of a one (1) parent or one (1) guardian family unit who is employed, or a family where both parents or guardians are employed, requests a transfer on the basis that the normal school assignment presents a hardship involving before or after-school supervision. The request shall be in the form of a signed statement from the employer(s) verifying the parent's/guardian's employment, work address, telephone number, working hours; a signed statement from the caregiver verifying the hours the student is cared for as well as the address and telephone number of the caregiver; and any other pertinent information setting forth the nature of the circumstances producing the hardship.
 - 2. This type of transfer must be reviewed annually through the region serving the assigned school. These transfers should not exceed the assigned percentage of FISH school capacity for the current school year.

B. Medical/Psychological Transfer

1. The parent presents a written statement with supporting professional evidence on the Medical Recommendation for Student Transfer form, FM-1713, to the effect that a health hardship and/or emotional problems exist that will be exacerbated if the student remains in the school that serves his/her residence address, and will be alleviated at the requested school. This type of transfer must be initially discussed with the Principal in an attempt to resolve any possible issues at that school and, if needed, the parent will submit the transfer form to the Region Center. The Region Center will submit the completed Student Transfer form, FM-3281, and the Medical Recommendation for Student Transfer form, FM-1713, to Attendance Services. The Review Team for Medical/Psychological Transfers will review the evidence and will approve/deny the transfer request. The decision of the Review Team is final and no appeals will be permitted.
2. Best Interest Transfer: An administrative assignment is deemed necessary by the Region Superintendent and in the best interest of the student and the school.

C. Out-of-County Transfer

1. The parent who requests a student transfer to another county, but continues to reside in Miami-Dade County, must:
 - a. enroll the student in the school that serves his/her residence address;
 - b. complete the Out-of-County Transfer Request form provided by Attendance Services; and
 - c. submit the form to Attendance Services, who will review the application and transmit it to the requested county.
2. The parent who requests a student transfer into a District school, but lives in another county, must:
 - a. follow the procedures in the residence county and complete an Out-of-County transfer request from that county; and
 - b. receive a letter of approval/denial from the Office of Attendance Services;

Upon receipt of the transfer information from the other county Attendance Services reviews the application and FISH capacity of the requested school. The determination will be based upon whether or not the receiving school is

below 100% capacity and the maximum number of students does not exceed the mandates of State law (F.S. 1003.03, Maximum Class Size).

- c. The parent is notified of the approval/denial in writing by Attendance Services. If approved, the parent withdraws the student from the school in the residence county, enrolls the student in the District (provides the approval letter to the school's registrar), and is responsible for transportation. If denied, there is no appeal process since the student is not a Miami-Dade County resident and the District is not obligated to educate the student.
- 3. Out-of-county transfer requests to a magnet school or program must follow the procedures outlined in Policy [2370](#). The letter of acceptance to the magnet school or program must accompany the out-of-county transfer request.
- D. Capacity Transfer: The Region Superintendent has determined that students will be more adequately housed by transfer or reassignment to a school other than that which they would normally attend due to school capping.
 - E. Disciplinary Transfer: A student has been suspended, expelled, or under the jurisdiction of the courts, or in a similar situation, and the Region Superintendent determines that an assignment to a school other than the normal school assignment would be in the best interest of the student and the school system.
 - F. Professional Courtesy Transfer

District permanent employees in the UTD bargaining unit may use student transfers according to the UTD collective bargaining agreement which reads in part:

Employees who wish to enroll their children at the same worksite where they are employed shall not be prohibited from doing so, subject to the approval of the Region Superintendent, and when the District employee:

- 1. enrolls the nondistrict student in the school that serves the resident address;
 - 2. completes a Student Transfer form, FM-3281, at that school; and
 - 3. submits the Student Transfer form to the appropriate Region Center for processing.
- G. Charter School Transfers
 - 1. The parent who requests a student transfer to a charter school

must enroll the non District student in the school that serves the residence address.

2. Complete a Student Transfer form, FM-7281, at the home school.

For those administrative assignments or reassignments approved by the Region Superintendent at the request of the parent where school bus transportation is not authorized by Board policies, the parent must agree to provide transportation to and from the new school assignment at reasonable hours. If the parent is unable to provide transportation within thirty (30) minutes prior to the opening, and within thirty (30) minutes after the closing time of school, the principal may recommend to the Region Superintendent that the assignment be revoked and the student be returned to the school serving the parent's residence address.

When a transfer is requested which would result in a change in administrative regions, it shall be the responsibility of the Region Superintendent of the student's home school to consult with the Region Superintendent of the requested school. The two (2) region superintendents must be in agreement to affect the transfer. If an agreement is not reached, the matter will be referred to the Superintendent.

Appeal Process

A parent may appeal the decision to deny or approve the administrative assignment, reassignment, or transfer of a student as follows:

- A. Appeal Level I to the Region Superintendent; and
- B. Appeal Level II to the Deputy Superintendent of School Operations, who acts as the Superintendent's designee whose decision will be final.

Opportunity Scholarship Program

- A. Eligibility

A parent may request and receive an Opportunity Scholarship Program transfer according to State law (F.S. 1002.38), if:

1. by assigned school attendance area or by special assignment, the student has spent the prior school year in attendance at a public school that has been designated as performance grade category "F," and that has had two (2) years in a four (4) year period of such low performance, and the student's attendance occurred during a school year in which such designation was in effect; or
2. the student has been in attendance elsewhere in the District and has been assigned for the next school year, to a school designated as performance grade category "F" for two (2) school years in a four (4) year period.
3. The student is entering kindergarten or first grade and has been assigned to such school for the next school year.

B. District Obligations

1. For each student enrolled in or assigned to a school that has been designated as performance grade category "F" for two (2) school years in a four (4) year period, the District shall:
 - a. timely notify the parent of all options available under the statute;
 - b. offer the parent an opportunity to enroll the student in a school located within the geographic transportation service zone designated to serve the student's residence school;

The designated school must have a performance grade of "C" or better.
 - c. provide transportation to each student who is eligible for an Opportunity Scholarship transfer to a school within the geographic transportation service zone that serves the eligible residence school if the student resides more than two (2) miles from the selected District school; and
 - d. provide each eligible student with an opportunity to continue attending this higher performing school until the student reaches the highest grade serviced by the school.
2. Designate an eligible school or schools based on the Florida Inventory of School Houses (FISH) capacity below 100% and the maximum number of students does not exceed the mandates of State law (F.S. 1003.03, Maximum Class Size) to accommodate the transfer requests. If no higher performing schools in the geographic transportation service zone are available, the Deputy Superintendent of School Operations, will identify eligible schools.

C. Application Process

1. A parent of an eligible student will receive an Opportunity Scholarship transfer application form and instructions.
2. The parent will submit a completed application form to his/her residence school or District office within the designated time frame.
3. The parent will select from a District approved list of eligible schools.
4. District staff will verify student eligibility for the transfer.

5. District staff will advise the parent of the status of the transfer request.

D. Appeal Process

A parent may appeal the decision to deny or approve the administrative assignment, reassignment, or transfer of a student as follows:

1. Appeal Level I to the Region Superintendent;
2. Appeal Level II to the Deputy Superintendent of School Operations, the Superintendent's designee whose decision is final.

No Child Left Behind Choice Transfer

A. Eligibility

A student's parent may request and receive a No Child Left Behind Act transfer according to 20 U.S.C. 6316, if the student is enrolled in a public school that has been designated as failing to make adequate yearly progress, and that has had two (2) or more consecutive years of such low performance.

B. District Obligations

1. For each student enrolled in or assigned to a school that has been designated as failing to make adequate yearly progress, and that has had two (2) or more consecutive years of low performance the District shall:
 - a. notify the parent of the designation before the first day of the school year following identification, and provide an explanation of
 - 1) what the designation means;
 - 2) the reasons for the designation;
 - 3) what the school and School District are doing to address those conditions;
 - 4) how parents may become involved; and
 - 5) all options available to the parent.

- b. offer the parent an opportunity to enroll the student in a school that has not been identified for school improvement;
 - c. provide transportation to each student who is eligible for a No Child Left Behind Act transfer to a school within the geographic transportation service zone that serves the student's residence school if the student resides more than two (2) miles from the selected public school; and
 - d. provide each eligible student with an opportunity to continue attending this higher performing school until the student reaches the highest grade serviced by the school.
- 2. Give priority to the lowest achieving children from low income families.
 - 3. Designate an eligible receiving school or schools based on Florida Inventory of School Houses (FISH) capacity that is below 100% and the maximum number of students does not exceed statutory Class Size limits, to accommodate the transfer requests. If no higher performing schools in the geographic transportation service zone are available, the Deputy Superintendent, School Operations, will identify eligible schools.

C. Application Process

- 1. A parent of an eligible student will receive a No Child Left Behind transfer application form and instructions.
- 2. The parent will submit a completed application form to the home school or mail it to the District office within the designated time frame.
- 3. The parent will select from a District approved list of eligible schools.
- 4. District staff will verify student eligibility for the transfer.
- 5. District staff will advise the parent that the transfer request has been approved.

D. Appeal Process

The parent who does not accept the alternate school may appeal as follows:

- 1. Appeal Level I to the Administrative Director, Attendance

Services; and

2. Appeal Level II to the Deputy Superintendent of School Operations, the Superintendent's designee, whose decision will be final.

John M. McKay Scholarship Program Transfer

A. Eligibility

A parent may request and receive a John M. McKay Scholarships for Students with Disabilities Program transfer pursuant to F.S. 1002.39, if:

1. the student has been reported the preceding October and February FEFP surveys in a Florida public school and will be in grades K-12; and
2. the student is a student with a disability for whom an individual educational plan (IEP) has been written.

B. District Obligations

For each student who meets the eligibility requirements of the John M. McKay Scholarships for Students with Disabilities Program, the District shall:

1. notify the parent of all options available by April 1st of each year and within (10) days of the child's IEP meeting;
2. offer the student's parent an opportunity to enroll the student in another public school that can appropriately provide the services written on the IEP, the Florida Inventory of School Houses (FISH) capacity of the receiving school is below 100%, and the maximum number of students does not exceed statutory Class Size limits, to accommodate the transfer requests;

If schools cannot be identified based on these guidelines, the Deputy Superintendent, School Operations, will identify eligible schools.

3. provide transportation to a public school selected by the parent within the scholarship transfer zone if the student resides more than two (2) miles from the selected public school;
4. provide each eligible student with an opportunity to continue attending a public school chosen by the parent until the student graduates from high school.

C. Application Process

1. The parent of an eligible student shall file intent to participate on www.floridaschoolchoice.org.
2. The parent shall complete the appropriate public school choice form at the Region Office that serves the child's home school.
3. Region Office staff will verify student eligibility and will approve the transfer to a designated eligible school to accommodate the transfer request if the SPED Program at the requested school is not over capacity, as determined by the District office responsible for special education services.
4. Region Office staff will advise the parent that the transfer has been approved or denied.
5. If the requested school has been denied, Region Office staff will offer alternate schools that have the appropriate SPED program.

Transfers will not be processed during FTE weeks, mid terms, FCAT, or final exams.

D. Appeal Process

A parent may appeal the decision to deny or approve the transfer of a student as follows:

1. Appeal Level I to the Region Special Education Supervisor;
2. Appeal Level II to the Region Superintendent;
3. Appeal Level III to the Deputy Superintendent of School Operations, the Superintendent's designee, whose decision will be final.

Athletic Eligibility

The following conditions shall be a part of the District residence and transfer policies with regard to athletic eligibility for all senior high school students commencing with the successful completion of the eighth grade (as defined by the Student Progression Plan (Policy [5410](#))). These requirements are in addition to the Florida High School Activities Association (FHSA) and the Greater Miami Athletic Conference (GMAC) Bylaws.

- A. Any student who enrolls in a school other than the home school serving his/her home address will forfeit athletic eligibility for one (1) calendar year commencing from the date of enrollment. Ninth grade students who transfer into magnet schools/programs are exempt from this rule when applications are submitted on or before January 31st of the school year

preceding the year for which admission is sought, and approved prior to the first day of fall practice or prior to the first day of school, whichever comes first. A student who moves into another attendance area may represent the school that serves the new area provided the move is accompanied by a corresponding change in residence of the parent (s)/guardian(s), or other individual with whom the student has resided continuously for a full calendar year.

- B. Any student who is found to have falsified eligibility information shall lose athletic eligibility for one (1) full calendar year from the date of discovery of the violation.
- C. Any student who is found to be attending a school out of his/her assigned attendance area without a properly executed approved student transfer, as defined in this policy, shall be assigned to the school that serves the verifiable residence address and forfeit athletic eligibility for a period of one (1) full calendar year from the date of discovery of the violation. Assignments to magnet/alternative schools should not affect District/GMAC eligibility upon the student's return to his/her designated home school.
- D. A Superintendent's Athletic Eligibility Transfer Review Committee (AETRC) consisting of one (1) District level administrator, three (3) senior high school principals, three (3) senior high school athletic directors, one (1) representative from the District Athletic Advisory Committee, and an administrator from the Division of Athletics/Activities and Accreditation, who serves as an ex-officio member, will review eligibility appeals of transferring student athletes. This committee will meet at least once a month. All results of appeals for athletic eligibility that are reviewed by the AETRC will be forwarded to the respective region superintendents and principals of the affected schools for information purposes.
- E. A student receiving any type of transfer into a senior high school must abide by all the FHSAA and GMAC Bylaws, and applicable Board rules pertaining to athletic eligibility.
- F. Violations of the transfer policy with regard to athletic eligibility may result in forfeiture of athletic contest(s), fines, and/or probation. Penalties to be assessed will be determined by the Director of the Division of Athletics/Activities and Accreditation and Executive Secretary, GMAC.
- G. The principal shall be responsible for control of the athletic programs, coaches, booster groups and student athletes.

Transfers Pursuant to Federal Law, State Statutes, or Board Policies

Transfers granted pursuant to F.S. 1002.38, Opportunity Scholarship Program, F.S. 1002.39, the John M. McKay Scholarships for Students with Disabilities Program, or other Federal or State law will be governed by Board policies.

Handbook of the Florida High School Athletic Association
F.S. 1001.41(1)(2), 1001.42(22), 1001.43(10), 1002.38, 1002.39, 1006.07, 1006.15