

DR. GILBERT L. PORTER ELEMENTARY



Registration Packet

"The School of Discovery"

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drglpelementary.org



Raul J. Gutierrez, Principal
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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.



STUDENT'S INFORMATION

Student's Name _____
Last (apellido) First (nombre) Middle (Segundo)

Birthdate: _____ Place of birth _____ Sex _____
Fecha de nacimiento City/State Ciudad/Estado sexo

Address (direccion) _____ Phone (telefono) _____

Father's Name: (nombre del padre) _____

Place of Employment (lugar de trabajo) _____ Phone (telefono) _____

Mother's Name: (nombre del padre) _____

Place of Employment (lugar de trabajo) _____ Phone (telefono) _____

Name of person with whom pupil lives (if not parent) _____
(nombre de la persona con quien vive el estudiante-si no son los padres)

Emergency Contact (other than parents) Contacto de Emergencia (aparte de los padres)

1. _____
Name (nombre) Relation (parentesco) Phone (telefono)

2. _____
Name (nombre) Relation (parentesco) Phone (telefono)

Name of last school attended _____ City _____
(nombre de la ultima escuela que asistio) (ciudad)

Family Doctor (nombre de Dr.) _____ Phone (telefono) _____

Hospital preference (hospital de preferencia) _____

of brothers _____ # of sisters _____ Attend this school _____
(cuantos hermanos) (cuantas hermanas) (en esta escuela)

Pupil health data which should be known in emergency (datos sobre la salud del alumno que debemos saber en caso de emergencia)

Parent's Signature (firma de los padres) _____

Date (fecha) _____