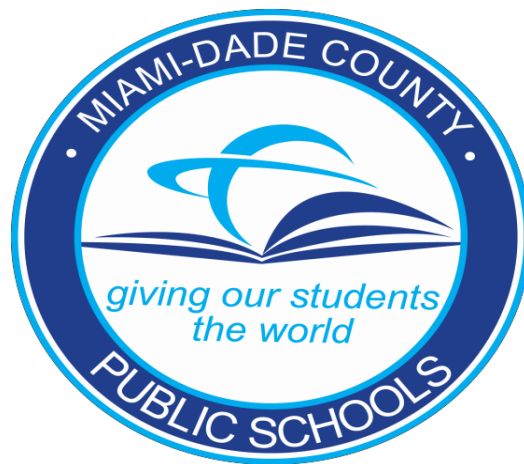


MIAMI-DADE COUNTY PUBLIC SCHOOLS

Federal & State Compliance Office  
489 East Drive  
Miami Springs, FL 33166

# **Initial Entry Registration Procedures Handbook 2017-2018**



**Revised February 2018**

# Miami-Dade County Public Schools

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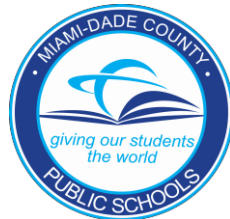
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SECTION I:

**FORMS, DOCUMENTS &  
PROCEDURES FOR INITIAL ENTRY**

## Miami-Dade County Public Schools

### **ADMISSION, REGISTRATION AND IMMUNIZATION REQUIREMENTS**

To ensure adherence with all registration procedures, a series of forms, documents and procedures have been provided for your convenience; which includes a Student Cumulative Record Registrar's Checklist (**Appendix 1**), Miami-Dade Online Academy Registration Procedures for New Students (**Appendix 1A**), and Registration Requirements (**Appendix 2**) that may be given to parents, upon request.

#### **I. Forms, Documents and Procedures for Initial Entry**

- A.** Emergency Student Data Form [FM-2733](#)
- B.** Home Language Survey Form [FM-5196](#)
- C.** Age and Legal Name Verification
- D.** Race/Ethnicity
- E.** Evidence of Custody/ Guardianship
- F.** Verification of Address
- G.** Disclosure at Time of Registration [FM-5740](#)
- H.** Health and Immunization Requirements
  - 1. Student Health Examinations, including proof of tuberculin screening, reading of the test, and appropriate follow-up [DH-3040](#)
  - 2. Florida Certificate of Immunization, or Certificate of Exemption [DH-680](#)
- I.** Parent Communication
- J.** Prior Resident Entry Code
- K.** Student Records
  - 1. Foreign Students
  - 2. Out-of-State Transfer Students
  - 3. Home Education Students
  - 4. Special Education Students
- L.** Military Families
- M.** Project Up-Start, Children and Youth In Transition Program Student Residency Questionnaire [FM-7378](#)

## A. EMERGENCY STUDENT DATA FORM, FM-2733 (Appendix 3)

Students initially entering Miami-Dade County Public Schools must have at least one Emergency Student Data Form completed by a parent as a part of the registration process. The Emergency Student Data forms in English, Spanish and Haitian Creole are available from Stores and Distribution. The information on this form must be updated **annually** for all students in membership or when parents provide additional or new information regarding the student. **Only the parent who enrolls the student may withdraw or transfer the student.** Specific procedures for releasing students during the school day are as follows:

1. The Authorization for Release of Student from School section of the emergency Student Data Form must contain the name of any person(s), other than parents, who are authorized to pick up the student during the school day. A parent, as identified on the front side of the Emergency Student Data Form must sign this authorization.
2. In instances where parents are divorced or separated, the action of the school will be governed by the information on the Authorization for Release of Student from School section of the Emergency Student Data Form. The enrolling parent is responsible for completing the card, and for notifying the school of additional or new information during the school year.
3. The school administrator or designee (preferably assistant principal or counselor) must be responsible at the school to release a student during the school day. This school official must review the Authorization for Release of Student from School section of the Emergency Student Data Form to ensure that the person requesting the student is authorized to remove the student. **Under no conditions should students working in school offices release other students; students should only be released from the main office.**
4. Only individuals listed on the Authorization for Release of Student from School section of the emergency Student Data Form are allowed to take students from school during the school day – provided they are identified as follows:
  - a. Individual's driver license, or other identification card (photo ID preferred);
  - b. Individual is identified by student being picked up if picture ID is not presented; or
  - c. Individual is identified by school personnel.
5. Individuals who do not provide the identification information listed above, and are authorized to pick up children from elementary schools should have a signed note from the parent on file and/or a phone call should be made to the parent for purposes of identification.

Other than a parent, a person whose name is not on the Authorization for Release of Student from School section of the Emergency Student Data Form is not permitted to pick up the student early, or at the end of the school day. The parent must be contacted to seek authorization. **No release shall be permitted regardless of the person's relationship to the student, until the parent approves.**

Instructions have been developed in three languages to assist parents in completing the Emergency Student Data Form. For assistance, you may access the link provided herein: [Initial Entry Registration Procedures Handbook 2017- 2018](#).

**For information regarding release of students to law enforcement officers or to the Florida Department of Children and Families, staff should contact the Children's Court house, 305-679-2800 or the District/School Operations Juvenile Support Office at [EDAT@dadeschools.net](mailto:EDAT@dadeschools.net).**

For students who are pre-registered (future) in DSIS, two preprinted forms will be sent to each school by Information Technology Services (ITS) in August of each year. The pre-printed information represents the most recent data available on the District Student Information System (DSIS).

## **B. HOME LANGUAGE SURVEY FORM, [FM-5196](#)**

The Florida Department of Education in accordance with the META Consent Decree which addresses the civil rights of ELL students mandates that every student initially entering Miami-Dade County Public Schools be asked a series of three questions, as part of the registration process. The Home Language Survey, [FM-5196](#), is available in English, Spanish, and Haitian Creole.

## **C. AGE AND LEGAL NAME VERIFICATION**

Florida Statute 1003.21, [School Attendance](#), specifies the evidence required to establish proof of birth, and alternative options if the first prescribed evidence is not available, in the prescribed order, as provided below. Review Glossary in **Appendix 2** for definition of terms.

- a. A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births (original birth certificate); hospital certificate is not acceptable. Birth certificates issued as of January of 2013 to present cannot be photocopied. Complete the Verification of Birth Certificate Form, [FM-6982](#), with the student information provided on the original birth certificate; or
- b. A duly attested transcript of the certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent; or
- c. An insurance policy on the child's life which has been in force for at least two years; or
- d. A bonafide contemporary religious record of the child's birth accompanied by an affidavit sworn to by the parent; or
- e. A passport or certificate of arrival in the United States showing the age of the child. Since the passport or certificate of arrival cannot be copied, you must complete the Verification of Student Information on Passport, Parolee Card or Certificate of Arrival, [FM-6670](#); or
- f. A transcript of record of age shown in the child's school record of at least 4 years prior to application, stating date of birth; or
- g. If none of these evidences can be produced, parent must supply an Affidavit of Age, [FM-4681](#), available in English, Spanish, and Haitian Creole, sworn by the parent, and accompanied by a Certificate of Age signed by a public health officer or by a public school physician, or, if practicing physician designated by the school board, which certificate shall state the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct.

## **BIRTH CERTIFICATE**

Parents are to provide proof of age for their child. School site personnel may provide parents information on how to request original birth certificates. Hospital Certificates are not acceptable. If available, a copy of the birth certificate is to be placed in the student's Cumulative Record Folder, and the birth registration number is to be recorded in the appropriate place on the Cumulative Record Folder.

## **APPLYING FOR A BIRTH CERTIFICATE**

Birth certificates are to be requested from the Bureau of Vital Statics appropriate to where the child was born. The requester (parent) must provide specific information at the time of the request, along with any associated fees for processing. A chart has been prepared by State for your convenience. **(Appendix 5)**

## **LEGAL NAMES OF STUDENTS**

School Board Policy [5200-Attendance](#) states that requests from a parent to enroll a child in a public school under a name other than the legal name may be granted on a temporary basis provided court action is in process to make the assumed name legal. Official school records must list both the legal name and assumed name of the student. Students entering a District school for the first time must have an Emergency Student Data Form completed with both legal and assumed names shown.

A student's legal name should not be changed on any of the student's records without a legal document noting the change. Upon registration, the staff person who is initially entering a student's name into DSIS should enter the student's name as it appears on the legal document. Do not enter the name the parent wrote on the Emergency Student Data Form. It is imperative that the legal document be used to enter information in the District Student Information System (DSIS).

When a student's name, birth date, sex, ethnicity or place of birth is initially entered incorrectly, or when a legal document is provided with different information, you must submit a HEAT-Self-Service Ticket to the Federal and State Compliance Office along with the Change of Data Form, [FM-0735](#), and any documents to support the change.

## **NAME AND PRONOUNS**

School staff should address students by their chosen name and pronouns that correspond to their gender identity, regardless of whether there has been a legal name change. Upon request, the chosen name and gender should be included in the district's information management systems, in addition to the student's legal name. District-generated student email addresses should also reflect the student's chosen name, if first names are identifiable in such addresses. These changes inform all staff, including substitute teachers, of the name and pronoun to use when addressing the student, and help avoid inadvertent disclosures.

Students who have a formal name change with proof of court documents must submit an amended birth certificate to finalize the change in our District Student Information System (DSIS).

For assistance with accommodating students with a chosen name, please contact the Division of Student Services.

#### **D. RACE/ETHNICITY**

There are six data elements for reporting race and ethnicity for students in Florida public schools. They are:

- Ethnicity
- Race: American Indian or Alaska Native
- Race: Asian
- Race: Black or African American
- Race: Native Hawaiian or Other Pacific Islander
- Race: White

One element is used to report ethnicity - whether or not the person is of Hispanic/Latino origin.

Five elements are used to report race. Each student may have up to five race elements. A student may have more than one race element with at least one race element identified.

#### **EVIDENCE OF CUSTODY/ GUARDIANSHIP**

If the student is residing with someone other than the parent or legal guardian, the following provisions shall apply:

1. If the parent lives within Miami-Dade, Broward, Palm Beach or Monroe counties, the parent must provide documentation of custody by an appropriate state agency such as the Florida Department of Children and Families or the court. To obtain guardianship of a student, the legal parent must submit to the school a power of attorney that has been properly executed by the legal system, the receipt of affidavit from the Family Court, and valid photo identification. Applications for temporary custody of minor children by extended family can be obtained at the Lawson Thomas Courthouse at 175 NW 1<sup>st</sup> Ave., Suite 2441, Miami, Florida, 33128, 305-349-7800.
2. If a parent resides within Miami-Dade, Broward, Palm Beach or Monroe counties and the student lives in a residence licensed by the Florida Department of Children and Families, the student may be registered and enrolled in the school that serves that licensed residence.
3. If the parent lives outside of Miami-Dade, Broward, Palm Beach or Monroe counties, the school may accept a notarized statement from the parent identifying the person assuming responsibility for the supervision of the child.

#### **E. VERIFICATION OF ADDRESS**

Verification of parent's residence shall be required at the time the child registers in a District school. At the discretion of the Superintendent, verification of residence may be required at any other time during the school year. The student shall reside with the parent placing the student in the neighborhood school.

Verification of address requires **two (2)** of the following:

- A. Broker's or attorney's statement of parent's purchase of residence, or properly executed lease agreement;



- B. Current Homestead Exemption card; and/or
- C. Electric deposit payment receipt or electric bill, bottom portion, showing name and service address.

If verification is not provided or submitted documents not acceptable, the Superintendent may verify the student's residence address.

If an electric deposit payment receipt is used as verification, the electric bill, bottom portion, must also be submitted to the school within forty (40) calendar days after registration. If the parent is unable to furnish the school with the requested electric deposit receipt, the student will be allowed to reenroll in the new school, but must submit the electric bill, bottom portion, to the school within forty (40) calendar days.

When a change of family residence occurs after ninety (90) school days in which a student is enrolled in a school which would place the student in a different attendance area, the student, upon the request of the parent, may complete the year in the present school. No transportation will be provided.

When a change of family residence occurs after ninety (90) days in which a student is enrolled in grades 11 through 12, or is enrolled in the last grade offered at a school, which would place the student in a different attendance area, the student, upon the request of the parent, may remain in the present school through graduation (for grades 11 through 12), or the last grade offered at the school. No transportation will be provided.

Florida Statute 837.06, [False Official Statements](#), states that any parent who knowingly makes false statements in writing with the intent to mislead a public servant will be penalized by law - Miami-Dade County Public Schools Statement of Bonafide Residence, [FM-7444](#).

#### **F. DISCLOSURE AT TIME OF REGISTRATION, [FM-5740](#)**

Florida Statute 1006.07, [District School Board Duties Relating to Student Discipline and School Safety](#), requires that any student seeking admission to a public school in the State of Florida be required to provide information regarding expulsions, arrests which may have resulted in a formal charge, or any involvement with the Juvenile Justice System, at the time of initial registration.

#### **G. HEALTH AND IMMUNIZATION REQUIREMENTS**

NO STUDENT WILL BE ADMITTED TO SCHOOL WITHOUT PRESENTING TANGIBLE DOCUMENTATION THAT IMMUNIZATION AND HEALTH REQUIREMENTS HAVE BEEN MET.

Schools are to keep a list of names and addresses of all students who have not enrolled because of missing required documents. If students on this list do not register within a reasonable period of time, the school is to request home visits from the School Social Worker, to ensure student's enrollment and assist the parents.

Parent shall be encouraged to contact a private physician, clinic, or local health center for information regarding required immunizations. If parents cannot afford to visit a private physician, or if parents indicate that they do not have another source of health care, they can contact The Children's Trust Helpline at 211, or the Florida Department of Health in Miami-Dade County, at (786) 845-0550 for information regarding free immunizations, and/or reduced price for school physical examinations.

Health and Immunization documentation shall be completed on forms approved and provided by the Florida Department of Health, and shall become a part of each student's Cumulative School Health Record to be transferred when the student is promoted or changes schools. The Cumulative School Health Records (**DH-3041**) may be obtained by contacting the Miami-Dade County Public Schools' Comprehensive Health Services Program at 305-805-4600.

**For the 2017-2018 school year, the following changes will take effect:**

<b>Grade Levels (including retained for the</b>	<b>Immunization Changes</b>
Kindergarten, first, second, third, fourth, fifth sixth, seventh, eighth, and ninth grade	Two (2) doses of varicella vaccine or proof of varicella
Pre-Kindergarten, tenth, eleventh, and twelfth grade	One (1) dose of varicella vaccine or proof varicella disease
Kindergarten	The final dose of IPV (polio) vaccine must be administered on or after the student's 4 <sup>th</sup> birthday for entry into Kindergarten. A 5 <sup>th</sup> dose is required if the 4 <sup>th</sup> dose was administered prior to the 4 <sup>th</sup> birthday. Students in grades 1 through 12 do not have to be recalled if all 4 polio doses were administered prior to the 4 <sup>th</sup> birthday.

**1. Student Health Examinations [DH-3040](#)**

Students enrolling in a Florida school for the first time must present proof of a physical exam done within 12 months prior to entry. In addition, Miami-Dade County Public Schools requires a Tuberculosis Clinical Screening with appropriate follow-up, if needed.

Students transferring from within the state or within the county are not required to be re-examined. However, all students initially entering Miami-Dade County Public Schools must present proof of Tuberculosis Clinical Screening prior to enrollment and evidence of appropriate follow-up, if necessary.

## 2. **Florida Certification of Immunization [DH-680](#)**

Florida Statute 1003.22(1), [School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health](#), indicates that the school board of each district shall require each student in PK-12 prior to admittance to, or attendance in a Florida public or private school, to present or to have on file a Certificate of Immunization is required by the Florida Department of Health.

Students enrolling in school for the first time or transferring into Miami-Dade County Public Schools from out-of-state or from another county within the state must present one of the following:

- a. Part A-1, Certificate of Immunization for K-12, excluding 7<sup>th</sup> grade requirements
- b. Part A-2, Certificate of Immunization Supplement for 7<sup>th</sup> grade requirements
- c. Part B, Temporary Medical Exemption – additional certification must be presented on or before the expiration date, or student should be excluded from school;
- d. Part C, Permanent Medical Exemption:  
The Certification of Immunization, form [DH-680](#), can now be printed on white or blue paper. Schools should accept the [DH-680](#) form if printed on white paper. Forms may be completed by hand or printed from the Florida State Online Tracking System (Florida SHOTS). When determining the validity of form [DH-680](#), please follow the guidelines below that reflect the Form's legal requirements:
  - Must be a DOH Form (from Florida SHOTS or a pre-printed blank form);
  - Must be legible; and
  - Must have the signature of the provider (either by hand or by means of an electronic signature verification ID from Florida SHOTS).

## 3. **Religious Exemption from Immunization [DH-681](#)**

The Religious Exemption from Immunization form, [DH-681](#), may be obtained from the Special Immunization Program of the Florida Department of Public Health, 786-845-0550.

Health Records for students within the state should be requested via the Florida Automated System for Transferring Educational Records (F.A.S.T.E.R.). For additional information, call the Florida Department of Health, Miami-Dade County, at 786-845-0550.

Parents of students transferring within Miami-Dade County Public Schools do not need to be issued a copy of the immunization

documentation on file in the student's cumulative folder. The receiving school can access the immunization information from the District Student Information System (DSIS), Student Information Screen (PF3), and then access the Health Information Screen (PF17).

Students identified as Military Children, Project UP-START, Homeless Children, Youth Program and Juvenile Justice Programs are to be admitted to school on a 30 day temporary exemption. Absence of the documents will not prevent the student from attending school. For information regarding students in transition (homeless), you may contact Ms. Debra Albo-Steiger, Program Manager, School Social Worker, Division of Student Services, at 305-995-7558.

#### 4. Florida SHOTS (State of Florida Immunization Registry) [DH-680](#)

Florida SHOTS (State of Florida Immunization Registry) is a free, statewide, centralized online immunization registry that helps parents, authorized health-care providers, schools and day care centers keep track of immunization records. The registry was designed to assist health care providers by providing the following benefits:

- Easy-to-print forms (\*Form [DH-680](#));
- 24/7 access to immunization information;
- Up-to-date immunization tracking software that never needs to be downloaded or upgraded on your computer;
- System-certified electronic \*Form [DH-680](#) – accessible directly to authorized schools, child-care centers, and medical providers;
- Reliable, consolidated immunization histories for new or continuing patients;
- Previously reported contraindications; and
- Immunization reminders and recalls.

*\*These forms are not available to the public and must be completed by a Florida physician or a Florida county health department.*

#### I. PARENT COMMUNICATION

IMPORTANT MESSAGE TO PARENTS – HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE letter (**Appendix 6**) may be distributed to each parent who is attempting to enroll a child in Miami-Dade County Public Schools for the first time, and who does not have the required documents. For health related questions, contact Miami-Dade County Public Schools' Comprehensive Health Services Program at 305-805-4600.

#### J. PRIOR RESIDENT ENTRY CODE

During the registration process, students entering Miami-Dade County Public Schools must indicate the county, state, country or territory in which they were previously enrolled.

## **K. STUDENT RECORDS**

### **1. Foreign Student Records (Appendix 7)**

Records written in English, Spanish, and Haitian Creole may be converted at the school level, unless they present problems. Records written in languages other than English, Spanish, and Haitian Creole should be sent via the HEAT Self-Service System to the Federal and State Compliance Office, Foreign Records/Student Visa Department. For questions regarding foreign records, and/or student placement, you may consult with the FASCO's Foreign Student Department at 305- 883-5323.

### **2. Out-of-State Transfer Students**

#### **Entry Into Kindergarten and First Grade by Out-of-State Transfer Students (f.s. 6A-1.0985)**

- a. RULES OF THE STATE BOARD OF EDUCATION OF FLORIDA regarding entry into kindergarten and first grade by out-of-state transfer students (**Appendix 8**)
- b. Listing of LEGAL MINIMUM PUBLIC SCHOOL ENTRY AGES BY STATE AND TERRITORY as provided by the Florida Department of Education (**Appendix 9**)

### **3. HOME EDUCATION**

Home education students entering from grades Kindergarten through 11<sup>th</sup> grade may enter a regular Miami-Dade County Public School (M-DCPS) from the Florida Home Education program at any time throughout the school year. Any 12<sup>th</sup> grade student wanting to return to M-DCPS may do so at any time of the school year up to the end of the first semester of their senior year. Grade 12 students may not enter M-DCPS during the second semester of their senior year.

#### **GRADES FOR HOME EDUCATION STUDENTS**

Students entering M-DCPS from the Florida Home Education program should be scheduled for courses that would be the next course work to follow with the same rigorous course work presented according to their transcripts, grades or portfolio presented to the school. Once the student is scheduled for the next levels of course work, the school must wait until the completion of that school year and the final grade issued by the teachers in order to enter the Home Education grades as follows:

- If the student completes the school course work with a final passing grade, the school registrar must enter into TRACE the Home Education grade brought in by the student with the letter grade of a "P" for pass.
- If the student completes the school course work with a final failing grade, the school registrar must enter into TRACE the Home Education grade brought in by the student with the letter grade of an "F" for fail.

#### **4. SPECIAL EDUCATION STUDENTS**

A new school district in which a Special Education student enrolls must take reasonable steps to promptly obtain the student's records, including the IEP or EP and supporting documents and any other records relating to the provision of special education or related services to the child, from the previous school district in which the child was enrolled, as per Florida Rule 6A-6.0334, [Individual Educational Plans \(IEPs\) and Education Plans \(EPs\) for Transferring Exceptional Students](#). The previous school district in which the child was enrolled must take reasonable steps to promptly respond to the request from the new school district.

#### **L. MILITARY FAMILIES**

Florida Statute 1003.05(3), [Assistance to Transitioning Students from Military Families](#), gives enrollment priority to students whose parents are on active military duty. The following procedures are to be adhered to when processing an out-of-area military transfer.

- Parent must enroll the student at the home school that serves their residence address before the request for the military transfer can be considered;
- Parent completes a Parent Choice Student Transfer Form, [FM-3281](#), and obtains the signature of principal or designee administrator on the form at the home school; and
- Region Center staff approves all military transfers to the requested school if the receiving school's FISH capacity and its relocatables are below 100%.

#### **M. PROJECT UP-START**

Miami-Dade County Public Schools' Project UP-START is the McKinney Vento Homeless Education Program whose mission is to ensure a successful educational experience for students in transition (homeless) by collaborating with parents, schools, and community to remove barriers to education, and promote a healthy sense of self with hope for a bright tomorrow.

Under the FLDOE McKinney Vento Law, and School Board Policy [5111.01](#), (Section 5000) identified homeless students are entitled to immediate school enrollment and are given up to 30 days to comply with any required documentation, including birth certificates and immunizations. Students are entitled to transportation to their school or origin – defined as the school in which the student attended prior to living in transition. In order to register a student in Project UP-START, the Residency Questionnaire [FM-7378](#) must be completed and sent to Project UP-START at [Projectupstart@dadeschools.net](mailto:Projectupstart@dadeschools.net).

If transportation is to be requested to the school of origin, Project UP-START Special Transportation Request Referral Form [FM-7405](#) is to be completed. For additional services including uniform assistance, school supplies, and housing, Project UP-START Referral/Report of Homeless Student Form [FM-7404](#) is to be completed and sent to Project UP-START Office.

Schools should have the Project UP-START Residency Questionnaire Form [FM-7378](#) in the registration packets, and distribute to those students currently enrolled that might benefit from these services. Please note that both nationally and in the state of Florida, the category with the highest number of homeless students are those sharing the housing of other persons due to the loss of permanent housing, economic hardship or a similar reason, also known as “Doubled-up.”

If you have any questions about Project UP-START and services for students in transition, please call Ms. Debra Albo-Steiger, Program Manager, Project UP-START, at (305) 995-7558.

SECTION II:

**REGISTRATION & TRANSFERS TO  
CHOICE/SPECIAL PROGRAMS**



## Miami-Dade County Public Schools

### **REGISTRATION AND TRANSFERS TO CHOICE/SPECIAL PROGRAMS**

To ensure the identification and the proper coding of students registered in Choice/Special Programs, please review the explanations and procedures provided for your convenience.

#### **II. Registration and Transfers to Choice/Special Programs**

- A. John M. McKay Scholarship Program (Appendix 10)**
- B. Opportunity Scholarship Program (Appendix 10)**
- C. Project UP-START**
- D. Procedures for Dependent Student Transfers – Juvenile Justice Support Office (JJSO)**
  - 1. Confidential School Operations Juvenile Justice Support Office (JJSO) Educational Review Form FM-7536  
**(Appendix 11)**
  - 2. School Transfers – Dependent Students
  - 3. Working with Dependent Students
- E. Non-MDCPS Students – Location 8013 (Appendix 10)**
- F. Teenage Parent Program (TAP) – Enrollment Procedures for School Registrars**

## II. Registration and Transfers to Choice/Special Programs

### A. JOHN M. MCKAY SCHOLARSHIP PROGRAM (Appendix 10)

The John M. McKay Program for Students with Disabilities provides students the opportunity to attend:

- A participating private school, transfer code "P", Work Loc. #3518; or
- Another public school, transfer code "W" with transportation, or transfer code "O" without transportation.

Criteria for student eligibility is as follows:

- Valid Individual Education Plane (IEP) or 504 Plan;
- Five (5) years of age, and younger than 22 years of age by September 1 of the scholarship year;
- Current Florida public school student
- Attended public school in Florida during the prior school year (**meeting both the October and February FTE counts**)

### B. OPPORTUNITY SCHOLARSHIP PROGRAM (Appendix 10)

The Opportunity Scholarship Program provides students assigned to schools with a grade of "D" or "F", as determined by the Florida Department of Education, the opportunity to transfer to another public school graded "C" or better, transfer code "V" with transportation or transfer code "N" without transportation.

Criteria for student eligibility is as follows:

- The student's attendance must have occurred during a school year in which the school was designated as failing, or
- The student must have been in attendance in the public school system, or is eligible to start kindergarten, and be assigned to a school that was designated as failing.

### C. PROJECT UP-START

Miami Dade County Public Schools' Project UP-START is the McKinney Vento Homeless Education Program whose mission is to ensure a successful educational experience for students in transition (homeless) by collaborating with parents, schools, and community to remove barriers to education, and promote a healthy sense of self with hope for a bright tomorrow.

Under the FLDOE McKinney Vento Law, and School Board Policy [5111.01](#), (Section 5000) identified homeless students are entitled to immediate school enrollment and are given up to 30 days to comply with any required documentation, including birth certificates and immunizations. Students are entitled to transportation to their school of origin – defined as the school in

which the student attended prior to living in transition. In order to register a student in Project UP-START, the Residency Questionnaire [FM-7378](#) must be completed and sent to Project UP-START at: [Projectupstart@dadeschools.net](mailto:Projectupstart@dadeschools.net).

If transportation is to be requested to the school or origin, Project UP-START, Special Transportation Request Form [FM-7405](#) is to be completed. For additional services including uniform assistance, school supplies, and housing, Project UP-START Referral/Report of Homeless Student Form [FM-7404](#) is to be completed and sent to Project UP-START Office.

Schools should have the Project UP-START Residency Questionnaire Form [FM-7378](#) in the registration packets, and distribute to those students currently enrolled that might benefit from these services. Please note that both nationally and in the state of Florida, the category with the highest number of homeless students are those sharing the housing of other persons due to the loss of permanent housing, economic hardship or a similar reason, also known as “Doubled-up.”

If you have any questions about Project UP-START and services for students in transition, please call Ms. Debra Albo-Steiger, Program Manager, Project UP-START, at 305-995-7558.

#### **D. DEPENDENT (DCF REVISED) STUDENTS – ENROLLMENT, TRANSFER AND WITHDRAWAL PROCEDURES**

Students who are under the supervision of the Department of Children and Families (DCF) and under the jurisdiction of the Circuit Court’s Juvenile Division are considered dependent children and youth. The lead child welfare agency in Miami-Dade County is Our Kids of Miami-Dade/Monroe, Inc. (Our Kids). Our Kids full case management provider agencies are responsible for the direct supervision of DCF supervised children and youth. These children and youth may be placed in licensed foster care, relative care (which may include a biological parent), a temporary shelter, or in a licensed group home. Schools may not withdraw or transfer a student under the supervision of DCF without the written approval of the Juvenile Justice Support Office (JJSO), School Operations.

The Our Kids full case management agency which is responsible for the direct supervision of a dependent student is identified by a letter in the DCF field on the District Student Information System (DSIS) Student Information Screen (PF3) screen (See section – Our Kids Full Case Management Agency DCF Flag Designations).

School-sites are electronically blocked from withdrawing or transferring a dependent student. Therefore, M-DCPS personnel are advised to contact the JJSO immediately at 305-679-2800 if an individual or agency does not present the appropriate documentation from the JJSO, and is requesting to withdraw or transfer a dependent student.

Please note that a student may be removed from school at any time by DCF in the course of an investigation, but may not be withdrawn or transferred from his/her school without prior approval from the JJSO.

## **Out of Area Transfer – Dependent Students (Appendix 11)**

In order for the student who has been placed in a home outside his/her current school boundary, to remain at his/her school of origin, JJSO staff will complete a **CONFIDENTIAL School Operations Juvenile Justice Support Office (JJSO) Educational Review Form (FM-7536)** and enter a transfer code of “J” in the District Student Information System (DSIS). All such transfers will be requested, completed, and approved by the JJSO.

Schools are to immediately direct DCF Child Protective Investigators (CPI), full case managers, foster parent/legal guardians, or anyone wishing to withdraw or transfer a dependent student to the JJSO by calling 305-679-2800.

## **School Transfers – Dependent Students**

If a best interest transfer has been approved by the JJSO, an **Educational Review Form (FM-7536)** for the transfer of a dependent student will be completed at the JJSO and provided to the DCF CPI or full case manager. Subsequently, JJSO staff will withdraw the student by entering a “W13” withdrawal code. The DCF CPI, full case manager, foster parent, and /or legal guardian is to present the completed **Educational Review Form** and register the student at the receiving school within twenty four (24) hours.

**The individual registering the student is not to be directed back to the sending school to withdraw the student. The receiving school’s registrar is to submit a HEAT ticket with the attached JJSO approval form to the Federal and State Compliance Office (FASCO) in order to enroll the student.**

School-site personnel must ensure that the student’s emergency contact information is immediately updated when a change in home placement and/ or guardianship has occurred. **Individual names must be listed on the data card or sheet.**

Any books or other school materials the student has with him/her should be sent back to the sending school via school mail. Schools may not deny the transfer of a student under the supervision of DCF for lost books, materials, or a financial debt. The students’ parents remain responsible for financial obligations.

## **New Student Enrollment**

For new students to M-DCPS, the registrar of the receiving school will assist the full case manager, DCF CPI, or parent/guardian, in completing the **Dependent Student Address Verification Form (FM-6536)** and may contact the JJSO if additional assistance is needed.

The registration of a student under the supervision of DCF MUST be expedited and the lack of documentation may not delay the student’s enrollment in school.

## **OUR KIDS FULL CASE MANAGEMENT PROVIDERS DISTRICT STUDENT INFORMATION SYSTEM (DSIS)**

### **DCF FLAG DESIGNATIONS**

- D.** Center for Family and Child Enrichment (CFCE)
- E.** Children's Home Society (CHS)
- F.** Family Resource Center (FRC)
- O.** IL – Central
- S.** IL – South
- T.** IL – North
- Y.** Our Kids Temporary Code  
(Utilized for new entries prior to full case management agency assignment, courtesy supervisions, or adult students under extended jurisdiction)
- N.** No longer under the supervision of the Department of Children and Families (DCF) and/or Our Kids of Miami-Dade/Monroe, Inc.

### **E. NON – M-DCPS STUDENTS - LOCATION 8013 (Appendix 10)**

A procedure was developed to assign identification numbers for non M-DCPS students that are tested through the psycho-educational evaluation process. When a request for evaluation, [FM-2561](#), is completed for non-MDCPS students, a designee at the site must contact the Federal and State Compliance Office at 305-805-8563, to facilitate the assignment of a student to location 8013 and to process the request for a student identification number, or to have an inactive student reactivated into location 8013 for testing. The student will remain assigned to location 8013 until the student officially registers at an M-DCPS site.

The following student information is required to process the assignment to location 8013:

- Copy of the birth certificate sent via e-mail to Ms. Rosa Roman at [RRoman@dadeschools.net](mailto:RRoman@dadeschools.net);
- Current address;
- Current telephone number (if possible); and
- Current grade level.

## **F. TEENAGE PARENT PROGRAM (TAP) – ENROLLMENT PROCEDURES FOR SCHOOL REGISTRARS**

1. When a teen parent returns from the Early Learning Coalition Eligibility Center or Approved Contracted Daycare Provider with a completed application, the registrar should enter the infant into DSIS within 24 hours and issue that infant an M-DCPS student identification number, if one hasn't already been assigned. The infant should be entered into school location 8016 and the section should be 999. If you are unable to enter an infant, please contact the TAP office. Infants cannot be entered into the DSIS system without the parent first being TAP qualified and Single Parent Coded.
  - Infants whose parent was attending one of the COPE centers or those re-entering the TAP program should already have M-DCPS student I.D. numbers. (Please check before issuing a new student I.D. number.) Some infants who have I.D. #'s assigned from COPE may have had a change of last name. If so, please complete a HEAT ticket, attach the birth certificate, and forward to the Federal and State Compliance Office.
  - When entering the student and infant into the dropout prevention screen using the eligibility forms, please complete the three TAP survey questions at the bottom of the TAP screen.
    - Enter the number of children using numbers 1-9
    - Enter whether the infant weighed 5 pounds, using either Y for Yes or N for No.
    - Enter the ancillary services the student is eligible to receive: H=Health care, C=Child care, S=Social service and T=Transportation. All four must be listed.

The student's and infant's TAP eligibility codes must be entered into DSIS on the student's Dropout Prevention Information Screen (PF4 then PF19).

- Also listed on the eligibility forms is the single parent coding. This code is entered on the student's Miscellaneous Information Screen (PF20). Single Parent Coded data is collected to benefit the Carl D. Perkins Grant.

2. Once the infant has been registered, the registrar needs to put the following documents in a labeled folder, inside the mother's official cum. If the student transfers to another school, copies of all TAP information must be forwarded to the new school via the cumulative folder.

Documents:

- Eligibility forms for parent and infant
- Parental Decision Letter
- TAP application
- Infant's Birth Certificate
- Home Language Survey form (signed by infant's parent) [FM-5196](#)
- Infant's current blue or white [DH-680](#) and yellow [DH-3040](#) H.R.S. Forms (originals)
- Temporary Exempt Certificates must have Expiration Dates

After the student has been entered, check the teen-parent's transportation zone code. If this field has an N for No, please change this field to show a Y for Yes. This is to ensure the teen-parent and infant receive transportation.

3. The registrar must update the infant's immunization when the teen-parent brings in official documentation that the infant's immunization has been updated. This is very important because if the immunization is expired, the infant will not be allowed to attend the daycare center.
4. Each time the teen-parent completes a new TAP application, a copy of that application needs to be placed in the infant's folder and in the parent's cum. When the infant's daycare center changes, the new daycare center's code must be updated and placed on the application. When a daycare change is needed, the student must report to the Early Learning Coalition Eligibility Center of an Approved Contracted Daycare provider that was chosen with their pink copy of the TAP Application for a transfer to be issued. A new application is not needed for transfers. Please contact District TAP Office to approve change in daycare center.

SECTION III:

**APPENDICES**



**Miami-Dade County Public Schools  
Federal and State Compliance Office**

**Student Cumulative Record  
Registrar's Checklist**

\_\_\_ A. **Emergency Student Data Form** – [FM-2733](#)

- Completed by the parent

\_\_\_ B. **Home Language Survey Form** – [FM-5196](#)

- Date of entry into the U.S. School (DEUSS) must be entered.

*\*\* other translations are available through the Division of Bilingual and World Languages.*

\_\_\_ C. **Verification of Age and Legal Name** – Authenticate age and legal name of student by affixing birth verification stamp on the copy of one of the **original** documents below:

- \_\_\_ 1. Duly attested **original** birth certificate; hospital certificate not acceptable
- \_\_\_ 2. Duly attested Certificate of Baptism with a parent affidavit
- \_\_\_ 3. Life Insurance policy for the child in effect for two years
- \_\_\_ 4. Bonafide Bible record with parent affidavit
- \_\_\_ 5. Complete Verification of Student information on a Passport or Certificate of Arrival Form – [FM-6670](#) – authenticating legal name, date of birth and place of birth.  
***These documents cannot be photocopied.***
- \_\_\_ 6. Transcript of school records for at least four years prior, stating date of birth
- \_\_\_ 7. Affidavit of age sworn by the parent and a Certificate of Age signed by a public health officer – [FM-4681](#)

\_\_\_ D. **Verification of Address** – Must provide two of the following:

- \_\_\_ 1. Broker's or Attorney's statement of parents' purchase of residence, **or** properly executed lease agreement
- \_\_\_ 2. Current Homestead Exemption Card
- \_\_\_ 3. Electric deposit receipt or electric bill, showing name and service address
- \_\_\_ 4. Miami-Dade County Public Schools Statement of Bonafide Residence

\_\_\_\_ E. **Disclosure at Time of Registration**

- [FM-5740](#)

\_\_\_\_ F. **Health Requirements\***

- \_\_\_\_ 1. Student Health Examination – [DH-3040](#) (yellow form) health examination performed within one year prior to enrollment; Clinical TB screening/results
- \_\_\_\_ 2. Florida Certificate of Immunization – [DH-680](#) - from a private doctor or local health provider

*\* If assistance is needed regarding these documents, please call Comprehensive Health Services at (305) 805-4600.*

\_\_\_\_ G. **Important Message to Parents**

- Health Requirements for School Entrance

\_\_\_\_ H. **Prior Resident Entry Code**

- \_\_\_\_ 1. County Name
- \_\_\_\_ 2. District Number
- \_\_\_\_ 3. Enrollment Type

\_\_\_\_ I. **Student School Records**

- For grade placement and verification of credits earned
- Interpretation of foreign records available from Federal and State Compliance Office

\_\_\_\_ J. **Parent Handbook/Curriculum Bulletin** (if applicable)

\_\_\_\_ K. **School Insurance and Free and Reduced Lunch Applications**

\_\_\_\_ L. **Student Code of Conduct**

\_\_\_\_ M. **Project UP-START**, Children and Youth In Transition Program [FM-7378](#)

\_\_\_\_ N. **Military Families**

- Yes \_\_\_\_\_ No \_\_\_\_\_

**MIAMI-DADE ONLINE ACADEMY (MDO)  
REGISTRATION PROCEDURES FOR NEW STUDENTS  
Work Location 7001**

Acceptance letter required – If parent does not have documents call  
(305) 995- 1928 <http://mdo.dadeschools.net/>

\_\_\_ A. **Complete Emergency Student Data Form** - Revised 1/17

- [FM-2733](#)

\_\_\_ B. **Home Language Survey Form**

- [FM 5196](#)
- Dates of entry into the U.S., when applicable, must be entered

\_\_\_ C. **Age and Legal Name Verification** – Birth document must be verified by registrar using birth verification stamp for authenticity purposes. Must provide one of the following:

- \_\_\_ 1. Duly attested original birth certificate or birth card – Must be original;
- \_\_\_ 2. Duly attested Certificate of Baptism with a parent affidavit
- \_\_\_ 3. Insurance policy on the child's life in force for two years
- \_\_\_ 4. Bonafide Bible record with parent affidavit
- \_\_\_ 5. Passport or Certificate of Arrival in the U.S. showing age of child
  - [FM-6670](#) – These documents cannot be photocopied
- \_\_\_ 6. Transcript of school records of at least four years prior, stating date of birth
- \_\_\_ 7. Affidavit of age sworn by the parent and a Certificate of Age signed by a public health officer
  - [FM-4681](#)

\_\_\_ D. **Verification of Address** – Must provide two of the following:

- \_\_\_ 1. Broker's or Attorney's statement of parents' purchase of residence, **OR** properly executed lease agreement
- \_\_\_ 2. Current Homestead Exemption Card
- \_\_\_ 3. Electric deposit receipt or electric bill, showing name and service address
- \_\_\_ 4. Miami-Dade County Public Schools Statement of Bonafide Residence [FM-7444](#)

\_\_\_ E. Disclosure at Time of Registration

- [FM-5740](#)

\_\_\_ F. Health Requirements\*

- \_\_\_ 1. Student Health Examination – [DH-3040](#) yellow form health examination performed within one year prior to enrollment Clinical TB screening/ results
- \_\_\_ 2. Florida Certificate of Immunization – [DH-680](#)  
From a private doctor or local health provider

***\* If assistance is needed regarding these documents, please call Comprehensive Health (305) 805-4600.***

\_\_\_ G. IMPORTANT MESSAGE TO PARENTS

- Health Requirements for School Entrance

\_\_\_ H. PRIOR RESIDENT ENTRY CODE

- \_\_\_ 1. County Name
- \_\_\_ 2. District Number
- \_\_\_ 3. Enrollment Type

\_\_\_ I. STUDENT SCHOOL RECORDS

- For grade placement and verification of credits earned
- Interpretation of foreign records available from Federal and State Compliance Office

\_\_\_ J. PARENT HANDBOOK/CURRICULUM BULLETIN (if applicable)

\_\_\_ K. SCHOOL INSURANCE AND FREE AND REDUCE LUNCH APPLICATIONS

\_\_\_ L. STUDENT CODE OF CONDUCT

\_\_\_ M. MILITARY FAMILIES

- Yes \_\_\_\_\_ No \_\_\_\_\_

**Send the registration materials with MDO documents to:**

**Work Location 7001**

**Attention: Registrar**

## Miami-Dade County Public Schools

### Registration Requirements

#### Hours of Registration \_\_\_\_\_

Miami-Dade County Public Schools is committed to the education of all children. Your child's enrollment in this school is very important. If you cannot produce any of these documents, please ask to speak to an administrator.

#### I. ENTRIES FROM OUT-OF-COUNTY, STATE, COUNTRY, AND PRIVATE SCHOOLS

##### A. AGE AND LEGAL NAME VERIFICATION – Must provide one of the following:

1. Duly attested original birth certificate; *hospital certificate not acceptable*
2. Duly attested Certificate of Baptism with a parent affidavit
3. Insurance policy on the child's life in force for two years
4. Bonafide religious record with parent affidavit
5. Passport or Certificate of Arrival in the U.S. showing age of child
6. Transcript of school records of at least four years prior, stating date of birth
7. Affidavit of age signed by parent and Certificate of Age signed by public health officer

##### B. VERIFICATION OF ADDRESS – Must provide two of the following:

1. Broker's or Attorney's statement of parents' purchase of residence or properly executed lease agreement;
2. Current Homestead Exemption Card; and
3. Electric deposit receipt or electric bill, showing name and service address.

##### C. HEALTH REQUIREMENTS – Must provide both forms:

1. Student Health Examination – [DH-3040](#) (yellow form) physical examination performed one year prior to enrollment.
2. Florida Certificate of Immunization – [DH-680](#) (blue card) from a private doctor, or local health provider

##### D. SCHOOL RECORDS

- Verification of credits earned for grade placement; and
- Interpretation of foreign records at no cost available from the Federal & State Compliance Office

#### II. TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL

- Parent or legal guardian must bring a withdrawal slip from sending school
- Proof of address with name of parent/guardian.

## GLOSSARY

**Duly attested:** Affirmed to be true or genuine. Solemnly declared in writing to support a fact. Certified.

**Affidavit:** A written or printed declaration or statement of facts, voluntarily made and confirmed by oath of person making it, taken before a notary.

**Transcript:** Document from the prior school bearing the seal and/or signature of a school official or registrar.

**Bonafide:** In or with good faith; honestly, openly, and sincerely. Without deceit, simulation, pretense, or fraud.

**Broker:** A person licensed to sell real estate (houses, etc.)

**Properly executed:** Fully signed and current lease agreement. Lease signed by landlord and tenant with term and rent.

### SPANISH TRANSLATION

## GLOSARIO

**Duly attested:** Certificado, auténtico, atestiguado. Dar fe a través de una deposición.

**Affidavit:** Declaración jurada; testimonio, affidavit; atestiguación.

**Transcript:** Copia de las notas del alumno dadas por la escuela con el sello de dicho centro o con la firma de un oficial escolar o de la persona encargada de matricular a los alumnos.

**Bonafide:** Buena fe, honesto, sincero. Sin fraude.

**Broker:** Agente de bienes raíces. Person con licencia para vender propiedades (casas, etc.)

**Properly executed:** Escritura de arrendamiento (renta) firmada por el dueño y el arrendatario, con la fecha corriente, el plazo, y la cantidad.

### CREOLE TRANSLATION

## TRADIKSYON TÉM

**Duly attested:** Afime li vre e li otantik. Dek larasyon pa ekri pou sipòte yon fé. Li sétifye.

**Affidavit:** Yon deklarasyon ekri e enprime oswa yon temwayaj ki fèt volontéman e ki konfirme ma moun ki fé la lé li sémante devan noté.

**Trancript:** Doliman ki soti nan lekól kote timoun nan te ye anvan an, ki genyen so ak/oswa siyali ofisyél lekól la.

**Bonafide:** Fét ak tout onétete epi bón fwa san kache ak tout senserite. San desepsyon, pretans oswa manti.

**Broker:** Se yon mun ki gen lisans pou vann kay ak té.

**Properly executed:** Se yon kntra ki siyen kote tout moun dakó. Se yon papye legal pwopriyeté a siyen ansanm ak locaté a ak tout régleman lokasyon yo.

**EMERGENCY STUDENT DATA FORM**

School No./Name \_\_\_\_\_ I.D. No. \_\_\_\_\_ Grade \_\_\_\_\_ Section \_\_\_\_\_

Student's Last Name \_\_\_\_\_ APP \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

Indicate parent's/guardian's contact phone number to be used for emergencies and automated messaging: \_\_\_\_\_

Last Name _____	First Name _____	Relation _____	Place of Employment _____
Telephone _____	Cellphone _____	Email _____	
Last Name _____	First 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:** 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 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 Parent Name: \_\_\_\_\_

Parent's Signature Verification: \_\_\_\_\_

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 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.

2000611 FM-2733E Rev. (01-17)

## INSTRUCTIONS FOR COMPLETING THE EMERGENCY STUDENT DATA FORM

- On the first section of the Data Form, please provide the contact information for the parent's and/or legal guardian(s).
- When giving a work number, please provide an extension number. In the event of an emergency, we need to contact you as quickly as possible.
- If an e-mail address is available, please make sure to include it on the form.
- When you provide an emergency contact, please include the name (s) of individuals and telephone numbers other than the ones provided on the first section of the Data Form. If you cannot be reached in the event of an emergency, we will call emergency contacts.
- Please make sure that if you have someone who is NOT authorized to pick up your child, write their name(s) in the section that says not authorized.
- Information provided on the Emergency Student Data Form must be accurate and truthful. *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 Florida Statute Section 837.06, which is punishable as provided in Fla. Sta., §§ 775.083 and 775.084.*
- In cases where divorce, separation or other custody dispute, only the enrolling parent is responsible for completing and/or updating any information on the Emergency Student Data Form.
- Information provided regarding Authorization for Release of Students from School should be accurate and consistent with any legally binding instrument or court order governing such matters as divorce, separation, or custody. If information contained on the Emergency Student Data Form regarding Authorization for Release of Students from School contradicts any legally binding instrument or court order, the parent contesting the information may seek the assistance of the court order governing their divorce or custody matter to compel the enrolling parent to correct the information.



## INSTRUCCIONES PARA COMPLETAR EL FORMULARIO EN CASO DE UNA EMERGENCIA DEL ESTUDIANTE

En caso de una emergencia es imperativo que la escuela pueda comunicarse con los padres o tutor del estudiante lo más rápido posible. A continuación encontrará las instrucciones necesarias para completar el siguiente formulario:

- Debe incluir los nombres y números de contacto de los padres o tutor en la primera sección del formulario.
- En caso que haya un número de teléfono para su trabajo proporcione una extensión cuando sea necesario.
- Si tiene una dirección de correo electrónico por favor, agregue esta información en la parte delantera del formulario.
- En caso de emergencia, por favor provea los nombres y números de contacto diferentes a los de la primera sección. Si no podemos contactarlos en la casa o trabajo, se llamará a los contactos que ustedes nos han proporcionado.
- Si hay alguien que no está autorizado a recoger al estudiante, asegúrese de escribir el nombre en la sección que dice NO AUTORIZADO.
- Cuando hay un divorcio, separación u otra disputa de custodia, el padre o tutor que registra al estudiante es responsable de completar el formulario o hacer actualizaciones.
- Si la información proveada contradice algún orden judicial, puede ser discutido y a su vez ordenar al padre o tutor que registró al estudiante corregir la información.
- La información proporcionada en el formulario debe ser exacta y veraz. Quien sabiendo y a propósito hace una declaración falsa con la intención de engañar a un funcionario público en el desempeño de su deber oficial será culpable de un delito menor de Segundo grado que es castigado según lo dispuesto en el Estatuto del Estado de la Florida 775.083 y 775.084.
- Esta información autoriza a la escuela que el estudiante se le permita salir en caso de emergencia con la información obtenida en este formulario.

## ANSÉYMAN POU FIN IJANS ELÉV DONE FOM

- Le y' ap anpil travay, souple bay nou ak yon ekstansyon. Ka yon ijans, nou bezwen pran ou ke posib.
- Nimewo telefòn lakay ou, se pou ekri sou li a Avant de fòm apwé adrés ou.
- Nimewo travay ou pou ekri nan zón nan apwé, koy travay.
- Si ou gen selil nombre, tanpri ekri li devan an fòm, endike sa se you bann sélil.
- Lé nou founi nou ak yon ijans kontak, tanpri, ban nou ninewo telefòn pa 24 sou Avant de fòm. Ka yon ijans lé nou pa ka pran kenbe kontak ak nou nan travay ou lakay lé sa nou bezwen pou rele kontak dijans la e nou bezwen anpil lòt moun.
- Souple asire nou ke si w gen yon moun ki PAT otorize pou te chwazi pitit ou pou ou ka ekri non nan seksyon ki pa t' otorize.
- Si yon lét elektwonik adrés ki disponib, souple ajoute Avant de fòm.
- Enfòmasyon ki te bay sou ijans elév done fòm lan dwe précis Et vérité. *Si yon moun ak tout entansyon fè yon deklarasyon tèt anba nan ekri ak entansyon pou en esklav piblik nan pèfòmans de droit ofisyèl li pwal koupab de yon move kondwit de dezyèm degre a anba Florid Loi seksyon 837.06, ki se nenpo't menm jan te founi nan detasyon Laflorid Sta., §§, 775.083 Et 775.084.*
- Kote ki pa gen yon divòs pa bò, separasyon oubyen lòt sous diskisyon, s' paran limenm k ap responsab pou fin ijans elév done fòm.
- Enfòmasyon ki te bay sou otorizasyon pou Liberasyon de elèv nan lekòl dwe précis Et cohérentes ak tout legalman Liaison zam ou desizyon tribinal D' konsa questions kòm divòs, separasyon ou sous. Si enfòmasyon ki genyen ijans elév done fòm konsènan otorizasyon pou Liberasyon de elèv nan lekòl sou avec UN legalman Liaison zam ou nan tribinal, paran an, contester enfòmasyon pou chache asistans de a D' yo divòs ou sous pwoblèm pou fòse s' paran pou m korije enfòmasyon an.

**2015-2016 Directory of Bureaus of Vital Statistics by State  
for Birth Certificates**

Birth certificates are to be requested at the Bureau of Vital Statistics appropriate to the state where one is born. The requester must provide specific information at the time of the application, along with any associated fees for processing. You may access the links provided for specific information by state, or you may contact their office directly.

<b>STATE</b>	<b>ADDRESS</b>
ALABAMA  <a href="http://adph.org/vitalrecords">http://adph.org/vitalrecords</a>	Alabama Vital Records P.O. Box 5625 Montgomery, AL 36103-5625 (334) 206-5418
ALASKA  <a href="http://vitalrecords.alaska.gov/dph/bvs/birth/default.htm">http://vitalrecords.alaska.gov/dph/bvs/birth/default.htm</a>	Bureau of Vital Statistics P.O. Box 110675 Juneau, AK 99811-0675 (907) 465-3391
AMERICAN SAMOA	American Samoa Government Department of Homeland Security Office of Vital Statistics PO Box 6894 Pago Pago, AS 96799 (684) 633-1405
ARIZONA  <a href="http://www.azdhs.gov/vital-records/fees/index.php">http://www.azdhs.gov/vital-records/fees/index.php</a>	Bureau of Vital Records PO Box 6018 Phoenix, AZ 85005 (602) 364-1300
ARKANSAS  <a href="http://www.healthyarkansas.com/certificates/certificates.html">http://www.healthyarkansas.com/certificates/certificates.html</a>	Arkansas Department of Health Vital Records, Slot 44 4815 West Markham Street Little Rock, AR 72205 (866) 209-9482
CALIFORNIA  <a href="http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx">http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx</a>	California Department of Public Health Vital Records – MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410 (916) 445-2684
CANAL ZONE	Vital Records Branch Passport Services 1111 19 <sup>th</sup> Street NW, Suite 510 Washington, DC, CZ 20036 (202) 955-0307
COLORADO  <a href="http://www.cdphe.state.co.us/certs/index.html">http://www.cdphe.state.co.us/certs/index.html</a>	Colorado Department of Public Health and Environment Vital Records Section HSVR-VR-A1 4300 Cherry Creek Drive South Denver, CO 80246-1530 (303) 692-2200

<p style="text-align: center;">CONNECTICUT</p> <p style="text-align: center;"><a href="http://www.ct.gov/dph/cwp/view.asp?a=3132&amp;q=388130&amp;dphNav= 46940 ">http://www.ct.gov/dph/cwp/view.asp?a=3132&amp;q=388130&amp;dphNav= 46940 </a></p>	<p>State of Connecticut Department of Public Health Vital Records Section, Customer Services 410 Capitol Avenue, MS #11VRS P.O. Box 340308 Hartford, CT 06134-0308 (860) 509-7700</p>
<p style="text-align: center;">DELAWARE</p> <p style="text-align: center;"><a href="http://www.dhss.delaware.gov/dhss/dph/ss/vitalstats.html">http://www.dhss.delaware.gov/dhss/dph/ss/vitalstats.html</a></p>	<p>Delaware Health and Social Services Office of Vital Statistics Jesse S. Cooper Bldg. 417 Federal Street Dover, DE 19901 (302) 744-4549</p>
<p style="text-align: center;">DISTRICT OF COLUMBIA</p> <p style="text-align: center;"><a href="http://doh.dc.gov/service/birth-certificates">http://doh.dc.gov/service/birth-certificates</a></p>	<p>Department of Health Vital Records Division Attn: New Applications Department 899 North Capitol Street, NE, 1<sup>st</sup> Floor Washington, DC 20002 (877) 572-6332</p>
<p style="text-align: center;">FLORIDA</p> <p style="text-align: center;"><a href="http://www.floridahealth.gov/certificates/certificates/birth/index.html">http://www.floridahealth.gov/certificates/certificates/birth/index.html</a></p>	<p>Department of Health Office of Vital Statistics Attn: Vital Records Section P.O. Box 210 Jacksonville, FL 32231-0042 (904) 359-6900</p>
<p style="text-align: center;">MIAMI-DADE COUNTY</p> <p style="text-align: center;"><a href="http://miamidade.floridahealth.gov/certificates/birth/index.html">http://miamidade.floridahealth.gov/certificates/birth/index.html</a></p>	<p><b>Mail Request/Walk-in Service</b> 1350 N.W. 14 Street, Room 3 Miami, FL 33125 (305)575-5030 <b>Walk-in Service (only)</b> 18680 N.W. 67 Avenue Hialeah, FL 33015 (305) 628-7227 <b>Walk-in Service (only)</b> 18255 Homestead Avenue, Room 113 West Perrine, FL 33157 (305) 278-1046</p>
<p style="text-align: center;">GEORGIA</p> <p style="text-align: center;"><a href="http://dph.georgia.gov/VitalRecords">http://dph.georgia.gov/VitalRecords</a></p>	<p>State Office of Vital Records 2600 Skyland Drive, NE Atlanta, GA 30319 (404) 679-4702</p>
<p style="text-align: center;">GUAM</p> <p style="text-align: center;"><a href="http://www.dphss.guam.gov/content/office-vital-statistics">http://www.dphss.guam.gov/content/office-vital-statistics</a></p>	<p>Office of Vital Statistics 123 Chalan Kareta Mangilao, GU 96913 (671) 735-7263</p>

<p style="text-align: center;">HAWAII</p> <p style="text-align: center;"><a href="http://hawaii.gov/health/vital-records/vital-records/index.html">http://hawaii.gov/health/vital-records/vital-records/index.html</a></p>	<p>State Department of Health Office of Health Status Monitoring Issuance/Vital Statistics Section PO Box 3378 Honolulu, HI 96801 (808) 586-4539 or (808) 586-4542</p>
<p style="text-align: center;">IDAHO</p> <p style="text-align: center;"><a href="http://www.vitalrecords.dhw.idaho.gov">http://www.vitalrecords.dhw.idaho.gov</a></p>	<p>Idaho Vital Records P.O. Box 83720 Boise, ID 83720-0036 (208) 334-5988</p>
<p style="text-align: center;">ILLINOIS</p> <p style="text-align: center;"><a href="http://dph.illinois.gov/topics-services/birth-death-other-records/obtain-birth-certificate">http://dph.illinois.gov/topics-services/birth-death-other-records/obtain-birth-certificate</a></p>	<p>Illinois Department of Public Health Division of Vital Records 925 E. Ridgley Avenue - 2737 Springfield, IL 62702-2737 (217) 782-6554</p>
<p style="text-align: center;">INDIANA</p> <p style="text-align: center;"><a href="https://secure.in.gov/isdh/20444.htm">https://secure.in.gov/isdh/20444.htm</a></p>	<p>Indiana State Department of Health Vital Records PO Box 7125 Indianapolis, IN 46206-7125 (317) 233-1325</p>
<p style="text-align: center;">IOWA</p> <p style="text-align: center;"><a href="http://www.idph.iowa.gov/health-statistics/request-record">http://www.idph.iowa.gov/health-statistics/request-record</a></p>	<p>Iowa Department of Public Health Bureau of Health Statistics Lucas State Office Building, 1<sup>st</sup> Floor 321 E 12 Street Des Moines, IA 50319-0075 (866) 809-0290</p>
<p style="text-align: center;">KANSAS</p> <p style="text-align: center;"><a href="http://www.kdheks.gov/vital/">http://www.kdheks.gov/vital/</a></p>	<p>Kansas Office of Vital Statistics 1000 SW Jackson, Suite 120 Topeka, KS 66612-2221 (785) 296-1400</p>
<p style="text-align: center;">KENTUCKY</p> <p style="text-align: center;"><a href="http://chfs.ky.gov/dph/vital/">http://chfs.ky.gov/dph/vital/</a></p>	<p>Office of Vital Statistics 275 E Main Street 1E-A Frankfort, KY 40621 (502) 564-4212</p>
<p style="text-align: center;">LOUISIANA</p> <p style="text-align: center;"><a href="http://new.dhh.louisiana.gov/index.cfm/subhome/21">http://new.dhh.louisiana.gov/index.cfm/subhome/21</a></p>	<p>Center for Records and Statistics P.O. Box 60630 New Orleans, LA 70160 (504) 593-5100</p>
<p style="text-align: center;">MAINE</p> <p style="text-align: center;"><a href="http://www.maine.gov/dhhs/faq.htm#certificates">http://www.maine.gov/dhhs/faq.htm#certificates</a></p>	<p>Vital Records 220 Capitol Street, SHS #11 Augusta, ME 04333-0011 (207) 287-3181 or (888) 664-9491</p>
<p style="text-align: center;">MARYLAND</p> <p style="text-align: center;"><a href="http://dhmh.maryland.gov/vsa/Pages/home.aspx">http://dhmh.maryland.gov/vsa/Pages/home.aspx</a></p>	<p>Division of Vital Records P.O. Box 68760 Baltimore, MD 21215-0036 (410) 764-3038 or (800) 832-3277</p>

<p>MASSACHUSETTS</p> <p><a href="#">http://www.mass.gov/vital</a></p>	<p>Registry of Vital Records and Statistics 150 Mount Vernon Street, 1st Floor Dorchester, MA 02125-3105 (617) 740-2600</p>
<p>MICHIGAN</p> <p><a href="http://www.michigan.gov/mdch/">http://www.michigan.gov/mdch/</a></p>	<p>Vital Records Requests PO Box 30721 Lansing, MI 48909 (517) 335-8666</p>
<p>MINNESOTA</p> <p><a href="http://www.health.state.mn.us/divs/chs/osr/birth.html">http://www.health.state.mn.us/divs/chs/osr/birth.html</a></p>	<p>Minnesota Department of Health Central Cashiering-Vital Records P.O. Box 64499 St. Paul, MN 55164-0499 (651) 201-5980</p>
<p>MISSISSIPPI</p> <p><a href="http://www.msdh.state.ms.us/phs/index.htm">http://www.msdh.state.ms.us/phs/index.htm</a></p>	<p>Mississippi Vital Records P.O. Box 1700 Jackson, MS 39215-1700 (601) 206-8200</p>
<p>MISSOURI</p> <p><a href="http://health.mo.gov/data/vitalrecords/applications.php">http://health.mo.gov/data/vitalrecords/applications.php</a></p>	<p>Missouri Department of Health and Senior Services Bureau of Vital Records P.O. Box 570 Jefferson City, MO 65102 (573) 751-6387</p>
<p>MONTANA</p> <p><a href="http://dphhs.mt.gov/vitalrecords">http://dphhs.mt.gov/vitalrecords</a></p>	<p>Montana Vital Records 111 North Sanders, Room 6 PO Box 4210 Helena, MT 59604-4210 (406) 444-2685</p>
<p>NEBRASKA</p> <p><a href="http://dhhs.ne.gov/Pages/contact.aspx">http://dhhs.ne.gov/Pages/contact.aspx</a></p>	<p>Vital Records PO Box 95065 Lincoln, NE 68509-5065 (402) 471-2871</p>
<p>NEVADA</p> <p><a href="http://dpbh.nv.gov/Programs/BirthDeath/Birth_and_Death_Vital_Records_-_Home/">http://dpbh.nv.gov/Programs/BirthDeath/Birth_and_Death_Vital_Records_-_Home/</a></p>	<p>Office of Vital Records 4150 Technology Way, Suite 104 Carson City, NV 89706 (775) 684-4242</p>
<p>NEW HAMPSHIRE</p> <p><a href="http://sos.nh.gov/vital_records.aspx">http://sos.nh.gov/vital_records.aspx</a></p>	<p>NH Department of State Division of Vital Records Administration Registration/Certification 71 South Fruit Street Concord, NH 03301-2410 (603) 271-4650</p>
<p>NEW JERSEY</p> <p><a href="http://www.state.nj.us/health/vital/index.shtml">http://www.state.nj.us/health/vital/index.shtml</a></p>	<p>New Jersey Department of Health Office of Vital Statistics and Registry P.O. Box 370 Trenton, NJ 08625-0370 (609) 292-4087 or (866) 649-8726</p>

<p>NEW MEXICO</p> <p><a href="http://vitalrecordsnm.org/">http://vitalrecordsnm.org/</a></p>	<p>New Mexico Department of Health Bureau of Vital Records and Health Statistics PO Box 25767 Albuquerque, NM 87125 (505) 827-0121 or (866) 534-0051</p>
<p>NEW YORK</p> <p><a href="http://www.health.state.ny.us/vital_records/">http://www.health.state.ny.us/vital_records/</a></p>	<p>New York State Dept. of Health Vital Records Section/Certification Unit P.O. Box 2602 Albany, NY 12220-2602 (855) 322-1022</p>
<p>NEW YORK CITY-only</p> <p><a href="http://www.nyc.gov/html/doh/html/home/home.shtml">http://www.nyc.gov/html/doh/html/home/home.shtml</a></p>	<p>NYC Department of Health and Mental Hygiene Office of Vital Records 125 Worth Street, CN-4, Room 133 New York, NY 10013-4090 (212) 639-9675</p>
<p>NORTH CAROLINA</p> <p><a href="http://vitalrecords.nc.gov/vitalrecords/">http://vitalrecords.nc.gov/vitalrecords/</a></p>	<p>North Carolina Vital Records 1903 Mail Service Center Raleigh, NC 27699-1900 (919) 733-3000</p>
<p>NORTH DAKOTA</p> <p><a href="http://www.ndhealth.gov/vital/">http://www.ndhealth.gov/vital/</a></p>	<p>Vital Records 600 E Boulevard Ave - Dept. 301 Bismarck, ND 58505-0200 (701) 328-2360</p>
<p>NORTHERN MARIANA ISLANDS</p>	<p>Vital Statistics Office Division of Public Health P.O. Box 500409 Saipan, MP 96950 (670) 236-8717</p>
<p>OHIO</p> <p><a href="http://www.odh.ohio.gov/vs">www.odh.ohio.gov/vs</a></p>	<p>Ohio Department of Health Vital Statistics P.O. Box 15098 Columbus, OH 43215-0098 (614) 466-2531</p>
<p>OKLAHOMA</p> <p><a href="http://www.ok.gov/health/Birth_and_Death_Certificates/index.html">http://www.ok.gov/health/Birth_and_Death_Certificates/index.html</a></p>	<p>Division of Vital Records PO Box 53551 Oklahoma City, OK 73152 (405) 271-4040</p>
<p>OREGON</p> <p><a href="http://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Pages/index.aspx">http://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Pages/index.aspx</a></p>	<p>Oregon Vital Records PO Box 14050 Portland, OR 97293-0050 (971) 673-1190</p>
<p>PENNSYLVANIA</p> <p><a href="http://www.health.state.pa.us/vitalrecords">http://www.health.state.pa.us/vitalrecords</a></p>	<p>Division of Vital Records Attn: Birth Unit PO Box 1528 New Castle, PA 16103 (844) 228-3516</p>

<p style="text-align: center;">PUERTO RICO</p> <p style="text-align: center;"><a href="http://www.cdc.gov/nchs/w2w/puerto_rico.htm">http://www.cdc.gov/nchs/w2w/puerto_rico.htm</a></p>	<p>Department of Health Demographic Registry P.O. Box 11854 Fernandez Juncos Station San Juan, PR 00910 (787) 765-2929 Ext. 6131</p>
<p style="text-align: center;">RHODE ISLAND</p> <p style="text-align: center;"><a href="http://www.health.ri.gov/records/">http://www.health.ri.gov/records/</a></p>	<p>Rhode Island Department of Health Office of Vital Records 3 Capitol Hill, Rm 101 Providence, RI 02908 (401) 222-2811</p>
<p style="text-align: center;">SOUTH CAROLINA</p> <p style="text-align: center;"><a href="http://www.scdhec.gov/VitalRecords/BirthCertificates/">http://www.scdhec.gov/VitalRecords/BirthCertificates/</a></p>	<p>SC DHEC - Vital Records 2600 Bull Street Columbia, SC 29201 (803) 898-3630</p>
<p style="text-align: center;">SOUTH DAKOTA</p> <p style="text-align: center;"><a href="http://doh.sd.gov/records/">http://doh.sd.gov/records/</a></p>	<p>Vital Records 207 East Missouri Avenue, Suite 1A Pierre, SD 57501 (605) 773-4961</p>
<p style="text-align: center;">TENNESSEE</p> <p style="text-align: center;"><a href="http://tn.gov/health/section/vitalrecords">http://tn.gov/health/section/vitalrecords</a></p>	<p>Tennessee Vital Records Andrew Johnson Tower, 1<sup>st</sup> Floor 710 James Robertson Parkway Nashville, TN 37243 (615) 741-1763</p>
<p style="text-align: center;">TEXAS</p> <p style="text-align: center;"><a href="http://www.dshs.state.tx.us/vs/default.shtm">http://www.dshs.state.tx.us/vs/default.shtm</a></p>	<p>Texas Vital Records Department of State Health Services P.O. Box 12040 Austin, TX 78711-2040 (888) 963-7111</p>
<p style="text-align: center;">UTAH</p> <p style="text-align: center;"><a href="https://health.utah.gov/vitalrecords/">https://health.utah.gov/vitalrecords/</a></p>	<p>Utah Department of Health Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012 (801) 538-6105</p>
<p style="text-align: center;">VERMONT</p> <p style="text-align: center;"><a href="http://healthvermont.gov/research/records/vital_records.aspx#overview">http://healthvermont.gov/research/records/vital_records.aspx#overview</a></p>	<p>VT Department of Health Vital Records P.O. Box 70 Burlington, VT 05402-0070 (802) 863-7275 or (800) 439- 5008</p>
<p style="text-align: center;">VIRGINIA</p> <p style="text-align: center;"><a href="http://www.vdh.virginia.gov/Vital_Records/index.htm">http://www.vdh.virginia.gov/Vital_Records/index.htm</a></p>	<p>Division of Vital Records P.O. Box 1000 Richmond, VA 23218-1000 (804) 662-6200</p>



VIRGIN ISLANDS (U.S.) (MAIL)	Registrar of Vital Statistics Knud Hansen Complex, Hospital Ground Charlotte Amalie, St. Thomas, VI 00802 (340) 774-9000 Ext. 4621 or 4623
ST. CROIX (MAIL)	Dept. of Health, Vital Statistics Charles Harwood Memorial Complex Christiansted, St. Croix, VI 00820 (340) 773-1311
WASHINGTON  <a href="http://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce">http://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce</a>	Department of Health PO Box 9709 Olympia, WA 98507-9709 (360) 236-4300
WEST VIRGINIA  <a href="http://www.wvdhhr.org/bph/hsc/vital/birthcert.asp">http://www.wvdhhr.org/bph/hsc/vital/birthcert.asp</a>	Vital Registration Room 165 350 Capitol Street Charleston, WV 25301-3701 (304) 558-2931
WISCONSIN  <a href="http://dhs.wisconsin.gov/vitalrecords/index.htm">http://dhs.wisconsin.gov/vitalrecords/index.htm</a>	State Vital Records Office PO Box 309 Madison, WI 53701-0309 (608) 266-1373

**updated : 01/09/2017**



# Miami-Dade County Public Schools

*giving our students the world*

## **Superintendent of Schools**

*Alberto M. Carvalho*

## **Administrative Director**

*Jennifer D. Andreu*

## **Miami-Dade County School Board**

*Dr. Lawrence S. Feldman, Chair*

*Dr. Marta Pérez, Vice Chair*

*Dr. Dorothy Bendross-Mindingall*

*Susie V. Castillo*

*Dr. Steve Gallon III*

*Perla Tabares Hantman*

*Dr. Martin Karp*

*Lubby Navarro*

*Mari Tere Rojas*

## **IMPORTANT MESSAGE TO PARENTS HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE 2017-2018**

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 12<sup>th</sup> 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).** NOTE: for the 2017-2018 school year, parents must provide documentation of:

- One (1) dose of Varicella (chicken pox) vaccine for pre-kindergarten, 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, fifth, sixth, seventh, eighth, and ninth 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 MMR (Measles, Mumps, Rubella) doses for students enrolling in/attending grades kindergarten through twelfth.
- One (1) valid MMR (Measles, Mumps, Rubella) dose for students enrolling in/attending pre-kindergarten.
- Pneumococcal conjugate vaccine is required for student 2 months to 59 months old.
- The final dose of IPV (polio) vaccine must be administered on or after the student's 4<sup>th</sup> birthday for entry into Kindergarten. A 5<sup>th</sup> dose is required if the 4<sup>th</sup> dose was administered prior to the 4<sup>th</sup> birthday. Students in grades 1 through 12 do not have to be recalled if all 4 polio doses were administered prior to the 4<sup>th</sup> birthday.
- 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 786-845-0550 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.



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### **AVISO IMPORTANTE PARA LOS PADRES DE FAMILIA REQUISITOS DE SALUD PARA EL INGRESO A LA ESCUELA PARA EL AÑO ESCOLAR 2017-2018**

Las leyes de la Florida requieren que su hijo o hija presente documentación de inmunización sobre sus inmunizaciones o vacunas antes de su admisión o asistencia a una escuela de la Florida por primera vez. Esto se aplica a todos los estudiantes nuevos desde el prekindergarten hasta el duodécimo grado. Deberá presentar un Certificado de Inmunización de la Florida, Formulario 680 del Departamento de Salud, Parte A, B o C (Florida C of Immunization, DH-Form 680, Part A, B or C), el Formulario DH 681 – Exención Religiosa, cuando matricule a su hijo o hija en la escuela. **El Formulario se puede imprimir en papel blanco mientras venga de la Florida State Health Online Tracking System (FL SHOTS).** NOTA: Para el curso escolar de 2016-2017, los padres de familia deberán presentar documentación en cuanto a las siguientes inmunizaciones:

- Una dosis de la vacuna contra la varicela en el caso de los estudiantes de prekindergarten, noveno, décimo, undécimo, y duodécimo grados que ingresen, asistan, o se transfieran a una escuela de Miami-Dade.
- Dos dosis de la vacuna contra la varicela en el caso de los estudiantes de kindergarten, primero, segundo, tercer, cuarto, quinto, sexto, séptimo y octavo grado que ingresen, asistan, o se transfieran a una escuela de Miami-Dade.
- La vacuna contra la varicela no se requerirá si el/la niño/niña tiene un historial documentado de haber padecido la enfermedad.
- Dos dosis válidas de la vacuna contra el sarampión para los estudiantes que se matriculen o asistan a los grados comprendidos entre el kindergarten y el duodécimo grado.
- Una dosis válida de la vacuna contra el sarampión en el caso de los estudiantes que se matriculen o asistan a prekindergarten.
- La vacuna pneumococcal conjugada se requiere para estudiantes de 2 a 59 meses.
- La última dosis de la vacuna contra la poliomielitis será requerida para aquellos niños que entran al Kindergarten y recibieron la cuarta dosis antes de su cuarto cumpleaños. La quinta dosis se requiere si la cuarta dosis se suministró antes del cuarto cumpleaños. Los estudiantes que cursan los grados del 1 al 12 no serán penalizados si recibieron la cuarta dosis de la vacuna de la poliomielitis antes de su cuarto cumpleaños.
- La serie de las vacunas de la hepatitis B para los estudiantes que se matriculen en prekindergarten, kindergarten, primero, segundo, tercero, cuarto, quinto, sexto, séptimo, octavo, noveno, décimo, undécimo y duodécimo grados.
- La vacuna de refuerzo contra el tétanos y la difteria (Tdap) en el caso de los estudiantes de séptimo grado que ingresen, asistan o se transfieran a una escuela.

El "Plan de Servicios de Salud Escolar de la Florida" (Florida Plan for School Health Services) requiere que todos los estudiantes (desde el prekindergarten hasta el duodécimo grado) presenten documentación de un Examen de Salud del Estudiante (Student's Health Examination) realizado en un plazo de doce meses antes de su ingreso inicial a una escuela de la Florida. El Examen de Salud del Estudiante (Formulario 3040 de DH o del HRS-H), incluso un comprobante de una prueba clínica de tuberculosis y del seguimiento apropiado si fuese necesario, un proveedor de servicios de cuidado de la salud licenciado en práctica deberá llenarlo y firmarlo para presentarlo en la escuela en el momento en que se efectúe la matrícula.

Le rogamos que consulte a su proveedor de servicios de cuidado de la salud privado o a su fuente de servicios de cuidado de la salud usual antes de matricular a su hijo o hija en la escuela. Si no tiene un proveedor privado, por favor, póngase en contacto con la Unidad Especial de Inmunizaciones del Departamento de Salud (Special Immunization Unit, SIP, por sus siglas en inglés), llamando al 786-845- 0550 para sacar un turno para las vacunas. Por favor, lleve consigo el expediente de inmunizaciones de su hijo o hija cuando vaya para su turno. Para un examen físico, llame a la línea de ayuda 211 del Children's Trust.

El padre, la madre o el tutor o la tutora del estudiante deberán llenar y firmar las tarjetas de contactos para emergencias. Si usted ha tenido algún cambio en las direcciones o números de teléfono notifíquelo a la escuela.



## Superintendent of Schools

Alberto M. Carvalho

## Administrative Director

Jennifer D. Andreu

## Miami-Dade County School Board

Dr. Lawrence S. Feldman, Chair

Dr. Marta Pérez, Vice Chair

Dr. Dorothy Bendross-Mindingall

Susie V. Castillo

Dr. Steve Gallon III

Perla Tabares Hantman

Dr. Martin Karp

Lubby Navarro

Mari Tere Rojas

## MESAJ ENPÒTAN POU PARAN SOUEMAND KONDISYON SANTE POU ANTRE LEKÒL 2017-2018

Lwa Florid mande pou pitit ou prezantedokimanvaksenanvanyoaksepte loubyenli antre nan yonlekòl nan Florid pou premyefwa. Sa aplike pou tout elèvdepinan klasmatènèljisrive nan 12yèm aneeskolè. Ou dwe prezante yon Sètifika Florid Vaksen, DH-fòm 680, yon pati A, ou B ou C, ou fòm DH 681-relijye ti ankourajman lè ap enskri pitit ou an pou lekòl la. **Fòm a kapab Kounye a être enprime sou papye blan plain osi lontan ke li enprime de la "Florida State Health Online Tracking System (FL SHOTS)." (Florid eta sante en Suivi sistèm (PLANS FL).).**

NOTE: pou 2016-2017 ane lekòl, paran yo dwe bay kèk dokiman de:

- Yon (1) dòz vaksen (pyè nan saranpyon) li obligatwa pou pre-kindergarten, sizyèm, wityèm, nevyèm, dizyèm, vè senkè ak douzyèm klas moun k ap antre nan à ou transfert nan lekòl.
- De (2) dòz vaksen (pyè nan saranpyon) li obligatwa pou jaden danfan, premye, dezyèm, twazyèm, katriyèm, fifth, sizyèm, setyèm ak uityèm klas moun ap antre nan, à, ou transfert nan lekòl.
- Pran vaksen kont (pyè nan saranpyon) pa mande l si timoun te konn istwa li obligatwa maladi.
- De (2) valab woujòl dòz pou elèv ki enskri nan/à klas matènèl rive douzyèm.
- Yon (1) valab woujòl dòz pou elèv ki enskri nan/à pre-kindergarten.
- Pneumocoques conjugué vaksen mande pou elèv 2 mwa pou 59 mwa.
- A dènye dòz vaksen IPV (polyo) dwe être administré oswa apre fèt 4 elèv la pou antre nan jaden danfan. Yon dòz 5kyèm mande l si dòz 4 a ke yo te bay anvan fèt 4 a. Elèv ki nan klas 1 à 12 pa gen pou fè a ke yo si tout 4 polyo dòz te bay anvan 4 fèt ki te (nan men egzijans sa a la sèlman pou elèv k ap antre nan kindègadenn efficace pou ane lekòl 2012-2013).
- Epatit B vaksen seri pou timoun ki te enskri nan/à klas pre-kindergarten, jaden danfan, premye, dezyèm, twazyèm, katriyèm, cinquième, sizyèm, septième, wityèm, nevyèm, dizyèm, vè senkè ak douzyèm.
- Tdap mande pou setyèm elèv klas k ap antre nan, à ou transfert nan lekòl.

La "Florid gen Plan pou lekòl sèvis sante" mande ke tout elèv (PK-12) prezante dokiman D' Examen sante elèv ap jwe nan kèk 12 mwa anvan premye antre nan yon lekòl Florid. Yon elèv sante Examen (DH ou 00-H fòm 3040), y prè pou yon la Clinique Filtrage Et Suivi apwopriye leve si nesèsè, ta dwe être te konplete te siyen pa yon sous pratiquer swen medikal la, epi pwezante li bay lekòl la nan moman enskripsyon an.

Souple konsilte pwive swen medikal la ou, ou sous òdinè swen sante pou CI-dessus egzijans pou enskri pitit ou an pou lekòl. Si ou pa gen yon founisè pwive souple kontakte espesyal Vaccination inite w la (SIP Depatman sante) lè w rele 786-845- 0550 pou yon randevou pou vaksen. Souple gen dosye pitit ou a de vaccination avè ou lè ou randevou. Pou yon egzamen fizik diminye prix kontakte Confiance 211 Assistance pitit la.

Kat dijans kontak dwe être te konplete epi siyen paran oubyen gadyen elèv la. Si ou gen nenpòt adrès ou chanjman nimewo telefòn souple notifie lekòl la.

## FEDERAL & STATE COMPLIANCE OFFICE

### FOREIGN RECORDS/STUDENT VISA (K-Adult)

489 East Drive  
Miami Springs, Florida 33166

The Federal & State Compliance Office, *Foreign Records/Student Visa Department*, conducts interpretation of foreign school records for grade placement in K-Adult, provides grade conversions of high school records for credit in the U.S. from foreign schools, and issues the I-20 Form - *Certificate of Eligibility* - to non-immigrant individuals seeking an F-1 Student Visa, or and M-1 Vocational Student Visa. In addition, this office initializes and monitors the processing of J-1 Student Exchange Visas.

For questions regarding foreign students in the K-12 program, you may initiate a HEAT Self-Service Ticket that includes student information, along with the Foreign Student Placement HEAT Transmittal Sheet [FM 6957](#), for assistance. When a student placement cannot be determined, schools are advised to use the Temporary Grade Placement Form [FM-6008](#). A student's enrollment in school must **NOT** be delayed while records are being evaluated by the Federal & State Compliance Office. You may access the following link for additional information: [Foreign Records/Student Visa Department](#)

<b>International Student Placement Advisors</b>		
<b>Name</b>	<b>Email address</b>	<b>Telephone No.</b>
Orlando Martinez-Fortun	<a href="mailto:ofortun@dadeschools.net">ofortun@dadeschools.net</a>	(305) 884-2044 Ext. 3
Maria Elena Paradela	<a href="mailto:mparadela@dadeschools.net">mparadela@dadeschools.net</a>	(305) 884-2044 Ext. 2
Michael J. Perez	<a href="mailto:mjperez@dadeschools.net">mjperez@dadeschools.net</a>	(305) 884-2044 Ext. 1

**RULES  
OF  
THE STATE BOARD OF  
EDUCATION OF FLORIDA**

Out-of-State Transfer Students

**6A-1.0985 Entry Into Kindergarten and First Grade by Out-of-State Transfer Students.**

(1) Any student who transfers from an out-of-state public school and who does not meet regular age requirements for admission to Florida public schools shall be admitted upon presentation of the data required in subsection (3).

(2) Any student who transfers from an out-of-state nonpublic school and who does not meet regular age requirements for admission to Florida public schools may be admitted if the student meets age requirements for public schools within the state from which he or she is transferring, and if the transfer of the student's academic credit is acceptable under rules of the school board. Prior to admission, the parent or guardian must also provide the data required in subsection (3).

(3) In order to be admitted to Florida schools, such a student transferring from an out-of-state school must provide the following data:

- (a) Official documentation that the parent(s) or guardian(s) was a legal resident(s) of the state in which the child was previously enrolled in school;
- (b) An official letter or transcript from proper school authority which shows record of attendance, academic information, and grade placement of the student;
- (c) Evidence of immunization against communicable diseases as required in Section 1003.22, Florida Statutes;
- (d) Evidence of date of birth in accordance with Section 1003.21, Florida Statutes; and
- (e) Evidence of a medical examination completed within the last twelve (12) months in accordance with Section 1003.21, Florida Statutes.

*Specific Authority 1001.02(1) FS. Law Implemented 1003.21(2) FS. History—New 7-29-82, Formerly 6A-1.985.*

**STATE OF FLORIDA  
DEPARTMENT OF EDUCATION  
LEGAL MINIMUM PUBLIC SCHOOL ENTRY AGES  
BY STATE AND TERRITORY**

APPENDIX 9

The legal public school entry ages listed below were provided to the Florida Department of Education by each state or territory. These dates should be used in accepting transfer students from out-of-state into Florida public schools according to Rule 6A-1.985. (Red indicates changes from prior year.)

<b>STATE OR TERRITORY</b>	<b>KINDERGARTEN AGE</b>	<b>DATE</b>	<b>FIRST GRADE AGE</b>	<b>DATE</b>
ALABAMA	5	on or before 09/01	6	on or before 09/01
ALASKA	5	on or before 08/15	6	on or before 08/15
ARIZONA	5	on or before 09/01	6	on or before 09/01
ARKANSAS	5	on or before 08/01	6	on or before 08/01; K is mandatory
CALIFORNIA	5	on or before 09/01	6	on or before 09/01
CANADA (ONTARIO)	5	on or before 09/01	6	on or before 09/01
COLORADO	5	on or before 10/01	6	on or before 10/01
CONNECTICUT	5	on or before 01/01	6	on or before 01/01; K is mandatory
DELAWARE	5	on or before 08/31	6	on or before 08/31; K is mandatory
DISTRICT OF COLOMBIA	5	on or before 9/30	6	on or before 9/30; K is required
FLORIDA	5	on or before 09/01	6	on or before 09/01
GEORGIA	5	on or before 09/01	6	on or before 09/01
GUAM	5	by 07/31	6	by 07/31
HAWAII	5	on or before 07/31	6	on or before 07/31; K is mandatory
IDAHO	5	on or before 09/01	6	on or before 09/01
ILLINOIS	5	on or before 09/01	6	on or before 09/01
INDIANA	5	on or before 08/01	6	local decision
IOWA	5	on or before 09/15	6	on or before 09/15
KANSAS	5	on or before 08/31	6	on or before 08/31
KENTUCKY	5	on or before 08/01	6	on or before 08/01
LOUISIANA	5	on or before 09/30	6	on or before 09/30; K is mandatory
MAINE	5	on or before 10/15	6	on or before 10/15
MARYLAND	5	on or before 09/01	6	on or before 09/01; K is Mandatory
MASSACHUSETTS	5	on or before 09/01, Local option	6	by 12/01-Local eligible for 1 <sup>st</sup> grade if 6 yrs. old between 09/01-12/01
MICHIGAN	5	on or before 09/01	6	on or before 09/01
MINNESOTA	5	on or before 09/01	6	on or before 09/01 or complete K-Local district may accept earlier
MISSISSIPPI	5	on or before 09/01	6	on or before 09/01
MISSOURI	5	by 08/01	6	by 08/01
MONTANA	5	on or before 09/10	6	on or before 09/10
NEBRASKA	5	on or before 07/31	6	on or before 07/31
NEVADA	5	on or before 09/30	6	on or before 09/30; K is mandatory
NEW HAMPSHIRE	5	usually by 09/30; local decision	6	usually by 09/30; early acceptance is local policy
NEW JERSEY	5	10/01; Local Boards determine placement	6	Local decision
NEW MEXICO	5	by 09/01	6	None

<b>NEW YORK</b>	5	on or before 12/01; K not Mandated; local decision	6	on or before 12/01
<b>NORTH CAROLINA</b>	5	on or before 8/31	6	on or before 8/31
<b>NORTH DAKOTA</b>	5	on or before 08/01; K not required; Early entry by screening	6	on or before 8/01; or complete K
<b>OHIO</b>	5	on or before 09/30; K is mandatory	6	on or before 09/30 and completed K
<b>OKLAHOMA</b>	5	on or before 09/01	6	on or before 09/01; K is mandatory
<b>OREGON</b>	5	on or before 09/01; Early entry allowed	6	on or before 09/01; Early entry allowed; State mandated school age is 7
<b>PENNSYLVANIA</b>	5	on or before 09/01; Local districts may test for early entrance; LEA Local Decision	6	on or before 09/01; may test for early entrance
<b>PUERTO RICO</b>	5	by 09/01; Early, if space available; Screening on or before 09/01	6	by 09/01; Complete K
<b>RHODE ISLAND</b>	5	on or before 09/01; K is mandatory	6	Earlier at option of school committee
<b>SOUTH CAROLINA</b>	5	on or before 09/01; K is mandatory	6	on or before 09/01
<b>SOUTH DAKOTA</b>	5	on or before 09/01; Early entry permitted if gifted or transfer	6	on or before 09/01
<b>ST. KITTS &amp; NEVIS</b>	5	09/01; Compulsory age	6	09/01; Automatic transfer from K
<b>TENNESSEE</b>	5	on or before 08/15	6	on or before 08/15; K is required
<b>TEXAS</b>	5	on or before 09/01	6	on or before 09/01
<b>UTAH</b>	5	on or before 09/02; Whether in state or transferring from out of State; on or before 01/01	6	on or before 09/02; K is not mandated
<b>VERMONT</b>	5	on or before 01/01; local districts determine early	6	Varies among district
<b>VIRGINIA</b>	5	on or before 09/30	6	on or before 09/30; K is mandatory
<b>VIRGIN ISLANDS</b>	5	on or before 12/31	6	on or before 12/31; Promotion from K
<b>WASHINGTON</b>	5	on or before 08/31; Earlier at local decision	6	on or before 08/31
<b>WEST VIRGINIA</b>	5	on or before 09/01; Early entry by District	6	on or before 09/01; Completed K or entrance test
<b>WISCONSIN</b>	5	on or before 09/01; Local boards may grant early admission	6	on or before 09/01 compulsory school age
<b>WYOMING</b>	5	on or before 09/15	6	on or before 09/15
<b>DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS</b>	5	on or before 09/01	6	on or before 09/01



**JOHN M. MCKAY SCHOLARSHIP PROGRAM  
FOR STUDENT WITH DISABILITIES**

**LOCATION-3518**

For questions pertaining to policies and procedures of the John M. McKay Scholarship Program, please contact Ms. Mary Paz, Office of Exceptional Student Education and Student Support at 305-995-1816.

For students participating in the John M. McKay Scholarship Program (location 3518), please do not send Student Cumulative Records to the District Office. They are to be sent to the last public school the student attended.

Parents who wish to participate in the John M. McKay Scholarship Program must file their intent at [School Choice John M. McKay Scholarship Program](#).

**OPPORTUNITY SCHOLARSHIP PROGRAM**

For information referring to the Opportunity Scholarship Program, policies and procedures, please contact Ms. Sheila Jackson, Curriculum Support Specialist, Schools Choice and Parental Options, at 305-995-1922.

For data entry questions, please contact Ms. Yolanda Busquet, Coordinator of Student Transfers, Federal & State Compliance, at 305-883-5323.



**CONFIDENTIAL**  
**SCHOOL OPERATIONS**  
**JUVENILE JUSTICE SUPPORT OFFICE (JJSO)**



**EDUCATIONAL REVIEW FORM**  
 (THIS FORM MUST BE COMPLETED AT THE JJSO)

STUDENT NAME: (LAST)		(FIRST)	(M.I.)	STUDENT ID :	GRADE:	DOB:
CURRENT EDUCATIONAL STATUS: (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> K-8 <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ACTIVE						
<input type="checkbox"/> SPED SERVICES: PRIMARY EXCEPTIONALITY _____ <input type="checkbox"/> MAGNET <input type="checkbox"/> CHARTER <input type="checkbox"/> PRIVATE <input type="checkbox"/> ADULT/TECH/VOC <input type="checkbox"/> INACTIVE						
EDUCATIONAL REVIEW AREAS: <input type="checkbox"/> ATTENDANCE <input type="checkbox"/> ACADEMIC <input type="checkbox"/> BEHAVIORAL <input type="checkbox"/> SCHOOL PLACEMENT <input type="checkbox"/> COURT ORDER						
<input type="checkbox"/> COURT REFERRAL <input type="checkbox"/> SCHOOL ENROLLMENT <input type="checkbox"/> SCHOOL RE-ENTRY <input type="checkbox"/> NEW M-DCPS STUDENT						
CURRENT ADDRESS (NUMBER)		(STREET)	(CITY)	(ZIP)		
NEW ADDRESS (IF APPLICABLE) (NUMBER)		(STREET)	(CITY)	(ZIP)		
RESIDENCE SCHOOL (For Out of Area Transfers ONLY): <input type="checkbox"/> REQUEST TRANSPORTATION				LOCATION #	REGION	
CURRENT SCHOOL:				LOCATION #	REGION	
APPROVED SCHOOL:				LOCATION #	REGION	
CASE WORKER:	SIGNATURE:		AGENCY:	CONTACT INFORMATION:		
LEGAL GUARDIAN NAME:		RELATIONSHIP:		CONTACT INFORMATION:		
M-DCPS DISTRICT COURT LIAISON:		SIGNATURE:		305-679-2800		
SCHOOL TRANSFER BEST INTEREST REASON (CHECK ALL THAT APPLY BELOW) <input type="checkbox"/> NOT APPLICABLE-NO SCHOOL PLACEMENT CHANGE						
<input type="checkbox"/> STUDENT REQUEST	<input type="checkbox"/> ALTERNATIVE EDUCATION PLACEMENT	<input type="checkbox"/> PREVIOUS SCHOOL OF ORIGIN				
<input type="checkbox"/> PARENT REQUEST	<input type="checkbox"/> ADULT/VOCATIONAL/TECHNICAL ED.	<input type="checkbox"/> STUDENT RE-ENTRY				
<input type="checkbox"/> SIBLING GROUP PLACEMENT	<input type="checkbox"/> SCHOOL OF CHOICE TRANSFER	<input type="checkbox"/> PLACED OUT OF COUNTY				
<input type="checkbox"/> PERMANENCY GOAL/REUNIFIED WITH PARENT	<input type="checkbox"/> SCHOOL/COMMUNITY CONNECTION	<input type="checkbox"/> ENTERING FROM OUT OF COUNTY				
<input type="checkbox"/> TERMINATION OF SUPERVISION	<input type="checkbox"/> COURSE OFFERING/CREDIT RECOVERY	<input type="checkbox"/> GRADE OR LEVEL PROMOTION				
<input type="checkbox"/> 504/MEDICAL/SPED SERVICES PLACEMENT	<input type="checkbox"/> IMMINENT SAFETY CONCERN	<input type="checkbox"/> DISTANCE/HARDSHIP: _____ MILES				
COMMENTS:						
_____						
_____						
_____						
PARTICIPANTS: <input type="checkbox"/> CASE MANAGER <input type="checkbox"/> CHILD PROTECTIVE INVESTIGATOR <input type="checkbox"/> STUDENT <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> GUARDIAN AD-LITEM						
<input type="checkbox"/> OTHER : _____						
COMPLETED BY JJSO ONLY: <input type="checkbox"/> W13 <input type="checkbox"/> 8017/8141 WD <input type="checkbox"/> OAT <input type="checkbox"/> OUT OF CTY DATE: _____ INITIAL: _____						