Kindergarten - Grade 8 Registration Packet 2013 - 2014

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

Carmen M. Garcia, Principal
Barbara M. Martin, Assistant Principal
March 2013
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. 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 – 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
   ➢ Utility bill (power, or water, or gas) **showing** parent’s name and service address **including the zip code.**
   ➢ 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.)
5. STUDENT’S ORIGINAL SOCIAL SECURITY CARD
6. TWO (2) COMPLETED AND SIGNED STUDENT DATA CARD (FM-2733)
   ➢ Must be completed on both sides and signed by the child's parent or guardian.
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

NOTE:

- **WE ARE A COMMUTER SCHOOL, THEREFORE, TRANSPORTATION TO ADA MERRITT K-8 CENTER IS PROVIDED BY PARENTS/GUARDIANS.**
- **INFORMATION REGARDING BEFORE AND AFTER SCHOOL CARE, UNIFORMS, AND “MEET AND GREET YOUR TEACHER” ORIENTATION WILL BE FORTHCOMING.**
- **TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOLS**
  ➢ **PARENT OR LEGAL GUARDIAN MUST BRING A WITHDRAWL SLIP FROM SENDING SCHOOL**
  ➢ **PROOF OF ADDRESS IN NAME OF PARENT/GUARDIAN**
- **IF YOUR CHILD IS NOT REGISTERED BY APRIL 5, 2013, HIS/HER ELIGIBILITY FOR THE PROGRAM WILL BE TERMINATED.**
REGISTRATION INFORMATION
(Please 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: _________________________________________________________

☐ Yes, I would like to receive email information

☐ No, I prefer to receive printed information

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: ____________________________________________

Registration 2013 - 2014
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).

- One (1) dose of Varicella (chicken pox) vaccine for pre-kindergarten, sixth, 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 and fifth 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.
- Beginning with the 2012-2013 school year, 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 (this requirement applies only to students entering Kindergarten effective for school year 2012-2013).
- 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.