



Miami-Dade County Public Schools Federal and State Compliance Office

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



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



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



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

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



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

- Home Language Survey Form ([FM-5196](#))
- Emergency Student Data Form ([FM-2733](#))
- Disclosure at Time of Registration ([FM-5740](#))
- Project UP-START Student Questionnaire ([FM-7378](#)) Form can be completed and submitted online by clicking the [Submit Form](#).

Notes: *Verification of Address – Parents / Legal guardians must provide **TWO of the following:**

- Broker's or Attorney's statement of parents' purchase of residence, **or** properly executed lease agreement
- Current Homestead Exemption Card
- Electric deposit receipt or electric bill, showing name and service address
- Miami-Dade County Public Schools Statement of Bonafide Residence – [FM-7444](#)

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



MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
Last First Middle

Date of Birth ____/____/____ Grade ____ Parent Language _____ Student Language _____
Month Day Year

Date Entered U.S. School : ____/____/____ Ethnic (Check all that apply) Race: White Black Asian
Month Day Year Hispanic ____ (Y/N) American Indian Native Pacific Islander

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- | | |
|--|------------------|
| 1. Is a language other than English used in the home? | Yes ____ No ____ |
| 2. Did the student have a first language other than English? | Yes ____ No ____ |
| 3. Does the student most frequently speak a language other than English? | Yes ____ No ____ |

School _____ Date _____ Parent/Guardian Signature _____

ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE
ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento ____/____/____ Grado ____ Lengua Paterna _____ Idioma del Estudiante _____
Mes Día Año Origen Etnico (Marque

Fecha de Entrada a la Escuela de los Estados Unidos: ____/____/____ Hispano ____ (S/N) todo lo pertinente) Raza: Blanco Negro
Mes Día Año Asiático Indígena de los EEUU Oriundo de las Islas del Pacífico

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- | | |
|--|-----------------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés? | Sí ____ No ____ |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? | Sí ____ No ____ |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí ____ No ____ |

Escuela _____ Fecha _____ Firma del Padre/Madre _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi Non

Dat Fèt li ____/____/____ Klas ____ Lang paran Yo _____ Lang Elèv La _____
Mwa Jou Ane Etnisite (Tcheke tout

Dat ou Antre U.S. Lekòl: ____/____/____ Espayòl ____ (W/N) sa ki aplike Ras: Blan Nwa Azyatik
Mwa Jou Ane Amriken Endyen Natif Il Pasifik

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- | | |
|--|------------------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? | Wi ____ Non ____ |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi ____ Non ____ |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè? | Wi ____ Non ____ |

Lekòl _____ Dat _____ Siyati Paran _____



EMERGENCY STUDENT DATA FORM

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

Is either parent in the Military? Yes No Branch
Kindergarten Only: Was the child in pre-school or child care? Yes No
Was the full cost paid by you? Yes No What type? Headstart ESE Migrant Other Unknown
EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.
(Name) (Relation to Student) (Address) (Phone at Work)
(Name) (Relation to Student) (Address) (Phone at Work)
Family Doctor Phone Preference of Hospital Phone
Student health/allergy data which should be known in an emergency:

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.
Authorized:
Authorized:
Not authorized:
Not authorized: IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.
Date: Printed Registering Parent/Guardian's Name
Registering Parent/Guardian's Signature

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

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



MIAMI-DADE COUNTY PUBLIC SCHOOLS
DISCLOSURE AT TIME OF REGISTRATION

Chapter 1006.07 (1)(b), requires that any student seeking admission to a public school in the State of Florida will provide the following information at the time of initial registration:

1) Has the student ever been expelled from any school, in or out of the State of Florida?

YES NO

If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

2) Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES", please list each and every arrest which resulted in a formal charge.

3) Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.

4) Please state whether the student has any corresponding referrals to mental health services related to your answers to Questions 1, 2 and 3. If yes, please list them.

Student's Name _____ ID. # _____

(Please Print)

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

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



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



2024-2025 Project UP-START Student Eligibility Questionnaire

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

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

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

- Shelter (A) Sharing the home of others/
Doubled-up (B) Car/Park/Trailer/Substandard Housing (e.g., no water,
no electricity, mold infestation) [D]
- Hotel/Motel/Airbnb (E) Rent home* Own home*
- *If you select Rent Home/Own Home, please go to Question #7.**

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

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

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

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

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

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

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

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

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

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

Caregiver's Name: Date:

Unaccompanied Youth Signature: Phone Number:

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

QUESTION 7: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address: Length of time at Current Address:

Former Address: Phone Number:

Parent's Name: Parent/Guardian Signature: Date:

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name : Location # :

School Contact Name : Position :

Contact Number/Ext : Email Address :

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