

Kendale Elementary School Registration Packet



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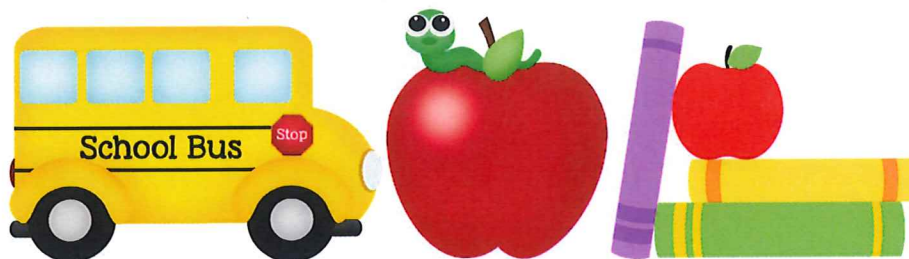


Kendale Elementary School

Requirements for Registration

CHECKLIST

- _____ Proof of Address #1-Any utility bill (FPL, phone, water or gas)
- _____ Proof of Address #2-Deed or lease to your home or apartment
- _____ Certified copy of Birth Certificate for U. S. born children (must have a raised seal) or valid passport and entry Visa for non-U.S. born children.
- _____ HRS Form 3040 (Yellow) – Health Examination indicating the results of a tuberculin test which must have been done within the year.
- _____ HRS Form 680 (Blue) – Certificate of Immunization. (Children entering any grade are required to have completed the Hepatitis B series and 1st and 2nd Varicella).
- _____ School Records-Report Card, Standardized Test Scores from previous school.
- _____ Student Registration Form
- _____ Home Language Survey
- _____ Disclosure at Time of Registration
- _____ Statement of Bonafide Residence
- _____ Emergency Student Data Form





KENDALE ELEMENTARY SCHOOL STUDENT REGISTRATION FORM

NAME OF THE STUDENT <i>Nombre del Estudiante</i>		STUDENT ID <i>ID del Estudiante</i>			
HOME STREET ADDRESS <i>Direccion</i>		APT#	CITY <i>Cuidad</i>	STATE <i>Estado</i>	ZIP CODE <i>Codigo Postal</i>
SEX <i>Sexo</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or latino <input type="checkbox"/> NOT Hispanic or latino		RACE (you may pick more than one) <i>RAZA (puede elegir mas de uno)</i> White/blanco <input type="checkbox"/> Black/negro <input type="checkbox"/> Asian/Asiatico <input type="checkbox"/> American Indian/Indigena de los EEUU <input type="checkbox"/> Native Pacific Islander/Oriundo de las Islas del Pacifico <input type="checkbox"/> Other/Otro <input type="checkbox"/>		
BIRTHDATE <i>Fecha de nacimiento</i> □□ □□ □□□□ Month/Mes Date/Dia Year/Año	PLACE OF BIRTH (COUNTRY) <i>Lugar de nacimiento (Pais)</i>		CITY <i>Cuidad</i>	STATE <i>Estado</i>	

NAME OF LAST SCHOOL ATTENDED <i>Nombre de la ultima escuela a la cual asistio</i>				LAST SCHOOL ATTENDED WAS PRIVATE? <i>La ultima escuela a la cual asistio fue privada?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS <i>Direccion</i>	CITY <i>Cuidad</i>	STATE <i>Estado</i>	ZIP CODE <i>Codigo Postal</i>	TELEPHONE <i>Telefono</i> □□□ □□□ □□□□ AREA CODE	
Last Grade Attended <i>Ultimo grado asistido</i> □□ Grade/Grado	Date last attended School <i>Fecha de la ultima vez que asistio a la escuela</i> □□ □□ □□□□ Month/Mes Date/Dia Year/Año				

PARENT REGISTERING STUDENT <i>Nombre del padre que matricula</i>	TELEPHONE <i>TELEFONO</i>	EMAIL <i>CORREO ELECTRONICO</i>
NAME OF OTHER PARENT <i>Nombre del padre que no matricula</i>	TELEPHONE <i>TELEFONO</i>	EMAIL <i>CORREO ELECTRONICO</i>
STUDENT LIVES WITH (CHECK ONE BOX) <i>Vive con ambos padres (Marque una castilla)</i> <input type="checkbox"/> Both Parents/Ambos Padres <input type="checkbox"/> Father/Solo con el padre <input type="checkbox"/> Mother/Solocon la madre		

HEALTH DATA WHICH SCHOOL SHOULD KNOW IN CASE OF EMERGENCY <i>Datos de salud que la escuela debe saber en caso de emergencia</i>	Allergies <i>Alergias</i>
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OTHER PERTINENT INFORMATION YOU WOULD LIKE TO SHARE: <i>Otra informacion pertinente que le gustaria compartir:</i>
--

HOW WILL YOUR CHILD COME TO SCHOOL? <i>Como vendra su niño a la escuela?</i>	HOW WILL YOUR CHILD BE DISMISSED? <i>Como su niño va para la casa?</i>
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PARENT SIGNATURE <i>Firma del padre o de la madre</i>	DATE: <i>Fecha</i>
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MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
 Last First Middle

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

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

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is a language other than English used in the home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the student have a first language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

School _____ Date _____ Parent/Guardian Signature _____

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

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

No. De I.D. _____

Nombre del Estudiante _____
 Apellido Nombre Inicial

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

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

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- | | | |
|--|-----------------------------|-----------------------------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |

Escuela _____ Fecha _____ Firma del Padre/Madre _____

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

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
 Non fanmi Non

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

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

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- | | | |
|--|-----------------------------|------------------------------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |

Lekòl _____ Dat _____ Siyatè Paran _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DISCLOSURE AT TIME OF REGISTRATION

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

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

YES NO

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

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

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

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

Student's Name _____ ID. # _____

(Please Print)

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

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS STATEMENT OF BONAFIDE RESIDENCE

Important Information

In accordance with School Board Rule (Policy 5112) students in the regular school program (K-12) are assigned to attend school based on the actual residence of the parent and the attendance area of the school as approved by the School Board. It is the responsibility of the parent(s) to provide proper documentation to verify their residence. Parents may choose a different school through a variety of choice programs or through the transfer process. Additional information on Schools of Choice may be found at <http://choice.dadeschools.net>.

To Be Completed By Parent:

I _____, reside at _____
(Parent) (Address)
_____ with my children, _____
(City) (Name of Child/Children)

Verification

Under penalties of perjury, I declare that I have read the foregoing Statement of Bonafide Residence and that the facts stated in it are true. I agree to notify the School District within 10 days in writing of any future changes in residence or living arrangements of this (these) child(ren). I certify that the above information is true and correct, and I understand that this information may be verified.



(Signature of Parent)

(Date)

Florida Statute §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statute §92.525 provides that whoever knowingly makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree.



EMERGENCY STUDENT DATA FORM

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

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

Address _____

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

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

Telephone _____ Cellphone _____ Email _____

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

Telephone _____ Cellphone _____ Email _____

Is either parent in the Military? Yes No Branch _____

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

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

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

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

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

Family Doctor Phone Preference of Hospital Phone

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

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____

Authorized: _____

Not authorized: _____

Not authorized: _____

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

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

Registering Parent/Guardian's Signature _____

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

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

The Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.