

MIAMI-DADE COUNTY PUBLIC SCHOOLS



Kindergarten - Grade 8 Registration Packet 2018 - 2019

ADA MERRITT K-8 CENTER
660 SW 3rd Street
Miami, FL 33130
(305) 326-0791

Carmen M. Garcia, Principal
Lydia Sabatier, Assistant Principal

March 2018



REGISTRATION INFORMATION 2018-2019

ALL DOCUMENTS MUST BE SUBMITTED IN ORDER TO REGISTER THE STUDENT; NO INCOMPLETE PACKAGES WILL BE ACCEPTED.

1. BIRTH CERTIFICATE

- Please bring the **ORIGINAL** birth certificate (it will be returned to you).
- Duly attested original birth certificate or birth card – must be original; hospital certificate not acceptable.
- Passport or Certificate of Arrival in the U.S. showing age of child (FM 6670 cannot be photocopied), may also be accepted.

2. FLORIDA HEALTH AND IMMUNIZATION REQUIREMENTS

No student will be admitted to school without presenting tangible documentation that immunization and health requirements have been met.

➤ **STUDENT PHYSICAL EXAMINATION – HRS Form 3040**

Requirements for students enrolling in a Florida school for the first time must be completed within 12 months prior to entry date including proof of **tuberculin skin test, reading of the test, and appropriate follow-up**. This yellow form shows that a health examination has been performed within one year prior to enrollment. All students enrolling in Kindergarten through Third Grade must provide documentation of two measles immunization. All Students Prekindergarten through third grade are required to have completed the Hepatitis B Series, and Varicella (Chicken Pox) vaccine or documentation of history or disease.

➤ **CERTIFICATE OF IMMUNIZATION – HRS Form 680 (Blue card from a private doctor or local Health provider)**

- Part A – Student has received all required immunization;
- Part B – Temporary Medical Exemption (Additional certification must be presented on or before the expiration date or student will be excluded from school);
- Part C – Permanent Medical Exemption;
- HRS Form 681 – Religious Exemption.

3. PROOF OF ADDRESS – TWO (2)

1. Utility bill (power, or water, or gas) **showing** parent's name and service address **including the zip code**.

AND

2. Broker's or Attorney's statement or parent's purchase of residence or properly executed lease agreement

4. COPY OF SCHOOL RECORDS (Report Cards, Test Scores, etc. if coming from a private school or school out of state or country)

5. STUDENT'S ORIGINAL SOCIAL SECURITY CARD

6. TWO (2) COMPLETED AND SIGNED STUDENT DATA CARD (FM-2733)

7. COMPLETED AND SIGNED ADA MERRITT K-8 CENTER SCHOOL CONTRACT

8. COMPLETED AND SIGNED DIRECTORY INFORMATION OPT-OUT FORM (FM-6479)

9. COMPLETED AND SIGNED DISCLOSURE AT TIME OF REGISTRATION (FM-5740)

10. COMPLETED AND SIGNED HOME LANGUAGE SURVEY FORM (FM-5196)

11. COMPLETED AND SIGNED REGISTRATION INFORMATION FORM

12. ONE (1) LETTER SIZED ENVELOPE: WILL BE USED TO SEND HOME THE ROOM ASSIGNMENT FOR THE 2018-2019 SCHOOL YEAR. PLEASE PLACE ONE (1) STAMP ON THE ENVELOPE.

*** NOTE:**

- WE ARE A COMMUTER SCHOOL, THEREFORE, TRANSPORTATION TO ADA MERRITT K-8 CENTER IS PROVIDED BY PARENTS/GUARDIANS.
 - INFORMATION REGARDING SUMMER READING LIST, SUPPLY LIST, BEFORE AND AFTER SCHOOL CARE, UNIFORMS, PTA, PIPA & SIPA AND "MEET AND GREET YOUR TEACHER" ORIENTATION, WILL BE POSTED ON THE SCHOOL WEBSITE, BY MID JUNE. <http://adamerritt.dadeschools.net/>
- TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOLS
 - PARENT OR LEGAL GUARDIAN MUST BRING A WITHDRAWAL SLIP FROM SENDING SCHOOL
 - PROOF OF ADDRESS IN NAME OF PARENT/GUARDIAN
- **IF YOUR CHILD IS NOT REGISTERED BY APRIL 6, 2018, HIS/HER ELIGIBILITY FOR THE PROGRAM WILL BE TERMINATED.**



ADA MERRITT K-8 CENTER

660 SW 3rd Street
Miami, Florida 33130
TEL: (305) 326-0791 FAX: (305) 326-0927

REGISTRATION INFORMATION

(Please type or print clearly)

Date _____ Grade _____ Age _____ Gender _____ Ethnicity _____

Student's Last Name _____ First Name _____ Middle _____

Date of Birth _____ City _____ Country _____

Address _____ Apt # _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Phone _____ Cell _____

Place of Employment _____ Phone _____

Father's Name _____ Phone _____ Cell _____

Place of Employment _____ Phone _____

Email Contact information: **(Please Print)** _____

EMERGENCY CONTACTS

(STUDENTS WILL BE RELEASED ONLY TO THE PERSONS LISTED BELOW)

Name _____ Home Phone _____ Cell _____

Name _____ Home Phone _____ Cell _____

Name _____ Home Phone _____ Cell _____

Name _____ Home Phone _____ Cell _____

In the event I cannot be contacted, I authorize the appropriate school official to take steps necessary to seek emergency medical attention. List any known physical or emotional condition(s)/allergies:

Family Physician _____ Phone # _____

Parent/Guardian Name _____ Signature _____

Date: _____



Miami-Dade County Public Schools

Directory Information Opt-Out Form

FOR REGISTRAR USE ONLY:

- 1 - USM 5- USM/FAFSA
- 2 - IHE 6 - IHE/FAFSA
- 3 - FAFSA 7- USM/IHE/FAFSA
- 4 - USM/IHE

Miami-Dade County Public Schools (M-DCPS) generally protects a student’s personally identifiable information¹ from disclosure without prior consent from parents or eligible students. However, unless the parent or eligible student specifically states in writing that they do not want this information provided, M-DCPS is required to provide senior high school students’ names, addresses, and telephone listings to military recruiters or institutions of higher education upon their request.²

Additionally, in a joint effort to increase the number of students applying for higher education financial aid, Miami-Dade County Public Schools and the United States Department of Education (USDOE) are participating in a Free Application for Federal Student Aid (FAFSA) Completion Project. Unless the parent or eligible student specifically states in writing that they do not want student information provided, M-DCPS may provide student information to the USDOE for this purpose. If you do **not** want your child’s information disclosed to any or all of these entities, check the space next to each entity listed below to which you do **not** want your child’s information disclosed.

I **DO NOT CONSENT TO DISCLOSURE** of my child’s name, address, telephone listing, or birth date to the following (check all that apply):

- United States Military (Army, Navy, Air Force, Marines, Coast Guard, etc.)
- Institutions of Higher Education
- USDOE for FAFSA Completion Project

Student’s Name: _____ Date of Birth: _____ ID#: _____

I understand that by checking the spaces above and submitting this form to the person indicated below, M-DCPS will restrict the disclosure of personally identifiable student information from my child’s educational records to the entities that I have selected.

I further understand that if I do not complete and return this form, M-DCPS will release the information to the above-mentioned entities upon request by the entity and has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of directory information to these entities.

Parent/Guardian Name

Signature

Date

To prohibit disclosure to the above-listed entities, return this form to your child’s school within the next 30 days to:

¹ The *Family Educational Rights and Privacy Act* (20 U.S.C. § 1232g; 34 C.F.R., Pt. 99) governs the confidentiality of student educational records.

² See 20 U.S.C. § 7908.



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 <input type="checkbox"/>	No <input type="checkbox"/>
2. Did the student have a first language other than English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the student most frequently speak a language other than English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

School _____ Date _____ Parent/Guardian Signature _____

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

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

No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento ____/____/____ Grado ____ Lengua Paterna _____ Idioma del Estudiante _____
Mes Día Año

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

Si responde "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 <input type="checkbox"/>	No <input type="checkbox"/>
2. ¿Tuvo el estudiante una lengua materna distinta al Inglés?	Sí <input type="checkbox"/>	No <input type="checkbox"/>
3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés?	Sí <input type="checkbox"/>	No <input type="checkbox"/>

Escuela _____ Fecha _____ Firma del Padre/Madre _____

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

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi Non

Dat Fèt li ____/____/____ Klas ____ Lang paran Yo _____ Lang Elèv La _____
Mwa Jou Ane

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

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

1. Eske yo sèvi ak yon lang ki pa Anglè lakay li?	Wi <input type="checkbox"/>	Non <input type="checkbox"/>
2. Eske elèv la te genyen yon premye lang anvan Anglè?	Wi <input type="checkbox"/>	Non <input type="checkbox"/>
3. Eske elèv la abitye pale yon lang ki pa Anglè?	Wi <input type="checkbox"/>	Non <input type="checkbox"/>

Lekòl _____ Dat _____ Siyati Paran _____

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. Number _____ Grade ____ Section _____

Student Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Indicate primary contact phone number to be used for emergencies and automated messaging: _____

Last Name _____	First Name _____	Relation _____	Place of Employment _____
Telephone _____	Cell Phone _____	Email _____	

Last Name _____	First Name _____	Relation _____	Place of Employment _____
Telephone _____	Cell Phone _____	Email _____	

Is either parent in the Military? Y _____ N _____ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes _____ No _____

Was the full cost paid by you? Yes _____ No _____ What type? Headstart ___ ESE ___ Migrant ___ Other ___ Unknown ___

EMERGENCY CONTACT INFORMATION: Additional data is requested in the event of an emergency illness of your child. It is the parent's legal responsibility to assume medical and transportation 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 _____
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Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____

Authorized: _____

Not Authorized: _____

Not Authorized: _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing (document) and that the facts stated in it are true.

Date: _____ Printed Parent Name: _____

Parent's Signature Verification: _____

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

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat. §837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. §92.525, which are punishable as provided in Fla. Stat., §§775.082, 775.083, and 775.084.

The Emergency Student Data Form governs early release withdraw of the student. The person who signs/verifies this form is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.



RECORD OF ACCESS CARD

NAME OF STUDENT _____ (Last) _____ (First) _____ (Middle) _____ DATE OF BIRTH _____

Name and Title of Person Requesting Access	Reason for Request	Dates	Access Authorized by	Types of Information Released
1.		Request		
		Access		
2.		Request		
		Access		
3.		Request		
		Access		
4.		Request		
		Access		
5.		Request		
		Access		
6.		Request		
		Access		
7.		Request		
		Access		
8.		Request		
		Access		



CUMULATIVE SCHOOL HEALTH RECORD
 (This form is not intended for physician's use)

Special Health Problems - See Narrative _____

Name _____ Race _____ Sex _____ School _____

Address _____ Father's Name _____

_____ Mother's Name _____

Date of Birth ____/____/____ Place of Birth _____ Birth Recorded: Yes No

Immunization Certification: Yes No

Special Immunization Programs _____

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision												
Hearing												
Height, Weight & Graphing												
Nutrition												
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															



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.

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)

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 _____