

MIAMI-DADE COUNTY PUBLIC SCHOOLS



**Kindergarten - Grade 8  
Registration Packet  
2017 - 2018**

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

**Carmen M. Garcia, Principal  
Lydia Sabatier, Assistant Principal**

March 2017



## REGISTRATION INFORMATION 2017-2018

**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 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

- 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 WITHDRAWAL SLIP FROM SENDING SCHOOL
  - PROOF OF ADDRESS IN NAME OF PARENT/GUARDIAN
- **IF YOUR CHILD IS NOT REGISTERED BY APRIL 3, 2017, 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 information<sup>1</sup> 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.<sup>2</sup>

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:

<sup>1</sup> 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.

<sup>2</sup> 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  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

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  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

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 sévi 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. 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 \_\_\_

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**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 _____

**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 \_\_\_\_\_