

MIAMI SHORES ELEMENTARY SCHOOL

Registration Packet



10351 NE 5TH Avenue, Miami Shores, FL 33138

Office: 305-758-5525 Fax: 305-756-3805

School Hours

Grades K-1: 8:20 a.m. - 1:50 p.m.

Grades 2-5: 8:35 a.m. - 3:05 p.m.

On Wednesdays, all elementary students are dismissed at 1:50 p.m.

Lunch – 30 minutes Daily

Recess – 20 minutes Daily

After School Care Program 1:50 pm – 6:00 pm

<http://www.miamishorselementary.net>

Follow us on social media

TWITTER @ShoresElem

INSTAGRAM @Shorselem

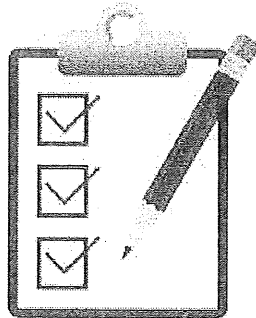


**Cambridge Assessment
International Education**

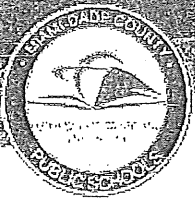
Cambridge International School

Miami Shores Elementary

Checklist



- Original Birth Certificate**
- Original Immunization**
- Original Physical Forms**
- Driver License**
- Recent FPL or Lease/Mortgage**
- Certificate of Eligibility**
 - vpkhelp.org



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 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

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 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
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 "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 <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 Etnisite (Tcheke tout Espayòl _____ (W/N) sa ki aplike) Ras: Blan Nwa Azyatik

Dat ou Antre U.S. Lekòl: _____ / _____ / _____ Amriken Endyen Natif Il Pasifik
Mwa Jou Ane

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 _____



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



2022-2023 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 who 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 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) Doubled-up/Sharing the home of others (B) Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D]
- Hotel/Motel/Airbnb (E) Rent home Own home

SKIP QUESTION #2 IF YOU SELECT RENT HOME/OWN HOME

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 violence, mental illness, unemployment (O)
- Man-Made Disaster/Fire (D) Mortgage Foreclosure (M) Tropical Storm (S) Tornado (T) Other/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 #

PARENT/GUARDIAN CONTACT INFORMATION (DO NOT COMPLETE QUESTIONS 4 AND 5)

Current Address: City: Zip Code:

Parent Name: Phone Number:

Parent/Guardian Signature: Date:

QUESTION 4 AND 5: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

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

Caregiver's Name: Date:

Unaccompanied Youth Signature:

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

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name: Location #:

School Contact Name:

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.
 THIS FORM DOES NOT TRIGGER A CALL TO THE FAMILY. FOR MORE SERVICES, FM-7404 AND/OR FM-7405 MUST BE SUBMITTED.



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. § 95.52(5), 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.