



Initial Entry Registration Procedures



Miami-Dade County Public Schools

**Attendance Services
March 2010**

Miami-Dade County Public Schools

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PREFACE

The purpose of this handbook is to provide assistance and guidance to school level personnel in the important process of initial entry registration in Miami-Dade County Public Schools (M-DCPS). This handbook contains three major sections. **Section I** provides general information on forms, documents, and procedures for initial entry. **Section II** provides guidelines for registration and transfers to Choice and Special Programs, and **Section III** provides various attachments that can be downloaded and copied, if necessary.

The Registrar's Checklist, Appendix 1, and the Registration Requirements, Appendix 2, are documents developed to assist schools in the implementation of uniform district wide registration procedures. The Registrar's Checklist is a tool to be used by the registrar for easy reference. The Registration Requirements should be included in the Registration Package provided to parents. To assist schools with the providing information to parents/guardian pertaining to registration the following is the link to the Registration Package <http://ehandbooks.dadeschools.net/policies/75.pdf>. Page 1 should be updated to include contact information prior to distribution to parents/guardians and students.

We hope this handbook will assist you in having a smooth and successful registration process. If there are questions concerning any part of this document, please contact Ms. Yvette Senior-Stewart at YStewart@dadeschools.net or 305-883-5323.

I. FORMS, DOCUMENTS AND PROCEDURES FOR INITIAL ENTRY

Miami-Dade County Public Schools

INITIAL ENTRY PROCEDURES FOR REGISTRATION

I. Forms, Documents and Procedures for Initial Entry

It is suggested that the **REGISTRAR'S CHECKLIST** Appendix 1, be used to ensure completion of all registration procedures. You may want to provide parents a copy of **REGISTRATION REQUIREMENTS** Appendix 2, which provides a glossary of terms and a list of requirements.

- A. STUDENT DATA CARD
- B. HOME LANGUAGE SURVEY FORM
- C. AGE AND LEGAL NAME VERIFICATION
- D. PROOF OF ADDRESS
- E. DISCLOSURE AT TIME OF REGISTRATION
- F. HEALTH REQUIREMENTS
 - 1. STUDENT HEALTH EXAMINATIONS, including proof of tuberculin screening, reading of the test, and appropriate follow-up
 - 2. FLORIDA CERTIFICATE OF IMMUNIZATION, or Certificate of Exemption
- G. PARENT COMMUNICATION
- H. PRIOR RESIDENT ENTRY CODE
- I. STUDENT RECORDS
 - 1. Foreign Students
 - 2. Out-of-State Transfer Students
- J. REGISTRATION PACKAGE
- K. MILITARY FAMILIES

A. **STUDENT DATA CARD**, FM-2733 ESH-Appendix 3

Students initially entering Miami-Dade County Public Schools must have at least one *Student Data Card* completed front and back, by a parent/guardian as part of the registration process. *Student Data Cards* in **English, Spanish and Haitian Creole** are available from Stores and Distribution; however, these are only to be used for language assistance to the parent/guardian, and are not to be completed as the registration card. The emergency contact and release from school information section on the back of the *Student Data Card* **must** be completed and signed. The information must be updated annually for all students in membership and at any time when parents/guardians provide additional or new information. Specific procedures for releasing students during the school day are located in "Guideline #36, Release from School, Appendix 22" in the document titled, *Procedures for Promoting and Maintaining a Safe Learning Environment*. Florida Statute 1008.386, Appendix 22 requires all schools to **request** and, **if provided**, to record the **social security number** in ISIS for all students in grades PK-12. **A student is not required to provide his or her social security number as a condition for enrollment or graduation.** The *Student Data Card* provides a space to record the social security number. For additional information, please refer to Appendix 5 "**STUDENT SOCIAL SECURITY NUMBERS**". The *Student Data Card* also provides a space to record the e-mail address of the family as an additional contact source.

To assist parents in completing the data card, "Instructions for Completing Student Data Card", Appendix 4, have been developed in three languages. The instructions may be accessed in the e-handbook:

<http://ehandbooks.dadeschools.net/policies/44/pdf05/attachments.pdf>

For students who are pre-registered, that is, futured in ISIS, two preprinted cards will be sent to each school by Information Technology Services, ITS, in August. The preprinted information represents the most recent data as it exists in the *Student Database System*.

B. **HOME LANGUAGE SURVEY FORM**

In accordance with the program requirements as well as with the FDOE/META Consent Decree, the Florida Department of Education has mandated that every student initially entering Miami-Dade County Public Schools be asked a series of three questions. The questions are required as part of the registration process. A form titled, *HOME LANGUAGE SURVEY*, FM-5196 ESH, Appendix 6, is provided to survey new students.

C. AGE AND LEGAL NAME VERIFICATION

Florida Statute 1003.21, Appendix 22 specifies the evidence which may be used for establishing proof of birth, and also indicates that if the first prescribed evidence is not available, the evidence obtainable in the order listed below shall be accepted (See "Glossary" in Appendix 2 for definition of terms).

1. A duly attested transcript of the child's birth record (birth certificate or birth card) filed according to law with a public officer charged with the duty of recording births. Must be original; hospital certificate is not acceptable; **or**
2. 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**
3. An insurance policy on the child's life which has been in force for at least two years; **or**
4. *A bona fide contemporary Bible record* of the child's birth accompanied by an affidavit sworn to by the parent; **or**
5. 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, please refer to Form 6670, Appendix 7; **or**
6. 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.
7. If none of this evidence can be produced, then the parent/guardian must supply an AFFIDAVIT OF AGE, FM-4681 ESH, Appendix 8, 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 neither of these shall be available in the county, by a licensed practicing physician designated by the school board, which certificate shall state that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct.

8. BIRTH CERTIFICATE

Parents/guardians are to provide proof of age for their child. It may be necessary for the school site personnel to help parents/guardians complete requests for birth certificates. Some states are now issuing birth cards in lieu of birth certificates and these cards bear the official or embossed seal of the issuing office. **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.

9. APPLYING FOR A BIRTH CERTIFICATE

- a. **Children born in Miami-Dade County, Florida** - Apply to Department of Health, Bureau of Vital Statistics, Miami, Florida.
<http://www.dadehealth.org/records/RECORDSintro.asp>
- b. **Children born in the State of Florida** - Apply to Bureau of Vital Statistics, Jacksonville, Florida.
- c. **Children born outside the State of Florida but in the U.S.A.** - A list of addresses for the Bureau of Vital Statistics for each state, including the cost of birth certificate, is provided in Appendix 9.

10. LEGAL/ASSUMED NAMES

Please note that all schools are guided by School Board Rule 6Gx13-5A-1.07, Section IV "Legal Names of Students in Regard to School Records" Appendix 22 states:

In cases where the parent seeks to enroll a child in a public school under a name other than the legal name, Board Attorneys have ruled that this request may be granted on a temporary basis provided court action is in process to make the assumed name legal.

In all cases, official school records must list both the legal name and assumed name of the student. Students entering a Miami-Dade County public school for the first time must have a Student Data Card completed with both legal and assumed names shown.

In other words, **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 ISIS should enter the **student's name as it appears on the legal document**. Do not simply enter the name the parent wrote on the *Student Data Card*, **use the legal document**.

When a student's name, birth date, sex, social security number, ethnicity or place of birth have been initially entered incorrectly or when there is a legal change with documentation provided, complete the form *ACR-3, CHANGE OF DATA, FM-0735 Rev. 02/09*, Appendix 10, and submit the document received during initial registration of student to **Attendance Services, Mail Code 9028**.

D. PROOF OF ADDRESS

Students in the K-12 program are assigned to attend school based upon the home residence of the parent/guardian and the school attendance zones as approved by The School Board of Miami-Dade County, Florida. Verification of residence is to be presented by the parent/guardian at the time of registration. School Board Rule 6GX13-5A-1.08, "Attendance-Student Transfers" Appendix 22, states that **two** of the following items shall be used as verification of residence:

1. Broker's or attorney's statement of parents, purchase of residence, or properly executed lease agreement; **and/or**
2. Current Homestead Exemption Card; **and/or**
3. Electric deposit payment receipt or electric billing statement, bottom portion showing name and **service address**.

A field has been created in ISIS – Student Information and New Student Without Identification screens to flag a student's record when verification of residence cannot be provided at time of registration. The electric bill, both portions showing name and service address must be submitted to school within 40 calendar days after registration. A weekly report will be available in Control-D to monitor students without proof of address.

In extreme cases when such documents are unavailable, an *Address Verification Agreement* should be completed and verified by school or Regional Center staff, as appropriate, see Appendix 11. **However, students must be registered in school.**

E. DISCLOSURE AT TIME OF REGISTRATION, FM-5740-Appendix 12

Chapter 1006.07 Appendix 22 of the Florida law 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. See Appendix 12.

F. 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 of all students with their addresses 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, in order to assist the parents/guardians and ensure student enrollment.

Parents/guardians shall be encouraged to contact a private physician, clinic, local health center, or the **Special Immunization Program Office** at **786-845-0550** for additional information concerning the required immunizations. When parents indicate they cannot afford a private physician or they do not have another source of health care, they should be advised to contact the nearest **DEPARTMENT OF PUBLIC HEALTH CENTER** to make an appointment for **FREE IMMUNIZATIONS** for their children at the **COMMUNITY OUTREACH PROJECT**. Locations are listed on Appendix 13.

Health and Immunization documentation shall be completed on forms **approved and provided** by the Department of Health and shall become a part of each student's *Cumulative School Health Record DH Form-3041* to be transferred when the student is promoted or changes schools. *Cumulative School Health Records DH Form-3041* may be obtained by contacting the Comprehensive Health Services at 305-995-1235.

Effective for the 2010-2011 school year the following changes will take effect:

Grade Levels-including retainees for the grade	Immunization Changes
Kindergarten, first and second grade	Two (2) doses of varicella vaccine or proof of disease
Pre-kindergarten, third, fourth, fifth, sixth, seventh, eighth and ninth grade	Proof of varicella vaccine or disease
ALL GRADES – PK-12	Proof of completion of the 2 or 3 dose Hepatitis B vaccine series. (The first of the two, or three dose series is required to enroll/attend).
ALL GRADES – PK-12	Students who are homeless or who have entered a juvenile justice program, or military may have a 30 day temporary exemption.
ALL GRADES – KG-12 PK – Needs only one MMR	Two measles preferably in the form of MMR, (measles, mumps, and rubella). MMRs administered within a four day grace period prior to the first birthday will be accepted.
Seventh (7 th) Grade	Tdap (1) dose

1. *Student Health Examinations*-Appendix 14A and 14B

Students enrolling in a Florida school for the first time must present proof of a physical exam done within 12 months prior to entry. A Tuberculosis Clinical Screening with appropriate follow-up, if needed, must also be done within 12 months of entry.

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 prior to enrollment of tuberculosis Clinical Screening and appropriate follow-up if necessary.

2. *Florida Certificate of Immunization-DH Form 680, 8/2000-Appendix 15A and 15B*

Section 1003.22 (1), Florida law, **Evidence of immunization, Appendix 22 required** indicates that the school board of each district shall require each student 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 for the prevention of those communicable diseases for which immunization is required by the 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:

3. *DH Form 680, 8/2000-Appendix 15A and 15B*
 - a. Part A-1, Certificate of Immunization for K-12, excluding 7th grade requirements
 - b. Part A-2, Certificate of Immunization Supplement for 7th grade requirement
 - 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
4. *DH FORM 681, Jan 92-Appendix 16*

Religious Exemption From Immunization form, Appendix 16, may be obtained from Department of Public Health Centers.

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.) The **Certificate of Immunization** will be supplied by the Miami-Dade County Department of Health to physicians and health clinics throughout the county. A private physician, or authorized medical representative, must sign and date the **Certificate of Immunization**. For additional information, call the **Special Immunization Program Office** 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 ISIS student information file PF17-Health Information.

Students identified as **Project Upstart, 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 on homeless students contact Ms. Laura Chiarello, Program Manager, School Social Worker, **Division of Student Services**, at **305-995-7318**.

5. Florida SHOTS (State Health Online Tracking System) 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 help doctor's offices by providing you with lots of benefits including:

- Easy-to-print blue forms (DH Form 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 680s accessible directly to authorized schools, child-care centers, and medical providers
- Reliable, consolidated immunization histories for new or continuing patients
- Previously reported contraindications
- Immunization reminders and recalls

G. PARENT COMMUNICATION

The **IMPORTANT MESSAGE TO PARENTS-HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE**, Appendix 17, 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 **Comprehensive Health Services** at **305-995-1235**.

H. 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.

I. STUDENT RECORDS

1. FOREIGN STUDENT RECORDS

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 directly to **Attendance Services, Foreign Records/Student Visa Department**. Staff may be consulted at any time on any foreign record or student placement. Contact information for the **Foreign Records/Student Visa Department** may be found in Appendix 18.

2. OUT-OF-STATE TRANSFER STUDENTS

a. *RULES OF THE STATE BOARD OF EDUCATION OF FLORIDA* regarding entry into kindergarten and first grade by out-of-state transfer students are listed in Appendix 19.

- b. The listing of *LEGAL MINIMUM PUBLIC SCHOOL ENTRY AGES BY STATE AND TERRITORY* as provided by the Florida Department of Education is contained in Appendix 20.

J. REGISTRATION PACKAGE

A sample *REGISTRATION PACKAGE* has been posted in the **Attendance Services** and e-handbooks web site, for your use. Please note that some documents are required while others are listed as optional. It is requested that documents identified as required be included in all packets in an effort to comply with uniform registration practices.

<http://ehandbooks.dadeschools.net/policies/75.pdf>

K. MILITARY FAMILIES

Section 1003.05(3), Florida Statutes gives enrollment priority to students whose parents/guardians are on active military duty. The following procedures are to be adhered to when processing an out-of-area military transfer:

- Parent/guardian must enroll the student in the home school that serves their resident address before the request for the military transfer can be considered.
- Complete a Student Transfer form, FM-3281, at home school and obtain the signature on the Student Transfer form of the principal or designated administrator from the home school with whom the parent/guardian met.
- Regional Center staff will approve all military transfer to the requested school as long as receiving school is below 100% of permanent and relocatable FISH capacity.

II. REGISTRATION AND TRANSFERS TO CHOICE/SPECIAL PROGRAMS

II. Registration and Transfers to Choice/Special Programs

A. JOHN M. MCKAY SCHOLARSHIP PROGRAM-Appendix 21

The John M. McKay Program for Students with Disabilities provides students the opportunity to attend a participating private school, **transfer code “P”**, Work Location 3518; or to attend another public school, **transfer code “W”** with transportation or **transfer code “O”** without transportation. To be eligible the following must apply:

- Have an Individual Education Plan (IEP)
- Be at least 5 years old and younger than 22 by September 1 of the scholarship year
- Be a current Florida public school student
- Have attended public school in Florida during the prior school year (meeting both the October and February FTE counts)

B. OPPORTUNITY SCHOLARSHIP PROGRAM-Appendix 21

The Opportunity Scholarship Program provides students assigned to schools with a failing grade for two years within a four year period the opportunity to transfer to another public school graded “C” or better, **transfer code “V”** with transportation or **transfer code “N”** without transportation.

To be eligible the following must apply:

- 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. NO CHILD LEFT BEHIND, NCLB, CHOICE TRANSFERS-Appendix 21

The No Child Left Behind Choice transfer allows students from designated Title I schools that fail to meet Adequate Yearly Progress (AYP) for two consecutive years, the opportunity to transfer to another public schools with transportation, **transfer code “C”**, or without transportation, **transfer code “D”**.

To be eligible the following must apply:

- The student must be enrolled in a Title I public school that has been designated as failing to make adequate yearly progress.
- The school has had two consecutive years of such low performance.

D. NON-M-DCPS STUDENTS-LOCATION 8013-Appendix 21

A procedure was developed to assign identification numbers for non-M-DCPS students that are tested through the psychoeducational evaluation process. When a request for evaluation, FM-2561, is completed for non-M-DCPS students, a designee at the site must contact Ms. Patricia Hawkins, FTE Specialist, **Attendance Services, at 305-805-8563**, to facilitate the assignment of a student to location 8013 and to process the request for a student identification number. The student will remain assigned to location 8013 until the student officially registers at a M-DCPS site. The following student information is required to process the assignment to location 8013:

- First/middle/last name
- Birth date
- Gender
- Ethnicity
- Grade level
- Residence address/city/zip
- Parents/guardian's first/last name and relationship to student(s)
- Entry code
- Prior residence/enrollment

The staff at **Attendance Services** extends to you our best wishes for a smooth and successful registration. If you have any questions regarding the *Initial Entry Registration Procedures*, contact, Ms. Yvette Senior-Stewart, Coordinator, **Attendance Services, at 305-883-5323**.

III. APPENDICES

**Miami-Dade County Public Schools
Attendance Services**

Registrar's Check List

- ___ **A. Complete Student Data Card-Revised 01/03**
- FM 2733
- ___ **B. Home Language Survey Form**
- FM 5196 (form is available in other languages from the Division of Bilingual Education and World Languages)
 - Dates of entry into the U.S., when applicable, must be filled in
- ___ **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; 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. Bona fide 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. PROOF 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
- ___ **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 – HRS 680 blue card
From a private doctor or local health provider

*** If assistance is needed regarding these documents, please call
Comprehensive Health (305) 995-1235**

_____ 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 Attendance Services

_____ J. **PARENT HANDBOOK/CURRICULUM BULLETIN** (if applicable)

_____ K. **SCHOOL INSURANCE AND FREE AND REDUCED LUNCH APPLICATIONS**

_____ L. **STUDENT CODE OF CONDUCT**

_____ M. **SOCIAL SECURITY NUMBER**

A student is **not required** to provide his or her social security number as a condition for enrollment or graduation.

- Request social security number of students
- Request parent/student to provide an original social security card
- If provided, file copy of card in cumulative folder of student

_____ N. **MILITARY FAMILIES**

- Yes _____ No _____

Revised, March 2010

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 or birth card – Must be original; 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. **Bona fide** bible 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
8. Affidavit of age signed by parent and Certificate of Age signed by public health officer

B. PROOF 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

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

1. Student Health Examination – DH 3040 yellow form
health examination performed within 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

- For grade placement and verification of credits earned
- Interpretation of foreign records at no cost available from Attendance Services

II. TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL

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

(Please see definition of terms on the back)

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.

Bona fide: 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 official escolar o de la persona encargada de matricular a los alumnos.

Bona fide: 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.

Bona fide: Fèt 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.

MIAMI-DADE COUNTY PUBLIC SCHOOLS								STUDENT DATA CARD	
SCHOOL NO.	I.D. NUMBER	STUDENT'S LAST NAME	APP	FIRST NAME	MIDDLE NAME	BIRTH DATE	SEX	GRADE	
Current Entry Date	Florida I.D. Number	Last Legal Name (if different)	APP	First Name	Middle Name	Section	Student Social Security No.		
ETHNIC HISPANIC ____ (Y/N)	(Check all that apply)	RACE: WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> NATIVE PACIFIC ISLANDER <input type="checkbox"/>			Place of Birth: (City)		(State/Country)		
Student's Address				(City)	(St)	Telephone		()	
P A R E N T / G U A R D I A N	Last Name	First Name	Relation	Place of Employment	Telephone	Alt Telephone		()	
	Last Name	First Name	Relation	Place of Employment	Telephone	Alt Telephone		()	
Current School:				Are you in Military services? Y ___ N ___		Card No.			

EXAMPLE

878-0269 **COMPLETE REVERSE SIDE** FM-2733E Rev. (02-09)
 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.

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 needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one. If parents/guardian can't be reached, whom should we try to contact? (List two person in priority order below.)

(Name) (Relation to Student) (Address) (Phone at Work)
 (Name) (Relation to Student) (Address) (Phone at Work)

Parent's/Guardian's E-Mail address _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health data which should be known in an emergency: _____

EXAMPLE

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you.

AUTHORIZED: _____
 NOT AUTHORIZED: _____

IT IS THE PARENTS' RESPONSIBILITY to inform the school in writing of any changes in the information listed on this card.

Date: _____ Parent's Signature _____
 878-0269 FM-2733E Rev. (02-09)

INSTRUCTIONS FOR COMPLETING STUDENT DATA CARD

- When giving a work number, please provide us with an extension number. In the event of an emergency, we need to get you as quickly as possible.
- Your home phone number is to be written on the front of the card after your address.
- Your work number is to be written in the area after place of employment.
- If you have cell number, please write it at the bottom of the card and indicate that it is a cell number.
- When you furnish us with an emergency contact, please give us telephone numbers other than the ones on the front of the card. In the event of an emergency when we cannot get in touch with you at work or at home then we need to call the emergency contacts and we need other numbers.
- Please make sure that if you have someone who is NOT authorized to pick up your child that you write the name in the section that says not authorized.
- If an e-mail address is available, please add to the back of the card.

INSTRUCCIONES PARA COMPLETAR LA TARJETA DE CONTACTOS DE EMERGENCIA

- Después de escribir su dirección, usted debe escribir su número de teléfono en la parte de delante de la tarjeta.
- Usted debe escribir el número de teléfono de su trabajo en el espacio donde aparece la palabra “empleo”.
- Cuando nos escriba el número telefónico de su trabajo, por favor incluya el número de la extensión. En caso de una emergencia, necesitamos contactarlo lo más rápido posible.
- Si tiene teléfono celular, por favor, escríbalo en la parte inferior de la tarjeta e indique que es el número de su teléfono celular.
- Si tiene correo electrónico, por favor, escríbalo al dorso de la tarjeta.

ENSTRIKSYON KOMAN POU RANPLI KAT ENFOMASYON ELEV LA

- Lé nou ap bay yon nimewo travay, silvouplé ban nou nimewo yon ekstansyon. An ka yon ijans, nou bezwen pran kontak ak ou pivit posib.
- Nimewo telefón lakay ou dwe ekri devan an sou kat la apre adrès ou.
- Nimewo travay ou dwe ekri nan plas apre travay la.
- Si ou genyen yon telefón selila, silvouplé ekri li anba a sou kat la e endike se nimewo selila ou.
- Lé ou ban nou non kontak pou ijans, silvouplé ban nou lot nimewo ki diferan ke sa ou bay devan kat la. An ka ta genyen yon ijans e nou pa ka pran kontak ak o unan travay oubyen lacar ou lé sa a nou bezwen rele kontak ijans yo nou e bezwen lot nimewo.
- Silvouplé asire si ou genyen yon moun ou PA otorize pou vin cheche pitito ou ekri non li nan seksyon ki di ou pa otorize li.

STUDENT SOCIAL SECURITY NUMBERS

Florida Statute 1008.386 requires each district school board to **request** for each student enrolled in a public school provide his or her social security number. The following are instructions for schools:

- Schools shall request that each student enrolled provide his or her social security number.
- Schools should make a copy of the original social security card.
- Schools shall include the copy of social security card in the student's cumulative folder.
- A student is **not required** to provide his or her social security number as a condition for enrollment or graduation.
- Record social security numbers in the Integrated Student Information System (ISIS) for Pre-Kindergarten through 12th grade students and in the Vocational Adult Community System (VACS) for adult students.

In the event that schools need to include information regarding the social security number into written documents, the following statement is suggested:

When a student is enrolled in a public school in the State of Florida, it is requested that the student provides his/her social security number. The number serves as a student identifier to facilitate the accurate maintenance and transfer of records.

Your assistance in disseminating this information to appropriate staff in your school is appreciated. Should you have a question or need further clarification in this matter, please contact Ms. Yvette Senior-Stewart, Coordinator, Attendance Services, at (305) 883-5323.

MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian Student I.D. No. _____

Student Name _____
Last First Middle

Date of Birth _____ / _____ / _____ Grade _____ Parent Language _____ Student Language _____
Month Day Year

Date Entered U.S.: _____ / _____ / _____
Month Day Year

EXAMPLE

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.	
1. Is a language other than English used in the home?	Yes ___ No ___
2. Did the student have a first language other than English?	Yes ___ No ___
3. Does the student most frequently speak a language other than English?	Yes ___ No ___

School _____ Date _____ Parent/Guardian Signature _____

ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE
ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento _____ / _____ / _____ Grado _____ Lengua Paterna _____ Lengua del Estudiante _____
Mes Día Año

Fecha de Entrada a los Estados Unidos: _____ / _____ / _____
Mes Día Año

EJEMPLO

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.	
1. ¿Usan en su casa algún otro idioma que no sea el Inglés?	Sí ___ No ___
2. ¿Tuvo el estudiante una lengua materna distinta al Inglés?	Sí ___ No ___
3. ¿Había el estudiante frecuentemente otro idioma que no sea el Inglés?	Sí ___ No ___

Escuela _____ Fecha _____ Firma del Padre/Madre _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi Non

Dat Fèt li _____ / _____ / _____ Klas _____ Lang paran _____ Lang Elèv La _____
Mwa Jou Ane

Dat ou Antre U.S.: _____ / _____ / _____
Mwa Jou Ane

EGZANP

Si repons lan se "Wi" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.	
1. Eske yo sèvi ak yon lang ki pa Anglè lakay li?	Wi ___ Non ___
2. Eske elèv la te genyen yon premye lang anvan Anglè?	Wi ___ Non ___
3. Eske elèv la abitye pale yon lang ki pa Anglè?	Wi ___ Non ___

Lekòl _____ Dat _____ Siyati Paran _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS

AFFIDAVIT OF AGE

STATE OF FLORIDA)
(SS
COUNTY OF MIAMI-DADE)

BEFORE ME, a Notary Public duly qualified and acting, personally appeared the undersigned,
_____, who, being by me first duly sworn,
(print or type name of parent/guardian)
deposes and says:

1. That his/her name is _____
(print or type name of parent/guardian)
 2. That he/she is the parent/guardian of _____
(circle one) (print name of child)
- minor child, whose date of birth is _____
(month) (day) (year)

FURTHER AFFIANT SAITH NOT

EXAMPLE

(signature of parent/guardian)

SWORN TO and subscribed before me this _____ day of _____, 20 ____.

My Commission Expires:

Notary Public, State of Florida

NOTICE TO PARENT/GUARDIAN: This affidavit is a sworn statement or oath made before a notary public in order to gain admission to the Miami-Dade County Public Schools. Any person making a false oath before a notary public shall be guilty of perjury and be subject to the penalties, forfeitures, and disabilities that are prescribed by law in cases of perjury under Chapter 837, Florida Law, pursuant to s. 117.03(2), Florida Law. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, pursuant to s. 837.06, Florida Law, punishable by up to 60 days imprisonment and/or a fine of up to \$500.



EKOL PIBLIK NAN MIAMI-DADE KONTI

AFFIDAVIT POU LAJ

ETA FLORID)
 (SS
 COUNTY MIAMI-DADE)

DEVAN MWEN, youn Notè Piblik kalifye epi an fonksyon jan lalwa mande-l, te prezante, pèsoneyman, mounn ki siyen anba-a, _____ (ekri an lèt enprimri oubyen alamachin non paran/responsab) ki, apre mwen te fè li prete sèman, deklare lan depozisyon li fè:

1. Non li se _____ (ekri an lèt enprimri oubyen alamachin non paran/responsab)
 2. Li se paran/responsab _____ (ansèkle younn) (ekri non timounn nan an lèt enprimri)
- oun timounn minè, ki fèt _____ (mwa) (jou) (ane)

MOUNN KI JIRE ANVAN LI FÈ DEPOZISYON-AN PA DEKLARE LÒT BAGAY ANPLIS.

 (Siyati paran/responsab)

Responsab la PRETE SÈMAN epi siyen devan mwen, _____ jou sa-a, mwa _____

_____, 20 _____.

Komisyon mwen ap espire:

 Notè Piblik, Eta Florid

NÒT POU PARAN/RESPONSAB: Affidavit sa-a se youn deklarasyon ki fèt apre yo jire oubyen youn sèman ki fèt devan youn notè piblik, pou yo kab jwenn oun plas nan Lekòl Piblik Miami-Dade County yo. Nenpòt mounn ki fè youn fo deklarasyon devan youn notè piblik y'ap akize-l kòm koupab pou fo-temwayaj, epi li kab tonbe anba kondanasyon amand, fòfè ak anpechman lalwa prèvwa, pou ka fo-temwayaj, lan Chapit 837 Lwa Florid yo, dapre s. 117.03(2), Florida Law. Nenpòt mounn ki, volontèman, fè youn fo deklarasyon pa ekri avèk entansyon pou li twonpe youn ajan sèvis piblik lan akonplisman travay ofisyèl l'ap fè-a, y'ap akize-l odezyèm degre pou bay manti, selon s. 837.06, Florida Law, sa ki okazyone youn maksimòm 60 jou prizon epi/oubyen youn maksimòm \$500 amand.

WHERE TO APPLY FOR BIRTH CERTIFICATES

Give the following facts when writing for birth record: child's full name, sex, ethnicity, parents' names, including maiden name of mother, month, day, and year of birth, place of birth (city or town, county, state, and name of hospital, if any), purpose for which copy is needed, and relationship to person whose record is being requested.

<u>STATE</u>	<u>FEE</u>	<u>ADDRESS</u>
ALABAMA (Money Order or check to Vital Records) http://adph.org/vitalrecords/	\$15.00	Alabama Department of Public Health Alabama Center for Health Statistics P.O. Box 5625 Montgomery, AL 36103-5625 (334) 206-5418
ALASKA (Money Order or check to Bureau of Vital Statistics) http://vitalrecords.alaska.gov/dph/bvs/birth/default.htm	\$20.00	Bureau of Vital Statistics 5441 Commercial Boulevard Services Juneau, AK 99801 (907) 465-3391
AMERICAN SAMOA (Money Order to ASG Treasurer)	\$ 7.00	American Samoa Government Governor's Office Registrar of Vital Records Office Pago Pago, AS 96799 (684) 633-1406
ARIZONA (Money Order to Office of Vital Records) http://www.azdhs.gov/vitalrcd/index.htm	\$10.00	Office of Vital Records PO Box 3887 Phoenix, AZ 85030 (602) 364-1300
ARKANSAS (Money Order or check to Arkansas Department of Health) http://www.healtharkansas.com/certificates/certificates.html	\$12.00	Arkansas Department of Health Vital Records, Slot 44 4815 West Markham Little Rock, AR 72205 1-800-637-9314
CALIFORNIA (Money Order or check to Office of Vital Records) http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx	\$14.00	California Office of Vital Records MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410 (916) 445-2684
CANAL ZONE (Money Order or check to Department of State)	\$30.00	Vital Records Branch Passport Services 1111 19 th Street NW, Suite 510 Washington, DC, CZ 34011-2300 (202) 955-0307

<p>COLORADO (Money Order or check to Vital Records Section) http://www.cdphe.state.co.us/certs/index.html</p>	<p>\$17.75</p>	<p>Colorado Department of Public of Health and Environment Vital Records Office 4300 Cherry Creek Drive South HSVRD-VS-A1 Denver, CO 80246-1530 (303) 692-2200</p>
<p>CONNECTICUT (Money Order or check to Treasurer, State of Connecticut)</p>	<p>\$30.00</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) 509-8000</p>
<p>http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388130&dphNav= 46940 </p>		
<p>DELAWARE (Money Order or check to Office of Vital Statistics) http://www.dhss.delaware.gov/dhss/dph/ss/vitalstats.html</p>	<p>\$25.00</p>	<p>Delaware Health and Social Services Division of Public Health Office of Vital Statistics Jesse S. Cooper Bldg. 417 Federal Street Dover, DE 19901 (302) 744-4549</p>
<p>DISTRICT OF COLUMBIA (Short Form) \$18.00 (Money Order or check (Long Form) \$23.00 to DC Treasurer)</p>		<p>Department of Health Vital Records Division 825 North Capitol Street, NE, 1st Floor Washington, DC 20002 (202) 671-5000</p>
<p>http://doh.dc.gov/doh/cwp/view.a,1371,q,581955,dohNav_GID,1787,dohNav_ 33120 .asp</p>		
<p>FLORIDA (Check or Money Order to Vital Statistics)</p>	<p>\$ 9.00</p>	<p>State Office of Vital Statistics Attn: Client Services P.O. Box 210 Jacksonville, FL 32231-0042 (904) 359-6900 Ext. 9000</p>
<p>http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html</p>		
<p>MIAMI-DADE COUNTY Mail Request/Walk-in Service 1350 N.W. 14 Street, Room 3 Miami, FL 33125 http://www.dadehealth.org/records/RECORDSrequestbirth.asp</p>	<p>\$20.00</p>	<p>(305) 324-2489</p>
<p>Walk-in Service (only) 18680 N.W. 67 Avenue Hialeah, FL 33015</p>		<p>(305) 628-7227</p>
<p>Walk-in Service (only) 18255 Homestead Avenue, Room113 West Perrine, FL 33157</p>		<p>(305) 278-1046</p>

<p>GEORGIA (Money Order or check to Vital Records) http://health.state.ga.us/programs/vitalrecords/index.asp</p>	<p>\$15.00</p>	<p>Vital Records 2600 Skyland Drive, NE Atlanta, GA 30319 (404) 679-4702</p>
<p>GUAM (Money Order to Treasurer of Guam)</p>	<p>\$ 5.00</p>	<p>Office of Vital Statistics Dept. of Public Health & Social Services Government of Guam P.O. Box 2816 Agana, GU M.I. 96932 (671) 735-7263</p>
<p>HAWAII (Money Order, cashier's or certified check to Hawaii State Department of Health)</p>	<p>\$10.00</p>	<p>State Department of Health Office of Health Status Monitoring Vital Records Section P.O. Box 3378 1250 Punch Bowl Avenue, Room 103 Honolulu, HI 96801 (808) 586-4533</p>
<p>http://hawaii.gov/health/vital-records/vital-records/index.html</p>		
<p>IDAHO (Money Order or check to Idaho Vital Records)</p>	<p>\$13.00</p>	<p>Idaho Bureau of Vital Records and Health Statistics P.O. Box 83720 Boise, ID 83720-0036 (208) 334-5980</p>
<p>http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_enUS/tabID_3335/DesktopDefault.aspx</p>		
<p>ILLINOIS (Money Order or check to Illinois Department of Public Health) http://www.idph.state.il.us/vitalrecords/index.htm</p>	<p>(Long) \$15.00 (Short) \$10.00</p>	<p>Illinois Department of Public Health Division of Vital Records 605 West Jefferson Street Springfield, IL 62702-5097 (217) 782-6553</p>
<p>INDIANA (Money Order or check to Indiana State Department of Health) http://www.in.gov/isdh/20422.htm</p>	<p>\$10.00</p>	<p>Vital Records Indiana State Department of Health PO Box 7125 Indianapolis, IN 46204-7125 (317) 233-2700</p>
<p>IOWA (Money Order or check to Iowa Dept. of Public Health) http://www.idph.state.ia.us/apl/health_statistics.asp</p>	<p>\$15.00</p>	<p>Iowa Department of Public Health Bureau of Health Statistics Lucas State Office Building, 1st Floor 321 East 12 Street Des Moines, IA 50319-0075 (515) 281-4944</p>
<p>KANSAS (Money Order or check to Kansas Vital Statistics) http://www.kdheks.gov/vital/index.html</p>	<p>\$15.00</p>	<p>Office of Vital Statistics 1000 SW Jackson Street, Suite 120 Topeka, KS 66612-2221 (785) 296-1400</p>

<p>KENTUCKY (Money Order or check to Kentucky State Treasurer) http://chfs.ky.gov/dph/vital/</p>	<p>\$10.00</p>	<p>Office of Vital Statistics 275 East Main Street 1E-A Frankfort, KY 40621 (502) 564-4212</p>
<p>LOUISIANA (Long Form) (Short Form) (Money Order or check to Vital Records) http://www.dhh.louisiana.gov/offices/?ID=252</p>	<p>\$15.00 \$ 9.00</p>	<p>Louisiana Vital Records Registry P.O. Box 60630 New Orleans, LA 70160 (504) 219-4500</p>
<p>MAINE (Checks to Treasurer - State of Maine) http://www.maine.gov/dhhs/faq.htm</p>	<p>\$15.00</p>	<p>Office of Vital Statistics 244 Water Street, Station 11 Augusta, ME 04333-0011 (207) 287-3181</p>
<p>MARYLAND (Money Order or check to Division of Vital Records) http://vsa.maryland.gov/html/birth.cfm</p>	<p>\$12.00</p>	<p>Division of Vital Records P.O. Box 68760 Baltimore, MD 21215-0036 (410) 764-3038 or (800) 832-3277</p>
<p>MASSACHUSETTS (Mail) (In person) (Money Order or check to the Commonwealth of Massachusetts) http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&L4=Programs+and+Services+K+-+S&sid=Eeohhs2&b=terminalcontent&f=dph_vital_records_g_about&csid=Eeohhs2</p>	<p>\$28.00 \$18.00</p>	<p>Registry of Vital Records and Statistics 150 Mount Vernon Street, 1st Floor Dorchester, MA 02125-3105 (617) 740-2600</p>
<p>MICHIGAN (Money Order or check to State of Michigan) http://www.michigan.gov/mdch/0,1607,7-132-4645---,00.html</p>	<p>\$26.00</p>	<p>Vital Records Requests PO Box 30721 Lansing, MI 48909 (517) 335-8666</p>
<p>MINNESOTA (Money Order or check to MN Dept. of Health) http://www.health.state.mn.us/divs/chs/osr/birth.html</p>	<p>\$16.00</p>	<p>Minnesota Department of Health Attention: Office of the State Registrar/Birth Certificates P.O. Box 64499 St. Paul, MN 55164-0499 (651) 201-5970</p>
<p>MISSISSIPPI (Money Order, or check to Mississippi Vital Records) http://www.msdh.state.ms.us/phs/index.htm</p>	<p>\$15.00</p>	<p>State Department of Health Vital Records P.O. Box 1700 Jackson, MS 39215-1700 (601) 576-7960</p>

MISSOURI (Money Order or check to Missouri Department of Health and Senior Services)	\$15.00	Bureau of Vital Records Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City, MO 65102-0570 (573) 751-6378
MONTANA (Check or money order to Montana Vital Records)	\$12.00	Office of Vital Statistics Department of Public Health and Human Services 111 North Sanders, Room 209 P.O. Box 4210 Helena, MT 59604 (406) 444-2685
NEBRASKA (Money Order or check to Vital Records)	\$12.00	Vital Records P.O. Box 95065 Lincoln, NE 68509-5065 (402) 471-2871
NEVADA (Money Order or check to Section of Vital Statistics)	\$13.00	Office of Vital Records 4150 Technology Way, Suite 104 Carson City, NV 89706 (775) 684-4242
NEW HAMPSHIRE (Money Order or check to Treasurer, State of N.H.)	\$12.00	Bureau of Vital Records 71 South Fruit Street Concord, NH 03301 (603) 271-4650 or (800) 852-3345
NEW JERSEY (Money Order or check to State Treasury)	\$25.00	NJ State Dept. of Health and Senior Services State Registrar Search Unit P.O. Box 370 Trenton, NJ 08625-0370 (609) 292-4087
NEW MEXICO (Money Order or check to NM Vital Records)	\$10.00	New Mexico Vital Records P.O. Box 26110 Santa Fe, NM 87502 (505) 827-0121
NEW YORK (Except New York City) (Money Order or check to N.Y. State Department of Health)	\$30.00	New York State Dept. of Health Vital Records Section Certification Unit P.O. Box 2602 Albany, NY 12220-2602 (518) 474-3077

<p>NEW YORK CITY-only (Money Order or check to NYC Department of Health and Mental Hygiene) http://www.nyc.gov/html/doh/html/home/home.shtml</p>	<p>\$15.00</p>	<p>Department of Health and Mental Hygiene Office of Vital Records 125 Worth Street, CN 4, Room 133 New York, NY 10013-4090 (212) 788-4520</p>
<p>NORTH CAROLINA (Money Order or check to NC Vital Records) http://vitalrecords.dhhs.state.nc.us/vr/index.html</p>	<p>\$24.00</p>	<p>NC Vital Records 1903 Mail Service Center Raleigh, NC 27699-1903 (919) 733-3526</p>
<p>NORTH DAKOTA (Money Order or check to ND Department of Health) http://www.ndhealth.gov/vital/</p>	<p>\$ 7.00</p>	<p>Division of Vital Records 600 East Boulevard Avenue - Dept. 301 Bismarck, ND 58505-0200 (701) 328-2360</p>
<p>NORTHERN MARIANA ISLANDS (Money Order or <u>Bank</u> Check to CNMI Treasurer) http://www.disastercenter.com/Vital%20Records/Northern%20Mariana%20Islands%20Vital%20Records.html</p>	<p>\$20.00</p>	<p>Vital Statistics Office Division of Public Health P.O. Box 500409 Saipan, MP 96950 (670) 236-8717 or (670) 236-8718</p>
<p>OHIO (Money Order or check to Treasurer, State of Ohio) http://www.odh.ohio.gov/vitalstatistics/vitalstats.aspx</p>	<p>\$21.50</p>	<p>Ohio Department of Health, Revenue Room 246 North High Street, 1st floor P.O. Box 15098 Columbus, OH 43215-0098 (614) 466-2531</p>
<p>OKLAHOMA (Money Order or check to Vital Records Service) http://www.ok.gov/health/Birth_and_Death_Certificates/index.html</p>	<p>\$15.00</p>	<p>Division of Vital Records PO Box 53551 Oklahoma City, OK 73152 (405)271-4040</p>
<p>OREGON (Money Order or check to DHS/Vital Records) http://oregon.gov/DHS/ph/chs/order/faqs.shtml</p>	<p>\$20.00</p>	<p>Oregon Vital Records P.O. Box 14050 Portland, OR 97293-0050 (971) 673-1190</p>
<p>PENNSYLVANIA (Regular) (Money Order or check to Vital Records) http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=168&Q=229939</p>	<p>\$10.00</p>	<p>Division of Vital Records (Attn: Birth Unit) 101 South Mercer Street P.O. Box 1528 New Castle, PA 16103 (724)656-3100</p>

PUERTO RICO (Money Order to Secretary of the Treasury)	\$ 5.00	Department of Health Demographic Registry P.O. Box 11854 Fernandez Juncos Station San Juan, PR 00910 (787) 767-9120
RHODE ISLAND (Check to General Treasurer of Rhode Island)	\$20.00	Rhode Island Department of Health Division of Vital Records 3 Capitol Hill, Rm 101 Providence, RI 02908-5097 (401) 222-2811
SOUTH CAROLINA (Money Order or cashier's check to SC DHEC)	\$12.00	SC DHEC - Vital Records 2600 Bull Street Columbia, SC 29201 (803) 898-3630
SOUTH DAKOTA (Money Order or check to Vital Records)	\$15.00	Vital Records 207 East Missouri Avenue, Suite 1A Pierre, SD 57501 (605) 773-4961
TENNESSEE (Long form) (Short form) (Money Order or check to Tennessee Vital Records)	\$15.00 \$ 8.00	Tennessee Vital Records 421 5 th Avenue, North 1st Floor, Central Services Building Nashville, TN 37247 (615) 741-1763
TEXAS (Money Order or check to DSHS)	\$22.00	Texas Vital Records Department of State Health Services P.O. Box 12040 Austin, TX 78711-2040 (888) 963-7111
UTAH (Money Order or check to Utah Department of Health)	\$18.00	Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84114-1012 (801) 538-6380
VERMONT (Money Order or check to Vermont Department of Health)	\$ 10.00	VT Department of Health Vital Records P.O. Box 70 Burlington, VT 05402-0070 (802) 863-7200
http://healthvermont.gov/research/records/obtain_record.asp		

VIRGINIA \$12.00
(Money Order or check to
State Health Department)
http://www.vdh.virginia.gov/Vital_Records/index.htm

Division of Vital Records
P.O. Box 1000
Richmond, VA 23218-1000
(804) 662-6200

VIRGIN ISLANDS (U.S.) (MAIL) \$15.00
(Money Order to Bureau
of Vital Statistics)

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) \$15.00
(Money Order to Department
of Health)

Department of Health, Vital Statistics
Charles Harwood Memorial Complex
Christiansted, St. Croix, VI 00820
(340) 773-4050

WASHINGTON \$20.00
(Money Order or check to
Department of Health)
<http://www.doh.wa.gov/EHSPHL/CHS/cert.htm>

Center for Health
Department of Health
PO Box 9709
Olympia, WA 98507-9709
(360) 236-4300

WEST VIRGINIA \$ 12.00
(Money Order or check to
Vital Registration)
<http://www.wvdhhr.org/bph/oehp/hsc/vr/birtcert.htm>

Vital Registration
Room 165
350 Capitol Street
Charleston, WV 25301-3701
(304) 558-2931

WISCONSIN \$ 20.00
(Money Order or check to
State of Wisconsin Vital Records)
<http://dhs.wisconsin.gov/vitalrecords/index.htm>

State Vital Records Office
PO Box 309
Madison, WI 53701-0309
(608) 266-1371

WYOMING \$13.00
(Money Order or check to
Vital Records Services)
http://wdh.state.wy.us/rfhd/vital_records/certificate.html

Vital Records Services
Hathaway Building
Cheyenne, WY 82002
(307) 777-7591

DHHS Publication No. (PHS) 90-1142
U.S. Dept. of Health & Human Services
National Center for Health Statistics
12/31/07

Subject to Change

Prepared by the Attendance Services
MIAMI-DADE COUNTY PUBLIC SCHOOLS

MIAMI-DADE COUNTY PUBLIC SCHOOLS CHANGE OF DATA							
SCHOOL NO.	I.D. NUMBER	STUDENT'S LAST NAME	APP.	FIRST NAME	MIDDLE NAME	BIRTH DATE	SEX
CHANGE OF NAME: (Last) (First) (Middle) FROM:				(Last) (First) (Middle) TO:			
BIRTH CERTIFICATE NO.:				PASSPORT NO.:			
DATE OF BIRTH: From:				To:			
PLACE OF BIRTH: From:				To:			
SOCIAL SECURITY #: From:				To:			
MARRIAGE Date of OF STUDENT - Marriage:				Husband's Name:			
SEX: From:				To:			
ETHNIC: HISPANIC: (CHECK) <input type="checkbox"/> Yes or <input type="checkbox"/> No				RACE: (CHECK ALL THAT APPLY) <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> I			
PARENT/GUARDIAN SIGNATURE:							
NOTE: PLEASE PROVIDE PROPER DOCUMENTATION FOR CHANGE.							

FM-0735 Rev. (02-09)

RESTRICTED CHANGES

INSTRUCTIONS:

1. Submit the ACR3 form to location 9028 for all changes in student name, date of birth, birthplace, Social Security number, sex or ethnicity.
2. In a change of name, date of birth, Social Security number, the original document submitted at time of initial registration along with the new updated information must be attached.
3. A copy of the Birth Certificate, Final Judgement or Marriage Certificate seen/used must be attached to the ACR3 form.
4. Should you have any questions please call Attendance Services at (305) 882-1855.

FM-0735 Rev. (02-09)

	<p>MIAMI-DADE COUNTY PUBLIC SCHOOLS</p> <p>ADDRESS VERIFICATION AGREEMENT</p>
---	---

NAME OF STUDENT(S) _____

NAME OF PARENT/GUARDIAN **EXAMPLE** _____

I, _____, understand that the transfer(s) of the above-named student(s) is/are temporary and will depend on a successful verification of my address. I also understand that if my address cannot be verified by staff of Miami-Dade County Public Schools, the transfer(s) will be revoked and the student(s) will return to the school that serves my previous address.


SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

OLD ADDRESS _____ SCHOOL ASSIGNMENT _____

NEW ADDRESS _____ SCHOOL ASSIGNMENT _____

HOME PHONE _____

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in F.S. 775.083 or F.S. 775.084. (Florida Statute 837.06)

	<p>ESCUELAS PÚBLICAS DEL CONDADO DE MIAMI-DADE</p> <p>ACUERDO DE VERIFICACIÓN DE DIRECCIÓN</p>
---	--

NOMBRE(S) DEL
(DE LOS) ESTUDIANTE(S) _____

NOMBRE DEL (DE LA)
PADRE/MADRE/TUTOR(A) _____

EJEMPLO

Yo, _____, entiendo que el(los) traslado(s) del(de los) estudiante(s) anteriormente mencionado(s) es(son) transitorio(s) y dependerá(n) del éxito en la verificación de mi dirección. También entiendo que si mi dirección no puede ser verificada por un empleado de las Escuelas Públicas del Condado de Miami-Dade, el traspaso será revocado y el(los) estudiante(s) volverá(n) a la escuela que corresponde a la dirección anterior.


FIRMA DEL (DE LA) PADRE/MADRE/TUTOR(A) _____ FECHA _____

DIRECCIÓN ANTIGUA _____ ESCUELA ASIGNADA _____

DIRECCIÓN NUEVA _____ ESCUELA ASIGNADA _____

TELÉFONO DE LA CASA _____

Cualquier persona que a sabiendas haga una declaración falsa por escrito con la intención de engañar a un funcionario público en el desempeño de su labor oficial será culpable de un delito en segundo grado, con la penalidad que se estipula en el F.S. 775.083 o el F.S. 775.084. (Estatuto de la Florida 837.06)

	<p>LEKÒL PIBLIK MIAMI-DADE COUNTY</p> <p>AKÒ ANNANTANDAN YO VERIFYE ADRÈS</p>
---	--

NON ELÈV LA(YO) _____

NON
 PARAN/RESPONSAB _____ **EGZANP** _____

Mwenmenm, _____, mwen konnen transfè elèv non li (yo) site anlè-
 a se youn bagay pwovizwa eke l'ap valab lè yo fini verifye adrès mwen. Mwen konprann tou, ke si yon anketè lekòl piblik
 konte Miami-Dade pa ka verifye adrès mwen, transfè ya ap revoke epi ti moun nan (yo) ap retounen nan lekòl ki
 koresponn ak ansyen adrès mwen an.

SIYATI
 PARAN/RESPONSAB _____ DAT _____

ANSYEN
 ADRÈS LA _____ LEKÒL KOTE
 YO VOYE ELÈV LA (YO) _____

NOUVO
 ADRÈS LA _____ LEKÒL KOTE
 YO VOYE ELÈV LA (YO) _____

TELEFÒN _____

Kòlkilanswa mounn ki, avèk fòm volonte-l, okri youn fo deklarasyon lan entansyon pou li endui youn fonksyonè leta annerè, lan travay ofisyèl l'ap fè, mounn sa-a y'ap deklare-l koupab pou dezyèm degre konpòtman delenkan, youn zak yo pini dapre atik F.S. 775.083 oubyen F.S. 775.084. (Lwa Eta Florid 837.06)



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DISCLOSURE AT TIME OF REGISTRATION

Chapter 1006.07 (1)(b), requires that any student seeking admission to a public school in the State of Florida will provide the following information at the time of initial registration:

1) Has student ever been expelled from any school, in or out of the State of Florida?

YES NO

If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

EXAMPLE

2) Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES", please list each and every arrest which resulted in a formal charge.

3) Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.

Student's Name _____ ID. # _____
(Please Print)

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



ESCUELAS PÚBLICAS DEL CONDADO DE MIAMI-DADE

DECLARACIÓN AL MATRICULARSE

Chapter 1006.07 (1)(b), requiere que cualquier estudiante que solicite ser admitido/a a una escuela pública en dicho estado, debe proporcionar la siguiente información en su matrícula inicial:

1) ¿Ha sido el/la estudiante expulsado de alguna escuela en el estado de la Florida o fuera de él?

Si No

Si su contestación es "Si", por favor enumere cada uno de los casos por el cual el/la estudiante ha sido expulsado/a.

EJEMPLO

2) Por favor explique si el/la estudiante ha sido arrestado alguna vez y si debido a este arresto si hicieron cargos en su contra. Si contestó que "Si", por favor enumere cada uno de los arrestos por el cual se hicieron cargos formales en su contra.

3) ¿Por favor explique si el/la estudiante ha estado involucrado como una de las partes de un caso presentado ante el Sistema de Justicia Juvenil? Si este es el caso, explique cual fue la acción que el Sistema de Justicia Juvenil tomó en su contra.

 Nombre del/de la estudiante _____ # de ID. _____
 (por favor inprima)

Fecha de nacimiento _____ Nombre del padre, la madre o tutor/a _____

Dirección _____

Firma (Padre/Madre/Tutor/a) _____

Firma (Estudiante) _____ Fecha de la firma _____



LEKÒL LETA MIAMI-DADE COUNTY

ENFÒMASYON POU W BAY LÈ ENSKRIPSYON

Chapter 1006.07 (1)(b), mande pou nenpòt elèv k ap chèche enskri nan yon lekòl leta nan Eta Florid la ap genyen pou bay enfòmasyon sa yo lè l ap fè enskripsyon pou premye fwa:

- 1) Èske yo janm mete elèv la deyò nan nenpòt lekòl, nan Eta Florid la oubyen nan lòt Eta?

WI NON

Si repons pou keksyon nimewo en an se "WI", silvoupplè site chak e tout sikonstans ki fè yo te met elèv la deyò.

EGZANP

- 2) Silvoupplè di nou èske yo te janm arete pitit ou a. Èske rezilta arestasyon sa a te lakoz yo te chaje li fòmèlman pou vyolasyon an. Si repons la se "WI", silvoupplè site chak e tout arestasyon kote yo te chaje li fòmèlman pou vyolasyon an.

- 3) Silvoupplè fè n konnen si elèv la te janm patisipe nan yon ka ki rive devan "Juvenile Justice System" Sistèm Jistis Jivenil? Si se sa, site chak aksyon "Juvenile Justice System" la te pran ki t afekte elèv la.

Non Elèv la _____ #ID. _____

Dat Fèt li _____ Non Paran/Gadyen _____

Adrès _____

Siyati (Paran/Gadyen) _____

Siyati (Elèv) _____ Dat Li Siyen _____



The Special Immunization Program

The Special Immunization Program (SIP) provides pediatric immunization services and education/information geared towards the elimination of the spread of vaccine preventable diseases.

Miami-Dade County Health Department

Pediatric Clinic Locations

Adult Clinic Location

<p><u>Jefferson Reaves</u> 1009 NW 5th Avenue Miami, Florida 33136 Mon., Tues, Thurs. & Fri. 8 am – 4 pm Wed. 10 am – 5 pm</p>		<p><u>Downtown Center Clinic # 10</u> 1350 NW 14th Street Miami, Fl 33125 Tues. & Thurs. 8 am – 3:30 pm</p>
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<p>Adult and Pediatric Clinic Location</p>	
<p><u>Little Haiti Health Center</u> 300 NE 80TH Terrace Miami, Fl 33138 Mon., Wed, & Fri. 8 am – 4 pm</p>	<p><u>West Perrine Center</u> 18255 Homestead Ave Miami, Florida 33157 Mon. – Fri. 8 am – 3:30 pm</p>

TO MAKE AN APPOINTMENT OR FOR MORE INFORMATION PLEASE CALL (786) 845-0550

Adult and Pediatric Vaccine Schedule on the back.



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

_____ Signature of Parent/Guardian _____ Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

<p>1. Comprehensive Vision Examination (3-5 years of age)</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Health Care Provider: _____</p> <p>(check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/></p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>2. Comprehensive Dental Examination</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Dentist: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>3. Hearing Screening</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Health Care Provider: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>

DH 3040, 6/02 (Obsoletes previous editions which may not be used) Stock Number: 5744-000-3040-2



Name of Child (Last, First, Middle)	Birth Date
-------------------------------------	------------

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Month _____ Day _____ Year _____

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/ _____	Left 20/ _____	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>		Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

- | | | | | |
|-------------------------------|---------------------------------|-----------------------------------|--|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | | Refer/Tx: _____ |
| Head/scalp/skin | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | | Refer/Tx: _____ |
| Chest/Lungs/Heart | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | | Refer/Tx: _____ |
| Abdomen | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | | Refer/Tx: _____ |
| Postural assessment | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | | Refer/Tx: _____ |

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action on a school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary)

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	_ / _ / _	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us/disease_ctrl/immuneshoolschoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A					
DT	B					
Td/Tdap	C					
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F					
	G, H,	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
PneumoConju		Year				

Select appropriate box(es)

Certificate of Immunization for K-12

Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A.) Invalid without expiration date. DOE Code 2

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name _____

Physician or Authorized Signature: _____
 Issued By: _____
 Date: _____

DH 680, 1/2007, (Stock Number: 5749-000-0680 9)

LAST NAME
FIRST
MI
DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccine not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name: _____
(Print or stamp)

Physician or Authorized Signature: _____

Address: _____

Date: _____

Certificate of Immunization Supplement for 7th Grade Requirement

PART A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus/diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or Clinic Name: _____
(Print or stamp)

Physician or Authorized Signature: _____

Address: _____

Date: _____

SAMPLE

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name: _____
(Print or stamp)

Expiration Date: _____
(as day of next immunization appointment)

Physician or Authorized Signature: _____

Address: _____

Date: _____

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name: _____
(Print or stamp)

Physician Signature: _____

Address: _____

Date: _____

DH 680 7/2001, obsoletes earlier editions (Stock Number: 5740-000-0680-6)



RELIGIOUS EXEMPTION FROM IMMUNIZATION



DATE OF BIRTH

--	--	--

 PARENT OR GUARDIAN _____

MO DA YR

CHILD'S NAME (PRINTED) _____

CHILD'S SSN _____

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD. WE ARE MEMBERS OF THE CHURCH OR RELIGIOUS SECT.

IMMUNIZATIONS ARE IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. THEREFORE, I REQUEST THAT MY CHILD BE ENROLLED IN SCHOOL OR CHILD DAY CARE WITHOUT THE REQUIRED IMMUNIZATIONS.

I HAVE BEEN COUNSELED ON THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS. I ALSO HAVE BEEN COUNSELED AND UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN PROTECTED AGAINST THE VACCINE-PREVENTABLE DISEASES, HE/SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY.

SAMPLE

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

SIGNATURE OF DIRECTOR/ADMINISTRATOR • _____

HRS COUNTY PUBLIC HEALTH UNIT STAMP _____

THIS FORM IS VALID ONLY IF ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE.

HRS 1010-001, Jan 92 (concludes previous editions which may not be used)
HRS Form 1010-001-001-01



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools

Alberto M. Carvalho

Administrative Director

Charlene Burks

Miami-Dade County School Board

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Ana Rivas Logan

Dr. Marta Pérez

IMPORTANT MESSAGE TO PARENTS HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE

Florida law requires that your child presents immunization documentation prior to admittance or attendance in a Florida school for the first time. This applies to all new students in pre-kindergarten through the 12th grade. You must present a Florida Certificate of Immunization, DH-Form 680, Part A, B, or C, when registering your child for the school. NOTE: for the 2010-2011 school year, parents must provide documentation of:

- One (1) dose of Varicella (chicken pox) vaccine for pre-kindergarten, third, fourth, fifth, sixth, seventh, eighth, and ninth grade children entering, attending or transferring into school.
- Two (2) doses of Varicella (chicken pox) vaccine for kindergarten, first, and second grade children entering, attending, or transferring into school.
- Varicella (chicken pox) vaccine is not required if child has documented history of varicella disease.
- Two (2) valid measles doses for students enrolling in/attending grades kindergarten through twelfth.
- One (1) valid measles dose for students enrolling in/attending pre-kindergarten.
- Hepatitis B vaccine series for children enrolling in/attending grades pre-kindergarten, kindergarten, first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh and twelfth.
- Tdap required for seventh grade students entering, attending or transferring into school.

The "Florida Plan for School Health Services" requires that all students (PK-12) submit documentation of a Students Health Examination performed within the 12 months prior to initial entry into a Florida school. A Student Health Examination (DH or HRS-H Form 3040), including proof of a Tuberculosis Clinical Screening and appropriate follow up if necessary, should be completed and signed by a licensed practicing health care provider, and presented to the school at the time of registration.

Please consult your private health care provider, or usual source of health care for the above requirements before registering your child for school. If you do not have a private provider please contact the Health Department's Special Immunization Unit (SIP) by calling 786-845-4550 for an appointment. Please have your child's record of immunizations with you at the time of your appointment.

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.

Attendance Services • 489 East Drive • Miami Springs, FL 33166
305-883-5323 • 305-883-7544 (FAX)



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools

Alberto M. Carvalho

Administrative Director

Charlene Burks

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Dr. Solomon C. Stinson, Chair

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Agustin J. Barrera

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VISO IMPORTANTE ARA LOS PADRES DE FAMILIA REQUISITOS DE SALUD PARA EL INGRESO A LA ESCUELA

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 Certificate of Immunization, DH-Form 680, Part A, B or C), cuando matricule a su hijo o hija en la escuela. NOTA: Para el curso escolar de 2010-2011, 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, tercero, cuarto, quinto, sexto, séptimo, octavo y noveno grados que ingresen, asistan, o se transfieran a una escuela.
- Dos dosis de la vacuna contra la varicela en el caso de los estudiantes de kindergarten, primer y segundo grado que ingresen, asistan, o se transfieran a una escuela.
- 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.
- Una dosis válida de la vacuna contra el sarampión en el caso de los estudiantes que se matriculen o asistan a prekindergarten.
- La serie de las vacunas de la hepatitis B para todos 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 786-845-4550 para sacar un turno. Por favor, lleve consigo el expediente de inmunizaciones de su hijo o hija cuando vaya para su turno.

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.

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MESAJ ENPÒTAN POU PARAN OBLIGASYON POU SANTE POU ANTRE LEKÒL

Lwa Florid mande pou pitit ou prezante dokiman vaksen li anvan li enskri oubyen antre nan yon lekòl pou premye fwa nan Florid. Sa ap aplike pou tout nouvo elèv nan klas matènèl jisrive nan 12yèm ane eskolè. Ou dwe prezante yon Sètifika Vaksen Florid Fòm-DH 680, Pati A, B, oubyen C, lè w ap enskri pitit ou lekòl. NOTE: pou ane lekòl 2010-2011, paran dwe remèt dokiman pou:

- Yon (1) dòz vaksen "Varicella (chicken pox)" (Varisèl) pou timoun klas matènèl, twazyèm, katriyèm, senkyèm, sizyèm, setyèm uityèm ak nevyèm ane eskolè k ap antre lekòl, oubyen ki deja lekòl, oubyen k ap transfere sot nan yon lòt lekòl.
- De (2) dòz vaksen "Varicella (chicken pox)" (Varisèl) pou timoun klas jadendanfan premye, e dezyèm ane eskolè k ap antre lekòl, oubyen ki deja lekòl, oubyen k ap transfere sot nan yon lòt lekòl.
- Vaksen "Varicella (chicken pox)" (Varisèl) pa obligatwa pou timoun ki gen dosye ki pwouve yo te gen maladi varisèl la.
- De (2) dòz "measles" (lawoujòl) valab pou elèv k ap enskri, oubyen ki deja nan klas jadendanfan jisrive nan douzyèm ane eskolè.
- Yon (1) dòz vaksen "measles" (lawoujòl) valab pou timoun k ap enskri nan klas matènèl, oubyen ki deja nan klas matènèl.
- Seri dòz vaksen epatit B pou timoun k ap enskri lekòl, ki deja nan klas matènèl, jadendanfan, premye, dezyèm, twazyèm, katriyèm, senkyèm, sizyèm, setyèm, uityèm, nevyèm, dizyèm, onzyèm, ak douzyèm ane eskolè.
- Y ap mande Tdap pou elèv k ap antre lekòl, oubyen ki deja nan setyèm ane eskolè, oubyen ki ap transfere sot nan yon lòt lekòl.

"Florida Plan for School Health Services" (Plan Florid pou Sèvis Sante nan Lekòl) mande pou tout elèv (PK-12) (klas matènèl rive 12yèm ane) remèt papyè Egzamen Sante pou Elèv yo te fè nan espas 12 mwa anvan yo premye antre nan yon lekòl Florid. Yon "Student Health Examination (DH 'oubyen' HRS-H 3040)" (Fòm Egzamen Sante pou Elèv) ki genyen ladan Prèv Egzamen Depistaj Klinik pou Tibèkiloz ak suivi apwopriye, si nesesè. Yon founisè swen sante lisanye dwe ranpli e siyen rezilta egzamen an, e prezante l nan lekòl la lè enskripsyon an.

Silvouplè konsilte doktè prive w oubyen sous swen sante abityèl wè a pou obligasyon yo mansyone anwo yo anvan ou enskri pitit ou lekòl. Si w pa gen yon doktè prive, silvouplè kontakte "Health Department's Special Immunization Unit (SIP)" (Inite Vaksinasyon Espesyal Depatman Sante) nan 786-845-4550 pou yon randevou. Silvouplè mache ak dosye vaksen pitit ou a lè w pral nan randevou a.

Paran oubyen gadyen dwe ranpli e siyen Kat Kontak Ijans pou elèv la. Si adrès oubyen telefòn ou chanje, silvouplè fè lekòl la konnen.

Attendance Services • 489 East Drive • Miami Springs, FL 33166
305-883-5323 • 305-883-7544 (FAX)

**FOREIGN RECORDS/STUDENT VISA (K-Adult)
ATTENDANCE SERVICES**

489 East Drive
Miami Springs, Florida 33166

Telephone (305) 884-2044
Fax (305) 887-8423
Mail Code: 9028

The following services are provided by Attendance Services, Foreign Records/Student Visa Department:

Interpretation of foreign school records (K-Adult) for grade placement and grade conversions of high school records (from foreign schools) for credit.

Staff Contacts:

Ms. Teresita Ceballos, Coordinator

Margarita Casero, International Student Placement Advisor (305) 884-2044 Ext. 4
Maria Elena Paradela, International Student Placement Advisor (305) 884-2044 Ext. 3
Michael J. Perez, International Student Placement Advisor (305) 884-2044 Ext. 2

Web site address: <http://attendanceservices.dadeschools.net/frsvd.asp>

Issuance of Form I-20, Certificate of Eligibility for non-immigrant (F-1 Student Visa) approved by the Bureau of Citizenship and Immigration Services, guardianship of all I-20 (F-1) Visa for any senior high school student who will be entering a post secondary institution, and initial processing and monitoring of (J-1) Exchange Visa.

Staff Contacts:

Sofia Fernandez-Amaro, Foreign Student Advisor (305) 884-2044 Ext. 1

Web site address: <http://attendanceservices.dadeschools.net/frsvd.asp>

Issuance of Form I-20, Certificate of Eligibility for non-immigrant (M-1 Vocational Student Visa) approved by the Bureau of Citizenship and Immigration Services.

Staff Contacts:

Margarita Casero, International Student Placement Advisor (305) 883-1445

Web site address: <http://attendanceservices.dadeschools.net/frsvd.asp>

**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**

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.

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
ALABAMA	5	on or before 09/01	6	on or before 09/01
ALASKA	5	on or before 09/01	6	on or before 09/01
ARIZONA	5	09/01; Earlier Based on consultations	6	09/01
ARKANSAS	5	on or before 09/15	6	on or before 09/15 K is mandatory
CALIFORNIA	4 yrs. 9 mths.	12/02 of current school year	5 yrs. 9 mths.	12/02 of current year
CANADA (Ontario)	5	birthday	6	birthday
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
DELAWARE	5	by 08/31 of current year	6	by 08/31 of current year
DISTRICT OF COLOMBIA	5	on or before 9/30	6	on or before 9/30
FLORIDA	5	on or before 09/01	6	on or before 09/01
GEORGIA	5	on or before 09/01; K is not required	6	on or before 09/01
GUAM	5	by 09/01	6	by 09/01

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
HAWAII	5	on or before 12/31 or the 125 th day after school convenes	6	on or before 12/31
IDAHO	5	on or before 09/01	6	on or before 09/01
ILLINOIS	5	09/01	Local decision	Local decision
INDIANA	5	by 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 10/01	6	on or before 10/01
LOUISIANA	5	on or before 09/30	6	on or before 09/30
MAINE	5	on or before 10/15	6	on or before 10/15
MARYLAND	5	on or before 09/01 K is mandatory	6	on or before 09/01
MASSACHUSETTS	5	on or before 09/01 Local option	6	by 12/01-Local eligible for 1 st grade if 6 yrs. old between 09/01-12/01
MICHIGAN	5	on or before 12/01; Early entry-Local Board 2 nd semester: 5 by 3/01 of the year of enrollment	6	on or before 12/01
MINNESOTA	5	by 09/01; local district may accept earlier	6	by 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; or complete K
MONTANA	5	on or before 09/10; K not mandatory	6	on or before 09/10; Local decision

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
NEBRASKA	5	by 10/15	6	by 10/15
NEVADA	5	on or before 09/30	6	on or before 09/30
NEW HAMPSHIRE	5	usually by 09/30; local decision	6	usually by 09/30; early acceptance is local policy
NEW JERSEY	4	Prekindergarten usually 10/01; Local Boards determine placement	6	Local decision
NEW MEXICO	5	by 09/01, 12:01 a.m.; K is mandatory	6	None
NEW YORK	5	on or before 12/01; K not mandated; Local decision	6	on or before 12/01
NORTH CAROLINA	5	on or before 8/31	6	on or before 8/31
NORTH DAKOTA	5	on or before 08/31; K not required; Early entry by screening	6	on or before 8/31; or complete K
OHIO	5	on or before 09/30; Early testing by 01/01; K is mandatory	6	on or before 09/30 and completed K
OKLAHOMA	5	on or before 09/01	6	on or before 09/01
OREGON	5	on or before 09/01; Early entry allowed	6	on or before 09/01; Early entry allowed State mandated school age is 7
PENNSYLVANIA	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

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
PUERTO RICO	5	before 08/01; Early, if space available; Screening	None	Complete K
RHODE ISLAND	5	on or before 09/01; K is mandatory	6	on or before 09/01; Earlier at option of school committee
SOUTH CAROLINA	5	on or before 09/01; K is compulsory	6	on or before 09/01
SOUTH DAKOTA	5	on or before 09/01; Early entry permitted if gifted or transfer	6	on or before 09/01
ST. KITTS & NEVIS	5	09/01; compulsory age	6	09/01; Automatic transfer from K
TENNESSEE	5	on or before 09/30	6	on or before 09/30; K is required
TEXAS	5	on or before 09/01	6	on or before 09/01
UTAH	5	on or before 09/02; Whether in state or transferring from out of State	6	on or before 09/02; K is not mandated
VERMONT	5	on or before 01/01; local districts determine early	6	Varies among district
VIRGINIA	5	by 09/30; K is not compulsory; Parent may request Testing for birthdays before 12/31	6	by 09/30
VIRGIN ISLANDS	4 yrs. 6 mths.	by opening day of school	None	Promotion from K
WASHINGTON	5	on or before 08/31; Earlier at local decision	6	on or before 08/31; or completed K

STATE OR TERRITORY	KINDERGARTEN AGE	DATE	FIRST GRADE AGE	DATE
WEST VIRGINIA	5	before 09/01; Early entry by District	6	before 09/01; Complete K or entrance test
WISCONSIN	5	on or before 09/01; Local boards may grant early admission	6	on or before 09/01 compulsory school age
WYOMING	5	on or before 09/15	6	on or before 09/15
DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS	5	on or before 09/01	6	on or before 09/01

**Attendance Services
MIAMI-DADE COUNTY PUBLIC SCHOOL**

**JOHN M. MCKAY SCHOLARSHIP PROGRAM FOR STUDENT WITH
DISABILITIES LOCATION-3518**

For questions pertaining to policies and procedures for the John M. McKay Program, please contact Ms. Judith Fain, Curriculum Support Specialist, Division of Special Education at 305-995-1742. For data entry questions or problems, please contact Ms. Patricia Hawkins, FTE Specialist, **Attendance Services, at 305-805-8563.**

Parents who wish to participate in the John M. McKay Scholarship Program must file their intent at <http://www.floridaschoolchoice.org/>.

OPPORTUNITY SCHOLARSHIP PROGRAM

For information referring to the Opportunity Scholarship Program, policies and procedures, please contact Ms. Esperanza Macias, Educational Specialist, Schools of Choice and Parental Options, at 305-995-7291. For data entry questions or problems, please contact Ms. Kathleen Adkinson, FTE Specialist, **Attendance Services, at 305-883-6504.**

NO CHILD LEFT BEHIND CHOICE TRANSFER

Questions pertaining to policies and procedures for the No Child Left Behind Choice Transfer, please contact Ms. Esperanza Macias, Educational Specialist, Schools of Choice and Parental Options at 305-995-7291. For data entry questions or problems, please contact Ms. Kathleen Adkinson, FTE Specialist, **Attendance Services, at 305-883-6504.**

STATE STATUTES AND BOARD RULES

- Guideline #36, Release from School
- Florida Statute 1008.386 “Social Security Numbers used as student identification numbers.”
- Florida Statute 1003.21 “School Attendance”
- Florida Statute, Chapter 1006.07 “District school board duties relating to student discipline and school safety”
- Florida Law, Section 1003.22 (1) “Evidence of Immunization”
- School Board Rule 6Gx13-5A-1.07, Section IV “Legal Names of Students in Regard to School Records”
- School Board Rule 6Gx13-5A-1.08, “Attendance Student Transfers”

GUIDELINE #36: RELEASE FROM SCHOOL

CURRENT LAW AND/OR PRACTICE

Only parent(s)/legal guardian(s) or persons identified on Authorization for Release of Student from School section of the Student Data Card (FM 2733E Rev. (03-95) are authorized to remove a student from school during the school day.

PROCEDURES

1. The Authorization for Release of Student from School section of the Student Data Card must contain the name of any person(s) who are authorized to pick up the student during the school day. Parents(s)/ guardian(s), as identified on the front side of the Student Data Card, must sign this authorization.
2. In instances where parents are divorced or separated, the action of the school will be governed by information on the Authorization for Release of Student from School section of the Student Data Card. Schools will look to the parent(s)/guardian(s) with whom the child is living to make the designations on the card.
3. The Authorization for Release of Student from School section of the Student Data Card must be updated at any time during the school year when parents(s) /guardian(s) notify a school of additional or new information.
4. The school administrator or designee (preferably assistant principal or counselor) must be the responsible person in the school to release a student during the school day. This person must review the Authorization for Release of Student from School section of the Student Data Card 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 office.
5. Only individuals listed on the Authorization for Release of Student from School section of the Student Data Card are allowed to take students from school during the school day and the identification of the individual should be obtained through the following:
 - a. driver's license or other identification card (photo ID preferred), or identified by student being picked up if photo ID is not presented
 - b. known to school personnel or identified by the student being picked up

Guideline #36: Release from School (continued)

6. Individuals who do not possess the identification information listed above and are authorized to pick up children from elementary school should have a signed note from the parent(s)/guardian(s) or a phone call should be made to the parent(s)/guardian(s) for identification purposes.
7. If a person whose name is not on the Authorization for Release of Student from School section of the Student Data Card as authorized to pick up the student appears at the school to seek the release of a student, no release shall be permitted until a contact is made with the parent(s)/guardian(s). If no contact can be made, no release shall be authorized. This applies to any individual regardless of the relationship to the student.
8. The person authorized to release a student from school must have the person requesting release of the student sign an excused early sign-out sheet or similar document.
9. Please refer to Guideline #3: Law Enforcement Officers on Campus, in this document, concerning release of students to law enforcement officers or Department of Children and Families personnel.

The 2009 Florida Statutes

[Title XLVIII](#)

[Chapter 1008](#)

[View Entire Chapter](#)

K-20 EDUCATION CODE ASSESSMENT AND ACCOUNTABILITY

1008.386 Social security numbers used as student identification numbers.-- Each district school board shall request that each student enrolled in a public school in this state provide his or her social security number. Each school district shall use social security numbers as student identification numbers in the management information system maintained by the school district. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. A student satisfies this requirement by presenting to school enrollment officials his or her social security card or a copy of the card. The school district shall include the social security number in the student's permanent records and shall indicate if the student identification number is not a social security number. The Commissioner of Education shall provide assistance to school districts to assure that the assignment of student identification numbers other than social security numbers is kept to a minimum and to avoid duplication of any student identification number.

History.--s. 385, ch. 2002-387.

The 2009 Florida Statutes

[Title XLVIII](#)
K-20 EDUCATION CODE

[Chapter 1003](#)
PUBLIC K-12 EDUCATION

[View Entire Chapter](#)

1003.21 School attendance.--

(1)(a)1. All children who have attained the age of 6 years or who will have attained the age of 6 years by February 1 of any school year or who are older than 6 years of age but who have not attained the age of 16 years, except as otherwise provided, are required to attend school regularly during the entire school term.

2. Children who will have attained the age of 5 years on or before September 1 of the school year are eligible for admission to public kindergartens during that school year under rules adopted by the district school board.

(b) Any child who has attained the age of 6 years on or before September 1 of the school year and who has been enrolled in a public school or who has attained the age of 6 years on or before September 1 and has satisfactorily completed the requirements for kindergarten in a private school from which the district school board accepts transfer of academic credit, or who otherwise meets the criteria for admission or transfer in a manner similar to that applicable to other grades, shall progress according to the district's student progression plan. However, nothing in this section shall authorize the state or any school district to oversee or exercise control over the curricula or academic programs of private schools or home education programs.

(c) A student who attains the age of 16 years during the school year is not subject to compulsory school attendance beyond the date upon which he or she attains that age if the student files a formal declaration of intent to terminate school enrollment with the district school board. Public school students who have attained the age of 16 years and who have not graduated are subject to compulsory school attendance until the formal declaration of intent is filed with the district school board. The declaration must acknowledge that terminating school enrollment is likely to reduce the student's earning potential and must be signed by the student and the student's parent. The school district must notify the student's parent of receipt of the student's declaration of intent to terminate school enrollment. The student's guidance counselor or other school personnel must conduct an exit interview with the student to determine the reasons for the student's decision to terminate school enrollment and actions that could be taken to keep the student in school. The student must be informed of opportunities to continue his or her education in a different environment, including, but not limited to, adult education and GED test preparation. Additionally, the student must complete a survey in a format prescribed by the Department of Education to provide data on student reasons for terminating enrollment and actions taken by schools to keep students enrolled.

(d) Students who become or have become married and students who are pregnant shall not be prohibited from attending school. These students and students who are parents shall receive the same educational instruction or its equivalent as other students, but may voluntarily be assigned to a class or program suited to their special needs. Consistent with s. [1003.54](#), pregnant or parenting teens may participate in a teenage parent program. Pregnant students may attend alternative education programs or adult education programs, provided that the curriculum allows the student to continue to work toward a high school diploma.

(e) Consistent with rules adopted by the State Board of Education, children with disabilities who have attained the age of 3 years shall be eligible for admission to public special education programs and for related services. Children with disabilities younger than 3 years of age who are deaf or hard of hearing; visually impaired; dual sensory impaired; orthopedically impaired; other health impaired; who have experienced traumatic brain injury; who have autism spectrum disorder; established conditions, or who exhibit developmental delays or intellectual disabilities may be eligible for special programs and may receive services in accordance with rules of the State Board of Education. Rules for the identification of established conditions for children birth through 2 years of age and developmental delays for children birth through 5 years of age must be adopted by the State Board of Education.

(f) Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), must have access to a free public education and must be admitted to school in the school district in which they or their families live. School districts shall assist such children in meeting the requirements of subsection (4) and s. [1003.22](#), as well as local requirements for documentation.

(2)(a) The State Board of Education may adopt rules under which students not meeting the entrance age may be transferred from another state if their parents have been legal residents of that state.

(b) Each district school board, in accordance with rules of the State Board of Education, shall adopt a policy that authorizes a parent to request and be granted permission for absence of a student from school for religious instruction or religious holidays.

(3) The district school superintendent may authorize certificates of exemptions from school attendance requirements in certain situations. Students within the compulsory attendance age limits who hold valid certificates of exemption that have been issued by the superintendent shall be exempt from attending school. A certificate of exemption shall cease to be valid at the end of the school year in which it is issued.

(4) Before admitting a child to kindergarten, the principal shall require evidence that the child has attained the age at which he or she should be admitted in accordance with the provisions of subparagraph (1)(a)2. The district school superintendent may require evidence of the age of any child whom he or she believes to be within the limits of compulsory attendance as provided for by law. If the first prescribed evidence is not available, the next evidence obtainable in the order set forth below shall be accepted:

(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;

(b) A duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent;

(c) An insurance policy on the child's life that has been in force for at least 2 years;

(d) A bona fide contemporary religious record of the child's birth accompanied by an affidavit sworn to by the parent;

(e) A passport or certificate of arrival in the United States showing the age of the child;

(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, an affidavit of age sworn to by the parent, accompanied by a certificate of age signed by a public health officer or by a public school physician, or, if these are not available in the county, by a licensed practicing physician designated by the district school board, which states that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), shall be given temporary exemption from this section for 30 school days.

History.--s. 116, ch. 2002-387; s. 18, ch. 2006-74; s. 4, ch. 2006-301; s. 4, ch. 2008-204; s. 5, ch. 2009-35; s. 7, ch. 2009-164.

The 2009 Florida Statutes

[Title XLVIII](#)

K-20 EDUCATION CODE

[Chapter 1006](#)

SUPPORT FOR LEARNING

[View Entire Chapter](#)

1006.07 District school board duties relating to student discipline and school safety.--The district school board shall provide for the proper accounting for all students, for the attendance and control of students at school, and for proper attention to health, safety, and other matters relating to the welfare of students, including:

(1) CONTROL OF STUDENTS.--

(a) Adopt rules for the control, discipline, in-school suspension, suspension, and expulsion of students and decide all cases recommended for expulsion. Suspension hearings are exempted from the provisions of chapter 120. Expulsion hearings shall be governed by ss. [120.569](#) and [120.57\(2\)](#) and are exempt from s. [286.011](#). However, the student's parent must be given notice of the provisions of s. [286.011](#) and may elect to have the hearing held in compliance with that section. The district school board may prohibit the use of corporal punishment, if the district school board adopts or has adopted a written program of alternative control or discipline.

(b) Require each student at the time of initial registration for school in the school district to note previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had, and have the authority as the district school board of a receiving school district to honor the final order of expulsion or dismissal of a student by any in-state or out-of-state public district school board or private school, or lab school, for an act which would have been grounds for expulsion according to the receiving district school board's code of student conduct, in accordance with the following procedures:

1. A final order of expulsion shall be recorded in the records of the receiving school district.
2. The expelled student applying for admission to the receiving school district shall be advised of the final order of expulsion.
3. The district school superintendent of the receiving school district may recommend to the district school board that the final order of expulsion be waived and the student be admitted to the school district, or that the final order of expulsion be honored and the student not be admitted to the school district. If the student is admitted by the district school board, with or without the recommendation of the district school superintendent, the student may be placed in an appropriate educational program at the direction of the district school board.

(2) CODE OF STUDENT CONDUCT.--Adopt a code of student conduct for elementary schools and a code of student conduct for middle and high schools and distribute the appropriate code to all teachers, school personnel, students, and parents, at the beginning of every school year. Each code shall be organized and written in language that is understandable to students and parents and shall be discussed at the beginning of every school year in student classes, school advisory council meetings, and parent and teacher association or organization meetings. Each code shall be based on the rules governing student conduct and discipline adopted by the district school board and shall be made available in the student handbook or similar publication. Each code shall include, but is not limited to:

- (a) Consistent policies and specific grounds for disciplinary action, including in-school suspension, out-of-school suspension, expulsion, and any disciplinary action that may be imposed for the possession or use of alcohol on school property or while attending a school function or for the illegal use, sale, or possession of controlled substances as defined in chapter 893.
- (b) Procedures to be followed for acts requiring discipline, including corporal punishment.
- (c) An explanation of the responsibilities and rights of students with regard to attendance, respect for persons and property, knowledge and observation of rules of conduct, the right to learn, free speech and student publications, assembly, privacy, and participation in school programs and activities.
- (d) Notice that illegal use, possession, or sale of controlled substances, as defined in chapter 893, by any student while the student is upon school property or in attendance at a school function is grounds for disciplinary action by the school and may also result in criminal penalties being imposed.
- (e) Notice that use of a wireless communications device includes the possibility of the imposition of disciplinary action by the school or criminal penalties if the device is used in a criminal act. A student may possess a wireless communications device while the student is on school property or in attendance at a school function. Each district school board shall adopt rules governing the use of a wireless communications device by a student while the student is on school property or in attendance at a school function.
- (f) Notice that the possession of a firearm or weapon as defined in chapter 790 by any student while the student is on school property or in attendance at a school function is grounds for disciplinary action and may also result in criminal prosecution.
- (g) Notice that violence against any district school board personnel by a student is grounds for in-school suspension, out-of-school suspension, expulsion, or imposition of other disciplinary action by the school and may also result in criminal penalties being imposed.
- (h) Notice that violation of district school board transportation policies, including disruptive behavior on a school bus or at a school bus stop, by a student is grounds for suspension of the student's privilege of riding on a school bus and may be grounds for disciplinary action by the school and may also result in criminal penalties being imposed.
- (i) Notice that violation of the district school board's sexual harassment policy by a student is grounds for in-school suspension, out-of-school suspension, expulsion, or imposition of other disciplinary action by the school and may also result in criminal penalties being imposed.
- (j) Policies to be followed for the assignment of violent or disruptive students to an alternative educational program.
- (k) Notice that any student who is determined to have brought a firearm or weapon, as defined in chapter 790, to school, to any school function, or onto any school-sponsored transportation, or to have possessed a firearm at school, will be expelled, with or without continuing educational services, from the student's regular school for a period of not less than 1 full year and referred to the criminal justice or juvenile justice system. District school boards may assign the student to a disciplinary program or second chance school for the purpose of continuing educational services during the period of expulsion. District school

superintendents may consider the 1-year expulsion requirement on a case-by-case basis and request the district school board to modify the requirement by assigning the student to a disciplinary program or second chance school if the request for modification is in writing and it is determined to be in the best interest of the student and the school system.

(l) Notice that any student who is determined to have made a threat or false report, as defined by ss. [790.162](#) and [790.163](#), respectively, involving school or school personnel's property, school transportation, or a school-sponsored activity will be expelled, with or without continuing educational services, from the student's regular school for a period of not less than 1 full year and referred for criminal prosecution. District school boards may assign the student to a disciplinary program or second chance school for the purpose of continuing educational services during the period of expulsion. District school superintendents may consider the 1-year expulsion requirement on a case-by-case basis and request the district school board to modify the requirement by assigning the student to a disciplinary program or second chance school if it is determined to be in the best interest of the student and the school system.

(3) STUDENT CRIME WATCH PROGRAM.--By resolution of the district school board, implement a student crime watch program to promote responsibility among students and to assist in the control of criminal behavior within the schools.

(4) EMERGENCY DRILLS; EMERGENCY PROCEDURES.--

(a) Formulate and prescribe policies and procedures for emergency drills and for actual emergencies, including, but not limited to, fires, natural disasters, and bomb threats, for all the public schools of the district which comprise grades K-12. District school board policies shall include commonly used alarm system responses for specific types of emergencies and verification by each school that drills have been provided as required by law and fire protection codes.

(b) The district school board shall establish model emergency management and emergency preparedness procedures for the following life-threatening emergencies:

1. Weapon-use and hostage situations.
2. Hazardous materials or toxic chemical spills.
3. Weather emergencies, including hurricanes, tornadoes, and severe storms.
4. Exposure as a result of a manmade emergency.

(5) EDUCATIONAL SERVICES IN DETENTION FACILITIES.--Offer educational services to minors who have not graduated from high school and eligible students with disabilities under the age of 22 who have not graduated with a standard diploma or its equivalent who are detained in a county or municipal detention facility as defined in s. [951.23](#). These educational services shall be based upon the estimated length of time the student will be in the facility and the student's current level of functioning. District school superintendents or their designees shall be notified by the county sheriff or chief correctional officer, or his or her designee, upon the assignment of a student under the age of 21 to the facility. A cooperative agreement with the district school board and applicable law enforcement units shall be developed to address the notification requirement and the provision of educational services to these students.

(6) SAFETY AND SECURITY BEST PRACTICES.--Use the Safety and Security Best Practices developed by the Office of Program Policy Analysis and Government Accountability to conduct a self-assessment of the school districts' current safety and security practices. Based on these self-assessment findings, the district school superintendent shall provide recommendations to the district school board which identify strategies and activities that the district school board should implement in order to improve school safety and security. Annually each district school board must receive the self-assessment results at a publicly noticed district school board meeting to provide the public an opportunity to hear the district school board members discuss and take action on the report findings. Each district school superintendent shall report the self-assessment results and school board action to the commissioner within 30 days after the district school board meeting.

History.--s. 277, ch. 2002-387; s. 1, ch. 2004-272.

The 2009 Florida Statutes

[Title XLVIII](#)
K-20 EDUCATION CODE

[Chapter 1003](#)
PUBLIC K-12 EDUCATION

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1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.--

(1) Each district school board and the governing authority of each private school shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public or private school in this state, present a certification of a school-entry health examination performed within 1 year before enrollment in school. Each district school board, and the governing authority of each private school, may establish a policy that permits a student up to 30 school days to present a certification of a school-entry health examination. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), shall be given a temporary exemption for 30 school days. Any district school board that establishes such a policy shall include provisions in its local school health services plan to assist students in obtaining the health examinations. However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.

(2) The State Board of Education, subject to the concurrence of the Department of Health, shall adopt rules to govern medical examinations and immunizations performed under this section.

(3) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. The rules must include procedures for exempting a child from immunization requirements. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization. Immunizations required by this section shall be available at no cost from the county health departments.

(4) Each district school board and the governing authority of each private school shall establish and enforce as policy that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health and further shall provide for appropriate screening of its students for scoliosis at the proper age. Such certification shall be made on forms approved and provided by the Department of Health and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.

(5) The provisions of this section shall not apply if:

(a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;

(b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;

(c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;

(d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(e) An authorized school official issues a temporary exemption, for up to 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. [39.0016](#), shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for followup of each such student until proper documentation or immunizations are obtained. An exemption for 30 days may be issued for a student who enters a juvenile justice program to permit the student to attend class until his or her records can be obtained or until the immunizations can be obtained. An authorized juvenile justice official is responsible for followup of each student who enters a juvenile justice program until proper documentation or immunizations are obtained.

(6)(a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.

(b) No member of a district school board, or any of its employees, or member of a governing board of a private school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.

(7) The parents of any child admitted to or in attendance at a Florida public or private school, grades prekindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this section.

(8) Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the county health department director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health for each kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of

Education, the Department of Health shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.

(9) The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until such time as is specified by the county health department director or administrator.

(10) Each district school board and the governing authority of each private school shall:

(a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or private school, who is not in compliance with the provisions of subsection (4).

(b) Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (4).

(11) The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.

History.--s. 117, ch. 2002-387; s. 38, ch. 2004-41; s. 6, ch. 2009-35; s. 8, ch. 2009-164.

Attendance**STUDENT ATTENDANCE RECORDS--SPECIFIC REQUIREMENTS AND PROCEDURES****I. Attendance Records and Reports Required**

All officials, teachers, and other employees in public, parochial, denominational, and private schools, including private tutors, shall keep all records and shall prepare and submit promptly all reports that may be required by law and by regulations of state and district boards.

Such records shall include a register of enrollment and attendance and all such persons named above shall make such reports therefrom as may be required by the state board. The enrollment register shall show the absence or attendance of each child enrolled for each school day of the year in a manner prescribed by the state board. The register shall be open for the inspection by the superintendent or designated school representative of the district in which the school is located. Violations of the provisions of this section shall be a misdemeanor of the second degree, punishable as provided by law.

Falsification of attendance records; penalty. - The presentation of reasonable and satisfactory proof that any teacher, principal, any other school personnel or school officer, has falsified or caused to be falsified attendance records for which he is responsible shall be sufficient grounds for the revocation of his teaching certificate by the Department of Education, or for dismissal or removal from office.

II. Attendance Defined

The attendance of all public school pupils shall be checked each school day in the manner prescribed by regulations of the state board and recorded in the teacher's register or by some approved system of recording attendance. Pupils may be counted in attendance only if they are actually present at school or are away from school on a school day and are engaged in an educational activity which constitutes a part of the school-approved instructional program for the pupil.

Each student classified as a high school senior taking three credits or less for graduation may attend that portion of the day necessary to earn needed credits. For each student so enrolled, a full day of attendance shall be recorded in the state-approved system of recording.

Each student who is scheduled at a school center for instructional purposes for a partial day, and at an area vocational-technical center, a vocational school or a community college for a partial day shall, if present at the school center, be reported as present one-half day.

III. Student Data Cards

During the homeroom period on the first day of school, the homeroom teacher will return to the student the Student Data Card filled out during the previous Spring Registration. Each student must verify the card or complete a card making necessary corrections.

Each principal will assign the registrar/attendance clerk to be responsible for all student assignment and student accounting procedures during the school year. At the end of the first day each homeroom teacher will submit to the main office the corrected and alphabetized sets of Student Data Cards. After the first day, all new enrollees must register in the main office and the registrar/attendance clerk will complete a Student Data Card for each new registrant. The registrar/attendance clerk will also be notified of any transfer or withdrawal so that the files may be purged as changes occur. In addition, changes of address must be reflected on student records.

IV. Legal Names of Students in Regard to School Records

In cases where the parent seeks to enroll a child in a public school under a name other than the legal name, Board Attorneys have ruled that this request may be granted on a temporary basis provided court action is in process to make the assumed name legal.

In all cases, official school records must list both the legal name and assumed name of the student. Students entering a Miami-Dade County public school for the first time must have a Student Data Card completed with both legal and assumed names shown.

V. Principal's Report on Attendance

The dates to be covered by the **Principal's Report on Attendance** are announced annually by the Division of Attendance Services. Reports are to be certified on-line by the principal by the fifth working day after the close of a reporting period.

State law demands that attendance reports be kept accurate and up-to-date in accordance with the state-approved recording and reporting system. This system of attendance recording and reporting is required as a part of the Hold Harmless Clause of the Florida

Education Finance Program.

VI. Full-Time Equivalent (FTE) Surveys

During each of several school weeks during the fiscal year, a program membership survey of each school shall be made by aggregating the full-time equivalent student membership of each program by school. The district=s full-time equivalent membership shall be computed and currently maintained in accordance with Rules of the State Department of Education. Instructions will be distributed by the Division of Attendance Services prior to each survey. These surveys are the basis of state monies forwarded to the district according to prescribed cost factors and base funds under the Florida Education Finance Program.

Specific Authority: 230.22(2) F.S.

Law Implemented, Interpreted, or Made Specific: 228.041(13); 232.021; 232.022; 232.19; 236.081(1)(a) F.S.; 6A-1.044(c) FAC

History: THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

Repromulgated: 12-11-74

Amended: 6-10-98

Attendance**STUDENT TRANSFERS**

Request for Transfer: General Policy

Students in the regular school program (K-12) are assigned to attend school on the basis of the actual residence of their parent or legal guardian and the attendance area of the school as approved by the Board. Regulations under which transfers may be made are as follows:

- I. General Regulations Pertaining to All Transfers
 - A. Transfers from one school to another in the county shall be made effective as of the close of school on a given day; where feasible, this should coincide with the end of the grading period. The receiving school shall assume responsibility for the student's attendance as of the next school day. If a transferring student has not reported prior to the receipt of the computer generated Notice of Withdrawal/Transfer, the receiving school should notify their assigned school social worker.
 - B. Separate transfers shall be issued for each student.
 - C. A student who requests and is eligible for a transfer may not be denied the transfer or school records withheld because of unpaid fees, lost books, etc.
 - D. When a student has been transferred to a school through an error by M-DCPS administration and the student has been enrolled in the school for 90 days, the student may elect to remain at said school or may return to the school to which he/she should have been originally assigned; however, if the transfer was based on fraudulent, false, or erroneous information provided to the school by the parent and/or student, the school may revoke the transfer and require that the student return to his previous school or to the appropriate school situated in and serving the area where the student resides.
 - E. If a student does not enroll in the new school (to which the transfer has been granted) within ten school days of the date of the district's approval of that transfer, that student's transfer will be revoked. Those transfers which were approved during the summer transfer period must be utilized during the first ten days of the school year or they will be revoked.
 - F. An administrative transfer may be denied or revoked at any time due to poor attendance and tardiness; or disruptive behavior which

results in a significant loss of instructional time. If the transfer is revoked, the student will be assigned to the school that serves the verifiable residence address.

- G. When an administrative transfer has been approved, transportation will not be provided to the requested school.
- H. In those programs/schools where admission processes are defined by other Board rules or processes (e.g. magnets), the procedures articulated herein shall not supercede those guidelines.

II. Bases upon Which Transfer May be Granted

- A. The student resides with parent or legal guardian and a change of residence occurs.

A student may be granted a transfer to another school when the student resides with his/her parent or legal guardian and a change of residence occurs placing the student in the attendance area of the school to which transfer is requested.

The parent or guardian shall secure the transfer from the sending school before being admitted to the new school. The parent shall apply for the transfer in person, and shall provide verification of the change of residence, including two of the following items:

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 payment receipt or electric bill, bottom portion, showing name and SERVICE ADDRESS. If an electric deposit payment receipt is used as verification, the electric bill, bottom portion, must also be submitted to the school within 40 calendar days after registration. Failure to submit this electric bill, bottom portion, within 40 calendar days, will result in revocation of the transfer.

If the parent or guardian is unable to furnish the school with the requested electric deposit payment receipt, the student will be allowed to enroll in the new school, but must submit the electric bill, bottom portion, to the school within 40 calendar days. Failure to submit this electric bill, bottom portion, to the school within 40 calendar days, will result in revocation of the transfer.

The receiving school is responsible for securing verification of

the change in residence within 40 calendar days of the student entering the school.

When a change of family residence occurs after 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 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.

- B. Students with an Individual Education Plan (IEP) requesting to attend a school other than the school in which the student is enrolled, must meet with the Regional Center special education personnel to ensure that the programmatic needs of the student can be met at the requested school.
- C. The Regional Superintendent (or designated regional director) may administratively assign or approve the reassignment or transfer of students when the Florida Inventory of School Houses (FISH) capacity of the receiving school is below 110 percent in the 2006-2007 school year; below 105 percent in the 2007-2008 school year; below 100 percent in the 2008-2009 school year, and below 100 percent thereafter; and:
 1. The parent or guardian who requests a student transfer must:
 - enroll the non M-DCPS student in the school that serves his/her residence address before the request for transfer can be considered;
 - complete a Student Transfer form, FM-3281, at that school;
 - meet with the principal or designated administrator of that school in order to discuss the reason for the transfer and to attempt to resolve any possible issues at that school site;
 - obtain the signature on the Student Transfer form of the principal or designated administrator with whom the parent/guardian met; and

- submit the Student Transfer form to the appropriate Regional Center for processing.

The student must meet the criteria and adhere to the procedures that follow:

a. Working Parent Hardship Transfer

The parent or guardian of a kindergarten through eighth grade student of a one-parent or one-guardian family unit who is employed, or a family where both parents or guardians are employed, requests a transfer on the basis that the normal school assignment presents a hardship involving before or after-school supervision. Such request shall be in the form of a signed statement from the employer(s) verifying the parent's/guardian's employment, work address, telephone number, working hours; a signed statement from the caregiver verifying the hours the student is cared for as well as the address and telephone number of the caregiver; and any other pertinent information setting forth the nature of the circumstances producing the hardship. This type of transfer must be reviewed annually through the Regional Center serving the assigned school. These transfers should not exceed the assigned percentage of FISH school capacity for the current school year.

b. Medical/Psychological Transfer

The parent or guardian presents a written statement with supporting professional evidence on the Medical Recommendation for Student Transfer form, FM-1713, to the effect that a health hardship and/or emotional problems exist that will be exacerbated if the student remains in the school that serves his/her residence address, and will be alleviated at the requested school. This type of transfer must be initially discussed with the principal or designated administrator in an attempt to resolve any possible issues at that school and, if needed, the parent will submit the transfer form to the Regional Center. The Regional Center will submit the completed Student Transfer form, FM-3281, and the Medical Recommendation for Student Transfer form, FM-1713, to Attendance Services. The Review Team for Medical/Psychological Transfers will review the evidence and will approve/deny the transfer request.

c. Best Interest Transfer

An administrative assignment is deemed necessary by the Regional Superintendent and in the best interest of the student and the school.

2. Out-of-County Transfers

a. The parent or guardian who requests a student transfer to another county, but continues to reside in Miami-Dade County, must:

- enroll the student in the school that serves his/her residence address;
- complete the Out-of-County Transfer Request form provided by Attendance Services; and
- submit the form to Attendance Services, who will review the application and transmit it to the requested county.

The parent or guardian is then notified of the approval/denial in writing by the receiving county. If approved, the parent withdraws the student from M-DCPS and enrolls the student in the approved school in the receiving county. The parent or guardian is responsible for transportation.

b. The parent or guardian who requests a student transfer into an M-DCPS school, but lives in another county, must:

- abide by the procedures in the residence county and complete an Out-of-County transfer request from that county; and
- await a letter of approval/denial from Attendance Services. (Upon receipt of the transfer information from the other county, Attendance Services reviews the application and FISH capacity of the requested school. The determination is then based upon whether or not the receiving school is below the designated capacity as described in II.C.)

The parent or guardian is notified of the approval/denial in writing by Attendance Services. If approved, the

parent or guardian withdraws the student from the school in the residence county, enrolls the student in M-DCPS (provides the approval letter to the school's registrar), and is responsible for transportation. If denied, there is no appeal process as the student is not a Miami-Dade County resident and M-DCPS is not obligated to educate the student.

3. The Regional Superintendent (or designated regional director) has determined that students will be more adequately housed by transfer or reassignment to a school other than that which they would normally attend due to school capping. The Board shall be informed of all such transfers or reassignments.
 4. A student has been suspended, expelled or under the jurisdiction of the Courts, or in a similar situation, and the Regional Superintendent (or designated regional director) determines that an assignment to a school other than the normal school assignment would be in the best interest of the student and the school system.
- D. M-DCPS permanent employees in the UTD bargaining unit may utilize student transfers in accordance with the provision in the M-DCPS/UTD Labor Contract, Article XXI, Section 2 Employee Rights, which reads in part:
- "In addition, the Board agrees that employees who wish to enroll their children at the same worksite where they are employed shall not be prohibited from doing so, subject to the approval of the Regional Superintendent;" and when the M-DCPS employee:
- enrolls the non M-DCPS student in the school that serves his/her residence address;
 - completes a Student Transfer form, FM-3281, at that school; and
 - submits the Student Transfer form to the appropriate Regional Center for processing.
- E. Further provisions applicable to assignments pursuant to II. C. and II. D. above. For those administrative assignments or reassignments approved by the Regional Superintendent (or designated regional director) at the request of the parent where school bus transportation is not authorized by School Board Rules, the parent must agree to provide transportation to and from the new school assignment at reasonable hours. If the parent is unable to

provide transportation within 30 minutes prior to the opening, and within 30 minutes after the closing time of school, the principal may recommend to the Regional Superintendent that the assignment be revoked and the student be returned to the school serving the parent's residence address.

When a transfer is requested which would result in a change in administrative regions, it shall be the responsibility of the Regional Superintendent (or designated regional director) of the Regional Center in which the student is currently enrolled, to consult with the Regional Superintendent or designated regional director of the Regional Center to which a transfer is requested. The two Regional Superintendents (or designated regional directors) must be in agreement to effect the transfer. In the event the agreement is not reached, the matter will be referred to the Associate Superintendent, School Operations, or designee, who acts as the Superintendent of Schools' designee for final resolution.

III. Appeal Process

The parent or guardian who does not concur with the decision may appeal the decision to deny or approve the administrative assignment, reassignment, or transfer of a student as follows:

- Appeal Level 1 to the Regional Superintendent, or designated regional director;
- Appeal Level II to the Associate Superintendent, School Operations, or designee, who acts as the Superintendent of Schools' designee. The decision rendered at this level will be final and no further appeals will be permitted.

IV. Athletic Eligibility of Students Administratively Assigned, Reassigned or Transferred

Senior High Schools

The following conditions shall become a part of the district residence and transfer policies with regard to athletic eligibility for all senior high school students commencing with the successful completion of the eighth grade (as defined by the Student Progression Plan). These requirements are in addition to the Florida High School Activities Association (FHSAA) and the Greater Miami Athletic Conference (GMAC) Bylaws.

- A. Any student who enrolls in a school other than the school serving his/her home address will forfeit athletic eligibility for one calendar year commencing from the date of enrollment. Ninth grade students

who transfer into magnet schools/programs are exempt from this rule when applications are submitted on or before January 31 of the school year preceding the year for which admission is sought, and approved prior to the first day of fall practice or prior to the first day of school, whichever comes first.

A student who moves into another attendance area may represent the school that serves the new area provided the move is accompanied by a corresponding change in residence of the parent(s)/guardian(s), or other individual with whom the student has resided continuously for a full calendar year.

- B. Any student who is found to have falsified eligibility information shall lose athletic eligibility for one full calendar year from the date of discovery of the violation.
- C. Any student who is found to be attending a school out of his/her assigned attendance area without a properly executed approved student transfer, as defined in this rule, shall be assigned to the school that serves the verifiable residence address and forfeit athletic eligibility for a period of one full calendar year from the date of discovery of the violation. Assignments to alternative schools should not affect eligibility upon the student's return to his/her designated home school.
- D. A Superintendent's Athletic Eligibility Transfer Review Committee (AETRC) consisting of one district level administrator, three senior high school principals, two senior high school athletic directors, one representative from the District Athletic Advisory Committee, and an administrator from the Division of Athletics/Activities and Accreditation, who serves as an ex-officio member, will review eligibility appeals of transferring student athletes. This committee will meet at least once a month. All results of appeals for athletic eligibility that are reviewed by the AETRC will be forwarded to the respective region superintendents and principals of the affected schools for information purposes.
- E. A student receiving any type of transfer into a senior high school must abide by all the FHSAA and GMAC Bylaws, and applicable school board rules pertaining to athletic eligibility.
- F. Each senior high school will develop an athletic eligibility list for each sport and will identify the student transfers. Copies will be provided to region superintendents and the Director of the Division of Athletics/Activities and Accreditation prior to that sport's season.
- G. Violations of the transfer policy with regard to athletic eligibility may

result in forfeiture of athletic contest(s), fines, and/or probation. Penalties to be assessed will be determined by the Director of the Division of Athletics/Activities and Accreditation and Executive Secretary, GMAC.

H. The principal shall be responsible for control of the athletic programs, coaches, booster groups and student athletes.

V. Transfers Pursuant to Federal Law, State Statutes, or School Board Rules

Transfers granted pursuant to Section 1002.38 F.S., Opportunity Scholarship Program, Section 1002.39 F.S., The John M. McKay Scholarships for Students with Disabilities Program, or other federal or state law will be governed by the provisions of applicable School Board rules.

Specific Authority: 1001.41(1)(2); 1001.42(22); 1001.43(10) F.S.

Law Implemented, Interpreted, or Made Specific: 1002.38; 1002.39; 1006.07 F.S.; Art. IX § 1(a), Fla. Const.

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