

# GLADES MIDDLE SCHOOL

## REGISTRATION FORM

DATE/FECHA \_\_\_\_\_ I.D. # \_\_\_\_\_ GRADE(GRADO): 6 7 8 GENDER(SEXO): F M

NAME/NOMBRE \_\_\_\_\_

HISPANIC/HISPANO: Y N RACE/RAZA: W B A I N MILITARY FAMILY/MILITAR: Y N  
(WHITE, BLACK, ASIAN, AMERICAN INDIAN, NATIVE PACIFIC ISLANDER)

PLACE OF BIRTH/LUGAR DE NACIMIENTO: \_\_\_\_\_  
CITY/CIUDAD STATE/ESTADO

DATE OF BIRTH/FECHA DE NACIMIENTO: \_\_\_\_\_  
MONTH/MES DAY/DIA YEAR/ANO

ADDRESS/DIRECCION: \_\_\_\_\_  
STREET/CALLE APT. CITY/CIUDAD ZIP CODE/CODIGO POSTAL

HOME PHONE/TELEFONO HOGAR: (\_\_\_\_) \_\_\_\_\_ EMAIL/CORREO ELEC: \_\_\_\_\_

MOTHER'S NAME/MADRE: \_\_\_\_\_

PLACE OF EMPLOYMENT/LUGAR EMPLEO: \_\_\_\_\_

WORK PHONE/TELEFONO EMPLEO: \_\_\_\_\_ EXT. \_\_\_\_\_ CELLULAR: \_\_\_\_\_

FATHER'S NAME/PADRES: \_\_\_\_\_

PLACE OF EMPLOYMENT/LUGAR EMPLEO: \_\_\_\_\_

WORK PHONE/TELEFONO EMPLEO: \_\_\_\_\_ EXT. \_\_\_\_\_ CELLULAR: \_\_\_\_\_

LAST SCHOOL ATTENDED WAS PRIVATE/ULTIMO COLEGIO QUE ASISTIO FUE PRIVADA? Y N

NAME OF SCHOOL/NOMBRE DEL COLEGIO

ADDRESS/DIRECCION

TELEPHONE/TELEFONO

FAX #

### OFFICE USE ONLY

REQUESTED RECORDS: TRANSCRIPT: \_\_\_\_\_ CUM: \_\_\_\_\_ DATE: \_\_\_\_\_



## 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.



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.

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- 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.

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- 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.

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- 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.

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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

### UNLISTED TELEPHONE NUMBER NOTIFICATION

Directory information is defined in **Student Records**, which is incorporated as a part of Board Policy 8330, as the student's name, address, telephone number if it is a listed number, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees and awards received, and most recent educational agency or institution attended.

Federal law requires that school systems provide directory information upon request to military recruiters and institutions of higher education. Directory information may also be provided to other organizations and agencies.

Cards and forms distributed for collecting information at the start of this school year did not provide a space to indicate that a telephone number is unlisted. Therefore, this form should be used to indicate that the telephone number which was provided for a student is unlisted. A notation will be made in the student's record so that the telephone number **is not** provided in response to requests for directory information.

**Please return this form within 30 days to your school, if your telephone number is listed and you do not want it provided in response to directory information requests.**

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Unlisted Telephone Number: \_\_\_\_\_

Parent's/Guardian's/Student's Signature (18 years or older): \_\_\_\_\_

Print

Signature

Date



# Miami-Dade County Public Schools

## Permission for Release of Records and/or Information From Records

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Records to be released: [Please check appropriate item(s)].

\_\_\_\_\_ Psychological Report      \_\_\_\_\_ Test Scores      \_\_\_\_\_ Attendance Information  
\_\_\_\_\_ Grades      \_\_\_\_\_ Health/Medical Records      \_\_\_\_\_ Other (Specify)  
\_\_\_\_\_

The record(s) indicated above is/are to be released to:

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

The purpose for this release is: \_\_\_\_\_

I hereby grant permission for the release of the above record(s) and this release is to be in effect until \_\_\_\_\_  
\_\_\_\_\_ (Date).

\_\_\_\_\_  
Signature of Parent or Eligible Student (Date)

\_\_\_\_\_  
School/Agency Releasing/Requesting Records

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

**A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL**



## 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. 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.