Miami-Dade County Public Schools
Federal and State Compliance Office

# Student Registration Checklist for Parent(s) / Legal Guardian(s)

**1. Parents / Legal guardians must present themselves in-person, with their child(ren), at the assigned school based on residence.**

- To find your child's assigned school based on your home's address, please CLICK HERE.
- For a directory of principals' email addresses, for questions please CLICK HERE.

**2. Parents / Legal guardians must provide these documents at the time of registration:**

- ☑ **Verification of Age and Legal name, CLICK HERE**
- ☑ **Verification of Parent / Legal Guardian Current Residence*, CLICK HERE**
- ☑ **Health and Immunization Requirement, CLICK HERE**

**3. Parents / Legal guardians must complete the following forms (included in this packet) at time of registration:**

- ☑ Home Language Survey Form (FM-5196)
- ☑ Emergency Student Data Form (FM-2733)
- ☑ Disclosure at Time of Registration (FM-5740)
- ☑ Project UP-START Student Questionnaire (FM-7378) Form can be completed and submitted online by clicking the **Submit Form**.
- ☑ Registering Parent/Guardian Responsibilities – Acknowledgment Form (FM-5408)

**Notes: *Verification of Address – Parents / Legal guardians must provide ANY of the following:**

- Broker's or Attorney's statement of parents' purchase of residence, or properly executed lease agreement
- Current Homestead Exemption Card
- Electric deposit receipt or electric bill, showing name and service address
- Miami-Dade County Public Schools Statement of Bonafide Residence – FM-7444

The Family Court Self-Help Program at http://www.jud11.flcourts.org/Family-Court-Self-Help-Program.

MIAMI-DADE COUNTY PUBLIC SCHOOLS

# HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No._____

Student Name _____ _____ _____
Last First Middle

Date of Birth ____/____/____ Grade_____ Parent Language _____ Student Language _____
Month Day Year

Date Entered U.S. School : ____/____/____ Ethnic Hispanic _____ (Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐
Month Day Year
American Indian ☐ Native Pacific Islander ☐

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

School _____ Date _____ Parent/Guardian Signature_____

ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE

# ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. _____

Nombre del Estudiante _____ _____ _____
Apellido Nombre Inicial

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

Fecha de Entrada a la Escuela de los Estados Unidos: ____/____/____ Origen Etnico Hispano _____ (S/N) (Marque todo lo pertinente) Raza: Blanco ☐ Negro ☐
Mes Dia Año
Asiático ☐ Indígena de los EEUU ☐ Oriundo de las Islas del Pacífico ☐

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

Escuela _____ Fecha _____ Firma del Padre/Madre _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS

# SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____ _____
Non fanmi Non

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

Dat ou Antre U.S. Lekòl: ____/____/____ Etnisite Espayòl _____ (W/N) (Tcheke tout sa ki aplike) Ras: Blan ☐ Nwa ☐ Azyatik ☐
Mwa Jou Ane
Amriken Endyen ☐ Natif Il Pasifik ☐

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

Lekòl _____ Dat _____ Siyati Paran _____

**CC: FILE IN CUMULATIVE FOLDER**
**TO STAFF FOR TESTING**

# EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name | APP | First Name | Middle Name

Address _____

**Main contact phone number to be used for emergencies and automated messaging:** _____

Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Non-Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Is either parent in the Military? Yes ☐ No ☐ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes ☐ No ☐

Was the full cost paid by you? Yes ☐ No ☐ What type? Headstart ☐ ESE ☐ Migrant ☐ Other ☐ Unknown ☐

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**EMERGENCY CONTACT INFORMATION**: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

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

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

*Family Doctor* | *Phone* | *Preference of Hospital* | *Phone*

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

**AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL:** Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.

Authorized: _____ _____ _____

Authorized: _____ _____ _____

Not authorized: _____ _____ _____

Not authorized: _____ _____ _____

**IT IS THE PARENT'S RESPONSIBILITY** to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The name of any individual who is authorized or unauthorized by the registering parent to pick up a student from school must be contained on the Emergency Student Data Form for that student to be released to the individual by school staff (See Fla. Stat. 1000.21(5) and Policy 0100 for definitions of "parent"). The school shall abide by the information provided on the Emergency Student Data Form. Any person verified as a parent in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated. The registering parent who completes the Emergency Student Data Form is responsible for providing information that is truthful and accurate – and in the case of unmarried, divorced, or separated parents, consistent with any court order in effect governing their divorce, separation, or parenting matters. Any parent contesting the information provided in the Emergency Student Data Form by another parent may seek assistance from the court governing their parenting matters to compel the registering parent to revise the information. School staff shall provide such persons with the website for the Family Court Self-Help Program at http://www.jud11.flcourts.org/Family-Court-Self-Help-Program. Parents may also agree to change the registering parent and submit an ***Agreement to Change Registering Parent Form*** **(FM-7600)** at any time.

MIAMI-DADE COUNTY PUBLIC SCHOOLS

# ***DISCLOSURE AT TIME OF REGISTRATION***

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

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

YES ☐ NO ☐

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

4) **Please state whether the student has any corresponding referrals to mental health services related to your answers to Questions 1, 2 and 3. If yes, please list them.**

_____

_____

_____

Student's Name_____ ID. # _____
*(Please Print)*

Ethnic Hispanic_____(Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student)_____ Date Signed _____

FM-5740E Rev. (08-19)

# Miami-Dade County Public Schools (M-DCPS)
## Division of Student and Family Support Programs
## Project UP-START
## 2025-2026 Project UP-START Student Eligibility Questionnaire

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability. This includes students living in a shelter facility, sharing home of a family member or friend, living in a car, park, a hotel/motel/Airbnb. M-DCPS implements the provisions of the McKinney-Vento Homeless Assistance Act by ensuring the school stability of eligible students and providing services and resources through the Project UP-START Program. Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

**Project UP-START Services are confidential and this form is not to be shared with outside agencies.**

### QUESTION 1: WHAT IS YOUR FAMILY CURRENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

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

***If you select "Rent Home" or "Own Home," please skip directly to Question #7.**

### QUESTION 2: WHAT IS THE REASON YOUR FAMILY DOES NOT HAVE A PERMANENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- ◯ Pandemic (P)
- ◯ Hurricane (H)
- ◯ Flooding (F)
- ◯ Lack of affordable housing/eviction, domestic violence, mental illness, unemployment, etc. (N)
- ◯ Parent/Caregiver is Incarcerated.
- ◯ Man-Made Disaster (D)
- ◯ Mortgage Foreclosure (M)
- ◯ Tropical Storm (S)
- ◯ Tornado (T)
- ◯ Wildfire (W)
- ◯ Unknown (U)

### QUESTION 3: WHAT ARE THE NAMES, BIRTHDATES, SCHOOLS, AND GRADES OF EACH CHILD OR YOUTH IN THE HOUSEHOLD?

| Student First & Last Name | Student ID Number | Date of Birth | Grade Level | School Name/Location # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### QUESTION 4: ARE YOU SEEKING SUPPORT SERVICES FOR YOUR CHILD AT THIS TIME? (SERVICES ARE ONLY APPLICABLE TO ELIGIBLE FAMILIES)

- ◯ Yes, I am requesting services at this time.*
- ◯ No, I am not requesting services at this time.

***If "Yes" is selected, your child's school will contact you to obtain information about the specific service(s) that you are seeking for your child.**

**Attention School Staff: Please submit a Referral for Services (FM-7404) and/or Transportation Request (FM-7405) if the family is requesting services.**

### QUESTION 5 AND 6: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

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

Caregiver's Name: _____ Date: _____

Unaccompanied Youth Signature: _____ Phone Number: _____

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

### QUESTION 7: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address: _____ Length of time at Current Address: _____

Former Address: _____ Phone Number: _____

Parent Name: _____ Parent/Guardian Signature: _____ Date: _____

### FOR SCHOOL/AGENCY USE ONLY

**Please email the eligible forms to projectupstart@dadeschools.net and send the ineligible forms via School Mail to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.**

School/Agency Name: _____ Location #: _____

School Contact Name: _____ Position: _____

Contact Number/Ext: _____ Email Address: _____

## Registering Parent/Guardian Responsibilities - Acknowledgment Form

The **Registering Parent/Guardian Responsibilities-Acknowledgment Form** is to be completed during the initial student registration process to confirm the registering parent's understanding of his or her responsibilities under M-DCPS Board Policies.

**Student Name:** _____ **Date of Birth:** _____ **Grade/Level:** ____

**Registering Parent/Guardian Name:** _____ **Relationship to Student:** _____

**Phone Number:** _____ **Email Address:** _____

The school shall abide by information provided by the **"registering parent"** (as defined in F.S. 1000.21 and Bylaw 0100) who completes the initial registration documents.

Any parent/guardian may complete and submit the online registration application. However, the parent/guardian who appears in person at the school to finalize the registration process and signs this form will be designated as the **registering parent**. This parent must also complete the Emergency Student Data Form (FM-2733).

The school will rely only on the information the **registering parent** provides during the registration process and emergency student data form.

Please initial below to acknowledge and understand the following:

___ I understand that only the **registering parent** may withdraw the student from school unless registering-parent status is transferred by completing FM-7600 – Agreement of Changing Registering Parent Form, as per School Board Policy 5130.

___ I understand that only the **registering parent** may make changes to the Emergency Student Data Form, as per School Board Policy 5112. However, any parent (as broadly defined in Policy 0100) is presumed to be "authorized" under that form unless listed as "not authorized."

___ I understand that only the **registering parent** is authorized to request or approve a school choice application for the student, as per School Board Policy 5131.

___ I understand that the **registering-parent** status can be transferred by fully executing FM-7600 – Agreement of Changing Registering Parent Form. M-DCPS otherwise expects parents/guardians to resolve disagreements about school arrangements privately and to comply with court orders or agreements governing these arrangements. Legal relief is available through the local family court, which offers a self-help program available at: http://www.jud11.flcourts.org/Family-Court-Self-Help-Program

☐ **I acknowledge and accept the policies listed above. (check)**

I, _____, understand that as the **registering parent**, I am responsible for providing information that is truthful, accurate, and consistent with the most recent court order governing divorce, separation, or custody matters, as applicable. I also acknowledge that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of their official duties is a second-degree misdemeanor under Florida Statute 837.06. Furthermore, I understand that knowingly making a false verified declaration constitutes perjury, a third-degree felony under Florida Statute 92.525. Lastly, I recognize that it is my responsibility to communicate the responsibilities rendered to me through this registration process to the other legal parent or guardian.

Registering Parent/Guardian Print Name: _____

Registering Parent/Guardian Signature: _____