



EMERGENCY STUDENT DATA FORM

School No./Name 7241 Ronald W. Reagan Doral Sr. Hg School I.D. No. _____ Grade _____ Section _____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Indicate parent's/guardian's contact phone number to be used for emergencies and automated messaging: _____

Last Name _____ First Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Last Name _____ First 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: Additional data is requested in the event of an emergency illness of your 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.

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 Parent Name: _____

Parent's Signature Verification: _____

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 Emergency Student Data Form governs early release withdraw of the student. The person who signs/verifies this form is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.



Miami-Dade County Public Schools
 Department of Title I Administration
 Children and Youth in Transition Program
 Project UP-START Student Eligibility Questionnaire

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. 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.

The information provided will remain confidential.

SECTION A: Housing is Fixed, Regular, and Adequate.

Parent/Guardian Initial: _____
 Student Name: _____
 Student ID#: _____



- Rent/own your home
- Live with someone or another family (not due to financial hardship)
- Live in foster care placement



Please STOP if you checked one of the boxes in Section A.

SECTION B: Housing is NOT Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

The current nighttime residence is... (check only one)	Was displaced from household because of... (check only one)
<input type="checkbox"/> In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)	<input type="checkbox"/> Natural Disaster - Hurricane (H)
<input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B)	<input type="checkbox"/> Natural Disaster - Flooding (F)
<input type="checkbox"/> Living in a vehicle of any kind, trailer park or campground, parks, abandoned buildings, public place, or substandard housing (e.g. no running water no electricity/mold infested) (D)	<input type="checkbox"/> Natural Disaster - Tropical Storm (S)
<input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)	<input type="checkbox"/> Natural Disaster - Tornado (T)
	<input type="checkbox"/> Man-made Disaster/Fire (D)
	<input type="checkbox"/> Mortgage Foreclosure (M)
	<input type="checkbox"/> Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)
	<input type="checkbox"/> Parents/Caregiver is incarcerated (U)

Please list the names of all students who are active in M-DCPS.

Student Name (Last, First)	Student ID#	Date of Birth	Grade	School/Location #

Current Address: _____ Apt: _____ City: _____ Zip: _____

Contact Phone: _____ Email: _____

Name of Parent(s)/Legal Guardian(s): _____

SECTION C: UNACCOMPANIED YOUTH MUST COMPLETE THIS SECTION.

- Student is living alone without an adult. Student is living with an adult that is NOT a parent/legal guardian.

Caregiver Name: _____

Please complete the FM-7402 (Caregiver's Authorization Form).

The undersigned certifies that the information provided is accurate.

 Signature of Parent/Legal Guardian OR Unaccompanied Student

 Date

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ Location #: _____

Staff Name: _____ Telephone #: _____ Extension: _____

Please fax the following completed forms to 305 579-0370, via email to projectupstart@dadeschools.net, or send forms to Location #9102:

▶ FM-7378

▶ FM-7402, FM-7404, and FM-7405, as applicable



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) Has the student ever been referred to mental health services?

YES NO

If "YES", please list each and every service.

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
MEDIA RELEASE PARENTAL CONSENT FORM
Physical Education and Health Literacy

(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, video taped or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use by the media, i.e., newspapers, brochures, videos, television and through the internet.

Please indicate your preference below.

(Student's Name)

___ Yes. My child's photograph/video/interview **may** be reproduced and released for use by the media.

___ No. My child's photograph/video/interview **may not** be reproduced and released for use by the media.

(Signature)

(Date)

Return this signed form to:

CONTACT PERSON: ACTIVITIES DIRECTOR

SCHOOL NAME: **Ronald W. Reagan/Doral Sr. High [7241]**

SCHOOL TELEPHONE: (305) 805-1900



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.