

Miami-Dade County Public Schools

Registration Requirements

Hours of Registration Monday-Friday

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



Miami-Dade County
Public Schools


New Student Support Services

New Student Entrance Requirement Services

Welcome

The New Student Support Services provides Parent(s)/ Guardian(s) assistance in completing school entry requirements for their son or daughter who has been previously enrolled in a school out of the country/territory. This includes any student entering from outside the country/territory, even if the student was not enrolled in a school in their country/territory. When visiting the New Student Support Services site parent(s)/guardian(s) need to bring their son or daughter with them.

New Student Support Services Locations & Hours of Operation

Days	Tuesday & Thursday
733 East 57th Street Hialeah, FL 33013	
 8:00 a.m. – 3:00 p.m.	

School Entry Support Services

At the sites, parents/guardians will receive assistance with completing the required registration documentation:

- Emergency Student Data Form – FM-2733 (only registering parent can withdraw or transfer student)
- Home Language Survey Form – FM-5196
- Disclosure at Time of Registration – FM-5740
- Project UP-START, Children and Youth in Transition Program FM-7378


The University of Miami Pediatric health professionals will be available,

on-site to assist parent(s)/guardian(s) with required school entry immunization and health requirements:

- Florida Certification of Immunization – DH680
- School Entry Health Examination including Tuberculosis Clinical Screening – DH3040
- Access to medical providers and services
- Required Health Screenings (Vision, Hearing, BMI, Scoliosis)
- Assistance with managing chronic diseases
- Other wellness services

Parent(s)/Guardian(s) will receive additional information including

- Foreign Student Academic Transcripts Review
- Free/Reduced Lunch Application Information
- Transportation
- Academic Advisement
- School Choice Programs

Days	Monday	Wednesday	Friday
9040 SW 79th Avenue Miami, FL 33156			
 8:00 a.m. – 3:00 p.m.			

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.

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

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



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 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 GLADES MIDDLE 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 "SI" 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 GLADES MIDDLE SCHOOL 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 Espayòl _____ (W/N) sa ki aplike) Ras: Blan Nwa Azyatik
Mwa Jou Ane Amriken Endyen Natif li 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 GLADES MIDDLE SCHOOL Dat _____ Siyatil Paran _____

FORMULARIO DE DATOS DEL ESTUDIANTE PARA UTILIZAR DURANTE EMERGENCIAS

Numero/Nombre de la Escuela GLADES MIDDLE SCHOOL Número de Identificación. _____

Grado 6-7-8 Sección --

Apellido del estudiante APP Nombre propio _____ Segundo nombre _____

Dirección _____

Número de contacto telefónico principal que ha de ser utilizado en casos de emergencia y mensajes automáticos: _____

Nombre del padre de familia / tutor que matricula _____ Parentesco _____ Lugar de empleo _____

Teléfono _____ Teléfono celular _____ Correo electrónico _____

Nombre del padre de familia / tutor que no matricula _____ Parentesco _____ Lugar de empleo _____

Teléfono _____ Teléfono Celular _____ Correo electrónico _____

¿Está alguno de los padres en las fuerzas armadas? Sí No Rama _____

Sólo para estudiantes del Kindergarten: ¿Asistió el niño a una escuela preescolar o a una guardería? Sí No

¿Pagó usted todos los gastos? Sí No ¿Qué programa? Head Start ESE Migratorio Otro Lo desconozco

INFORMACION DE CONTACTOS DE EMERGENCIA: Solicitamos información adicional para utilizar en caso de que su hijo tenga una enfermedad que sea de emergencia. Es la responsabilidad legal de los padres asumir los gastos médicos y de transporte proporcionados a su hijo. En el caso de que no se pudiese localizar a ninguno de los padres del niño por favor, proporcione información de contacto de dos personas, por orden de prioridad, en los espacios que aparecen a continuación.

(Nombre) _____ Parentesco _____ (Dirección) _____ Teléfono del trabajo _____

(Nombre) _____ Parentesco _____ (Dirección) _____ Teléfono del trabajo _____

Doctor de cabecera _____ Teléfono _____ Preferencia de hospital _____ Teléfono _____

Informes acerca de la salud/alergias del estudiante que tienen que ser conocidas en caso de emergencia:

PERMISO PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA: Por favor, proporcione los nombres de las personas que están autorizadas o que no están autorizadas para recoger a su hijo durante la jornada escolar. Tome en cuenta que las personas que aparecen como contactos de emergencia, no están autorizadas para recoger a sus hijos, si sus nombres no aparecen en la lista que se encuentra a continuación:

Autorizados: _____

Autorizados: _____

No autorizados: _____

No autorizados: _____

ES LA RESPONSABILIDAD DE LOS PADRES informar personalmente a la escuela de cualquier cambio respecto a la información que se encuentra en este formulario. Declaro bajo pena de perjurio, que he leído lo anterior en este [documento] y que la información que ahí aparece es verdadera.

Fecha: _____ Nombre del padre de familia / tutor que matricula en letra de molde: _____

Firma del padre de familia / tutor que matricula: _____

Los padres de familia/tutores tienen el derecho de revisar las cualificaciones profesionales de los maestros de sus hijos, incluyendo el estatus de la licencia, la especialidad, maestría, títulos postgrado y el campo de la certificación. La información respecto a este "derecho a saber", está disponible en la escuela de sus hijos, que incluye si sus hijos están recibiendo servicios prestados por los ayudantes de maestro y de ser así, sus cualificaciones.

El que a sabiendas hace una declaración falsa por escrito con la intención de engañar a un funcionario público en el ejercicio de sus funciones oficiales será culpable de un delito menor de segundo grado según el Estatuto de la Florida § 837.06, o quien hace una declaración que se verifica que es falsa es culpable del delito de perjurio, un delito grave de tercer grado, según el Estatuto de la Florida § 92.525, punible conforme a lo dispuesto en los Estatutos de la Florida, §§ 775.082, 775.083 y 775.084.

El Formulario de Datos del Estudiante Para Utilizar Durante Emergencias, rige quién ha de recoger al estudiante de la escuela. El padre de familia / tutor que matricula deberá firmar/ verificar este formulario y es responsable de proporcionar información verdadera y precisa. Si los padres del estudiante están divorciados o separados, el padre que matricula al estudiante, es responsable de proporcionar información que sea consistente con la orden judicial más reciente que gobierna asuntos tales como el divorcio, la separación o la custodia.



Parent Portal Identification

Parents registering with the Miami-Dade County Public Schools Parent Portal will be required to enter a Parent PIN number for each child registered. To obtain the PIN number, the parent must provide school personnel a picture ID for verification. The parent must sign below that they have received their Parent PIN number. This form will be filed in your child(ren)'s cumulative folder.

1. Student Name _____
Student ID # _____
Parent PIN # _____

2. Student Name _____
Student ID # _____
Parent PIN # _____

3. Student Name _____
Student ID # _____
Parent PIN # _____

Should you need assistance with the registration process for the Parent Portal, contact your child's school directly.

Parent Signature _____ Date _____

Directions for PARENT Portal

For instructions on how to log in to see your child's grades right from the teachers grade book, please visit the following websites:

<http://gladesmiddle.dadeschools.net/index.htm>

CLICK: Information (left blue margin)

CLICK: How to long into Parent Portal

(follow instructions)

OR

<http://www.dadeschools.net/>

CLICK: Parent (orange tab)

CLICK: Log into Portal (red tab) or Video

(See "Parents" (orange frame) and select the desired information/picture)

IMPORTANT: When you create your personal password, write it down for your future use.

Directions for STUDENT Portal

<http://www.dadeschools.net/>

CLICK: Student (red tab)

CLICK: Log into Portal

Enter log in username/password

CLICK: View Grades/Attendance

Directions for FREE/REDUCED LUNCH APPLICATION

<https://freeandreducedmealapp.dadeschools.net/>


Click "I have read the above and agree"

Click Start

Proceed and follow online application

GLADES MIDDLE SCHOOL

NEW MANDATORY 2019 – 2020 DRESS CODE POLICY

ITEM	COLOR	COMMENTS
<p>SHIRTS</p>  <p style="text-align: center;">School Logo</p>	Royal Blue or Yellow	<ul style="list-style-type: none"> • Polo style shirts with school logo/patch • Tab collar t-shirts with school logo/patch • Long sleeve tab collar t-shirt with school logo/patch • School team, club and sport shirts are allowed but must be associated with Glades Middle School or Miami-Dade County Public Schools <p>SCHOOL LOGO/PATCH IS MANDATORY ON ALL SHIRTS ON TEAM & CLUB SHIRTS MAY BE WORN ON FRIDAYS</p> <p>P.E. SHIRTS ARE ONLY TO BE WORN DURING P.E. CLASS</p> <p>NO OVERSIZED SHIRTS ALLOWED</p>
UNDERSHIRTS	Royal Blue, Yellow, or White	<ul style="list-style-type: none"> • Undershirt must not be exposed from the sleeves (unless it is a long sleeve undershirt) • Undershirt must not be exposed from the bottom of the uniform shirt (must be tucked in) <p>NO OVERSIZED UNDERSHIRTS ALLOWED</p>
STUDENT SCHOOL ID	By Grade Level	<ul style="list-style-type: none"> • For safety measures, as per District, at all times, students will be required to wear school ID around their neck with a lanyard that opens immediately if someone pulls by accident. • The first ID will cost \$2.00 includes picture & lanyard with specific safety guidelines. • If a student loses their ID, the replacement will cost \$2.00 and student is to inform their homeroom teacher & main office.
PANTS	Khaki	<ul style="list-style-type: none"> • Must fit at waist and go to the ankle • Undergarment must not be exposed <p>The following items ARE NOT ALLOWED:</p> <p style="margin-left: 20px;">➤ NO JEANS, Pajama, sweat and jogging pants, blue/khaki/black jeggings, and leggings</p> <p>OVERSIZED PANTS, CARGO PANTS AND/OR PANTS HANGING BELOW THE WAIST ARE NOT ALLOWED</p>
VERMUDA SHORTS	Khaki	<ul style="list-style-type: none"> • Must fit at waist • Must be a reasonable length (extend below outstretched arms and fingers) <p>The following items ARE NOT ALLOWED:</p> <p style="margin-left: 20px;">➤ P.E., gym, sweat and jean shorts (NO SKIRTS)</p>
SWEATERS	Royal Blue, Navy Blue, Black	<ul style="list-style-type: none"> • Zipped at the front (no closed sweaters or long sleeves) • No hooded sweaters (will be taken away for pick-up) • Plain colors (No Print except school logo, College, or brand)
SHOES		<ul style="list-style-type: none"> • All shoes must be closed-toe • No shoes should be open in the back • Laces and straps must be tied and secured <p>The following items ARE NOT ALLOWED:</p> <p style="margin-left: 20px;">➤ High heels, Wedges, Platforms, Sandals, Slippers, or Crocs</p>
JEWELRY		<p>The following items ARE NOT ALLOWED:</p> <p style="margin-left: 20px;">➤ Thick neck chains, Pocket Chains or Large Hoop Earrings</p> <p style="margin-left: 20px;">➤ As a safety measure, body piercing is not allowed (except for ears)</p> <p>Anything that is a safety or distraction to the learning environment will be asked to be removed.</p>
GROOMING		<p>Please make sure that make-up or hair coloring does not distract the learning environment.</p> <p>*Please read school board policy 5511 located in the District's website. www.dadeschools.net under the tab "School Board", click on "Board Policies", click on "Adopted Policies", click on "5000 Students", then "5511 Dress Code and School Uniforms". An explanation will be provided.</p>

GUARDIANSHIP

ADDRESS TO REQUEST RECEIPT OF AFFIDAVIT:

(PART 1)

MIAMI DADE COUNTY
COURT ADMINISTRATOR'S OFFICE
LAWSON E. THOMAS COURTHOUSE CENTER
175 NW 1ST AVE - ROOM #2441
MIAMI, FL 33128

305-349-7800

(PLEASE CALL FOR ADDITIONAL INFORMATION)