

## **Miami-Dade County Public Schools Registration Requirements**

Miami-Dade County Public Schools is committed to the education of all children. Your child's enrollment in this school is very important. Parents who 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, *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. Bonafide religious 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
7. Affidavit of age signed by parent and Certificate of Age signed by public health officer

#### **B. VERIFICATION OF PARENTAGE/CUSTODY / GUARDIANSHIP** must be provided if registering parent is not identified on a birth certificate.

#### **C. VERIFICATION 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; and
3. Electric deposit receipt or electric bill, showing name and service address.

#### **D. HEALTH REQUIREMENTS** – Must provide both forms:

1. State of Florida School Entry Health Exam – [DH-3040](#)  
Health examination performed within one year prior to enrollment; Clinical TB screening/results
2. Florida Certificate of Immunization – [DH-680](#)  
from a private doctor, or local health provider

#### **E. SCHOOL RECORDS**

1. Verification of credits earned for grade placement; and
2. Interpretation of foreign records at no cost available from the Federal & State Compliance Office

### **II. TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL**

- Registering parent must bring a withdrawal slip from sending school
- Proof of address with name of registering parent.
- Proof of parent / guardian identification.



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 Pacifico

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 sévi 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 \_\_\_\_\_ Siyati Paran \_\_\_\_\_