

Kindergarten Registration Requirements

Children who will attain the age of five years on or before September 1 of the current school year are eligible for admission to public kindergarten during that school year. In Miami-Dade County, all students attending a public school setting must complete kindergarten prior to entrance into first grade.

The completion of kindergarten is defined as satisfactory completion in a public school, non-public school, or home education program from which Miami-Dade County Public Schools accepts transfer of credit. A report card, transcript, or other written record from the non-public or home education program indicating that the student has been promoted to grade 1 or has satisfactorily completed kindergarten, must be submitted at the time of registration.

Registration Requirements

Before a child can be admitted to kindergarten, parents/guardians must provide or complete the following items. Miami-Dade County Public Schools is committed to the education of all children. Your child's enrollment in school is very important. If you cannot produce any of these documents, please ask to speak to an administrator.

» Age and Legal Name Verification

Parents 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 United States 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.

» Proof of Address

Students in the K-12 program are assigned to attend school on the basis of the actual residence of the parent/guardian and in the attendance area of the school as approved by the School Board of Miami-Dade County, Florida. Verification of residence should be presented by the parent/guardian at the time of registration.



Parents 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

» **Health and Immunization Requirements**

In accordance with the Florida Plan for School Health Services, all pre-kindergarten through 12th grade students must submit documentation verifying that a student’s health examination was performed within the 12 month period preceding initial entry into a Florida school.

Parents 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. Part A, B, or C or a religious exemption form DH681.

Parents are encouraged to contact their health care provider to schedule an appointment for children affected by the school immunization requirements. Required immunizations are covered under most health insurance policies. Miami-Dade County Health Department offers “The Special Immunization Program” (SIP) that provides pediatric immunization services and education/information geared towards the elimination of the spread of vaccine preventable diseases.


The following listed are clinics with pediatric services:

Jefferson Reaves 1009 NW 5th Avenue Miami, FL 33136 Mon., Tues., Thurs. & Fri. 8:00 a.m. – 4:00 p.m. Wed. 10:00 a.m. – 5:00 p.m.	Little Haiti Health Center 300 NE 80th Terrace Miami, FL 33138 Mon., Wed., & Fri. 8:00 a.m. – 4:00 p.m.	West Perrine Center 18255 Homestead Avenue Miami, FL 33157 Mon. – Fri. 8:00 a.m. – 3:30 p.m.
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1. Children whose parents cannot afford to pay for vaccines may receive immunizations free of charge at all county health department centers.
2. To make an appointment or for more information, contact the Special Immunization Program (SIP) Office of the Department of Health at 786 845-0550.
3. No student will be admitted to school without presenting tangible documentation that immunization and health requirements have been met.

» **Home Language Survey**

At the time of initial registration parents are asked to complete a Home Language Survey. Each student is assessed if there is a “Yes” response to any of the questions to determine if he/she is Limited English Proficient (LEP). The law requires that students classified as LEP receive appropriate services in order to become proficient in English.



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.: _____ / _____ / _____

Month Day Year

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 _____ Date _____ Parent/Guardian Signature _____

» **Student Data Card**

In the event of an emergency, the school needs to contact parents as quickly as possible. When completing the Student Data Card, please remember:

1. Home, work and cell phone numbers must remain up to date.
2. An emergency contact is required in the event the school is unable to reach parents.
3. Give the school emergency contact telephone numbers other than the ones on front of the card.
4. Make sure you identify those individuals who are authorized and not authorized to pick up your child from school.

MIAMI-DADE COUNTY PUBLIC SCHOOLS				STUDENT DATA CARD				
SCHOOL NO.	I.D. NUMBER	STUDENT'S LAST NAME	APP	FIRST NAME	MIDDLE NAME	BIRTH DATE	SEX	GRADE
Current Entry Date	Florida I.D. Number	Last Legal Name (if different)	APP	First Name	Middle Name	Section	Student Social Security No.	
ETHNIC HISPANIC ____ (Y/N)	(Check all that apply)	RACE: WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> NATIVE PACIFIC ISLANDER <input type="checkbox"/>			Place of Birth: (City) (State/Country)			
Student's Address			(Apt)	(City)	(Zip)	Telephone ()		
P A R E N T / G U A R D I A N	Last Name	First Name	Relation	Place of Employment	Telephone ()	Alt Telephone ()		
	Last Name	First Name	Relation	Place of Employment	Telephone ()	Alt Telephone ()		
Current School:				Are you in Military services? Y ___ N ___			Card No.	
878-0269				COMPLETE REVERSE SIDE			FM-2733E Rev. (02-09)	

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.

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: Additional data is needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one. If parents/guardian can't be reached, whom should we try to contact? (List two person in priority order below.)

 (Name) (Relation to Student) (Address) (Phone at Work)

 (Name) (Relation to Student) (Address) (Phone at Work)

Parent's/Guardian's E-Mail address _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you.

AUTHORIZED: _____

NOT AUTHORIZED: _____

IT IS THE PARENTS' RESPONSIBILITY to inform the school in writing of any changes in the information listed on this card.

Date: _____ Parent's Signature _____

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