Miami-Dade County Public Schools

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 – One (1) of the following ORIGINAL document must be provided:
   1. Duly attested birth certificate or birth card – Must be: hospital certificate not acceptable.
   2. Duly attested certificate of baptism with a parent affidavit.
   4. Bona Fide bible record with parent affidavit.
   5. Passport or Certificate of arrival in the US showing age of child.
   6. Transcript of school records of at least four years prior stating date of birth.
   7. Affidavit of age signed by parent and certificate of age signed by public health officer.

B: PROOF OF ADDRESS – Two (2) of the following ORIGINAL documents must be provided:
   1. Broker’s or attorney’s statements of parents purchase of residence or properly
   Executed lease agreement or Current Homestead Exemption Card.
   2. Electric deposit receipt or bill showing name and service address.

C: NON-RESIDENT TUITION – Only if applicable

D: HEALTH REQUIREMENTS – Must provide both ORIGINAL forms:
   1. Student Health Examination – DH 3040 Yellow/White Form Health examination
      Performed within one year prior to enrollment.
   2. Florida Certificate of Immunization – DH 680 Blue/White Form from a private doctor
      or local health provider.
      a) Temporary Medical Exemption
      b) Religious Exemption

E: SCHOOL RECORDS
   • For grade placement and verification of credits earned.
   • Interpretation of foreign records at no cost available from Attendance Services.

F: IDENTIFICATION PHOTO
   • Photo ID of parent/legal guardian registering the student.

II) TRANSFERS FROM ANOTHER MDCPS SCHOOL
   • Parent or legal guardian must bring a withdrawal slip from sending school
   • Proof of address in name of parent or guardian.

1/12/17
Miami-Dade County Public Schools (M-DCPS) generally protects a student's personally identifiable information from disclosure without prior consent from parents or eligible students. However, unless the parent or eligible student specifically states in writing that they do not want this information provided, M-DCPS is required to provide senior high school students' names, addresses, and telephone listings to military recruiters or institutions of higher education upon their request.

Additionally, in a joint effort to increase the number of students applying for higher education financial aid, Miami-Dade County Public Schools and the United States Department of Education (USDOE) are participating in a Free Application for Federal Student Aid (FAFSA) Completion Project. Unless the parent or eligible student specifically states in writing that they do not want student information provided, M-DCPS may provide student information to the USDOE for this purpose. If you do not want your child's information disclosed to any or all of these entities, check the space next to each entity listed below to which you do not want your child's information disclosed.

I DO NOT CONSENT TO DISCLOSURE of my child's name, address, telephone listing, or birth date to the following (check all that apply):

   _____ United States Military (Army, Navy, Air Force, Marines, Coast Guard, etc.)
   _____ Institutions of Higher Education
   _____ USDOE for FAFSA Completion Project

Student's Name: ___________________________ Date of Birth: ___________________________ ID#: ___________________________

I understand that by checking the spaces above and submitting this form to the person indicated below, M-DCPS will restrict the disclosure of personally identifiable student information from my child's educational records to the entities that I have selected.

I further understand that if I do not complete and return this form, M-DCPS will release the information to the above-mentioned entities upon request by the entity and has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of directory information to these entities.

______________________________
Parent/Guardian Name

______________________________  _________________________
Signature                           Date

To prohibit disclosure to the above-listed entities, return this form to your child's school within the next 30 days to:

______________________________

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1 The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 C.F.R., Pt. 99) governs the confidentiality of student educational records.
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) __________________________

(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.
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.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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)
Ethnic ______ (Y/N) Hispanic ______ (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) ____________________________ Date Signed ________________
Signature (Student) ____________________________