

Miami-Dade County Public Schools



**Pre-Kindergarten – Grade 5
Registration Packet**

**G. W. Carver Elementary School
238 Grand Avenue
Coral Gables, Florida 33133
(305) 443-5286**

**Patricia D. Fairclough, Principal
Kadie Montano, Assistant Principal**



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Items Required for Registration Pre-Kindergarten - 5th Grade

- _____ Birth Certificate (original or certified copy) and Passport (if born outside the United States)

 - _____ Florida Certificate of Immunization – DH680 Form (original)

 - _____ Current TB Screening/Results

 - _____ Florida School Entry Health Exam – DH3040 Form (original)
[Health examination performed within one year of enrollment]

 - _____ Proof of Address (**two required**) – Current FPL bill showing name and service address, broker's or attorney's statement of parents' purchase of residence, current Homestead Exemption Card, and/or property executed lease agreement. If unable to provide two valid proofs of address, an address verification will be conducted by a district social worker.

 - _____ Student School Records (Transcript or Report Card for entire previous school year) for grade placement – **Grades 1st - 5th only! and Parent ID**

 - _____ Florida Certificate of Eligibility – COE – **PreK only!**
- Please visit www.vpkhelp.org to obtain this certificate.

Note: To enter PRE-K, a child must be 4 on or before September 1st; to enter Kindergarten, a child must be 5 on or before September 1st' and to enter 1st grade, a child must be 6 on or before September 1st.



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 "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

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 ____ 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 _____

STUDENT'S INFORMATION

Student's Name _____
Last (apellido) First (nombre) Middle (segundo)

Birthdate: _____ Place of Birth: _____ Sex _____
Mo. Day Yr. City/State (sexo)
Mes/dia/año (lugar de nacimiento)

Address (dirección) _____ Phone (teléfono) _____

Father/Step-Father's Name: _____ Work/cell phone _____
(nombre del padre o padrastro) (teléfono/celular del trabajo)
Place employed _____ Occupation _____
(lugar de trabajo) (ocupación)

Mother's/Step-Mother's Name: _____ Work/cell phone _____
(nombre de la madre o madrastra) (teléfono/celular del trabajo)
Place employed _____ Occupation _____
(lugar de trabajo) (ocupación)

Name or person with whom pupil lives (if not parent) _____
(nombre de la persona con quien vive el estudiante – si no son los padres)

Relationship _____ Place employed _____ Phone # _____

Emergency contact (other than parents) – Contacto de Emergencia (aparte de los padres):

1. _____
Name (nombre) Relation (parentesco) Phone (teléfono)

2. _____
Name (nombre) Relation (parentesco) Phone (teléfono)

Name of last of school attended _____ City _____
(nombre de la última escuela que asistió) (ciudad)

Family Doctor (nombre del Dr.) _____ Phone (teléfono) _____

Hospital preference (hospital de preferencia) _____

of brothers _____ # of sisters _____ Attend this school _____
(cuántos hermanos) (cuántas hermanas) (attendió esta escuela)

Pupil health data which should be known in emergency:
(datos sobre la salud del alumno que debemos saber en caso de emergencia)

Parent's Signature (firma de los padres) _____
Date (fecha) _____



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

UNLISTED TELEPHONE NUMBER NOTIFICATION

Directory information is defined in **Student Records**, which is incorporated as a part of Board Policy 8330, as the student's name, address, telephone number if it is a listed number, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees and awards received, and most recent educational agency or institution attended.

Federal law requires that school systems provide directory information upon request to military recruiters and institutions of higher education. Directory information may also be provided to other organizations and agencies.

Cards and forms distributed for collecting information at the start of this school year did not provide a space to indicate that a telephone number is unlisted. Therefore, this form should be used to indicate that the telephone number which was provided for a student is unlisted. A notation will be made in the student's record so that the telephone number **is not** provided in response to requests for directory information.

Please return this form within 30 days to your school, if your telephone number is listed and you do not want it provided in response to directory information requests.

Student's Name: _____ ID#: _____

Grade Level: _____ Unlisted Telephone Number: _____

Parent's/Guardian's/Student's Signature (18 years or older):

Print

Signature

Date



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
ADDRESS VERIFICATION AGREEMENT**

NAME OF STUDENT(S) _____

NAME OF PARENT/GUARDIAN _____

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)



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)

Verification

Under penalties of perjury, I declare that I have read the foregoing Statement of Bonafide Residence and that the facts stated in it are true. 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. Florida Statute §92.525 provides that whoever knowingly makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree.



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.



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.

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 Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and 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.

