STUDENT'S INFORMATION

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

Birthdate: _____ Place of Birth: _____ Sex _____
Mo. Day Yr. City/State (sexo)
Mes/dia/año (lugar de nacimiento)

Address (dirección) _____ Phone (teléfono) _____

Father/Step-Father's Name: _____ Work/cell phone _____
(nombre del padre o padrastro) (teléfono/celular del trabajo)
Place employed _____ Occupation _____
(lugar de trabajo) (occupación)

Mother's/Step-Mother's Name: _____ Work/cell phone _____
(nombre de la madre o madrastra) (teléfono/celular del trabajo)
Place employed _____ Occupation _____
(lugar de trabajo) (occupación)

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

Relationship _____ Place employed _____ Phone # _____

Emergency contact (other than parents) – Contacto de Emergencia (aparte de los padres):

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

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

Name of last school attended _____ City _____
(nombre de la última escuela que asistió) (ciudad)

Family Doctor (nombre del Dr.) _____ Phone (teléfono) _____

Hospital preference (hospital de preferencia) _____

# of brothers _____ # of sisters _____ Attend this school _____
(cuántos hermanos) (cuántas hermanas) (attendio 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) _____

Miami-Dade County Public Schools
Department of Title I Administration
Project UP-START Program

TITLE I ADMINISTRATION

2024-2025 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.

Project UP-START Services are confidential and this form is not to be shared with outside agencies.

QUESTION 1: WHAT IS YOUR FAMILY CURRENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- ☐ Shelter (A)
- ☐ Sharing the home of others/ Doubled-up (B)
- ☐ Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D]
- ☐ Hotel/Motel/Airbnb (E)
- ☐ Rent home*
- ☐ Own home*

*If you select Rent Home/Own Home, please go to Question #7.

QUESTION 2: WHAT IS THE REASON YOUR FAMILY DOES NOT HAVE A PERMANENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- ☐ Pandemic (P)
- ☐ Hurricane (H)
- ☐ Flooding (F)
- ☐ Lack of affordable housing/eviction, domestic violence, mental illness, unemployment, etc. (N)
- ☐ Parent/Caregiver is Incarcerated
- ☐ Man-Made Disaster (D)
- ☐ Mortgage Foreclosure (M)
- ☐ Tropical Storm (S)
- ☐ Tornado (T)
- ☐ Wildfire (W)
- ☐ Unknown (U)

QUESTION 3: WHO IS/ARE THE STUDENT(S) FOR WHOM YOU ARE COMPLETING THIS FORM?

Student First & Last Name	Student ID Number	Date of Birth	Grade Level	School Name/Location #

QUESTION 4: ARE YOU SEEKING SUPPORT SERVICES FOR YOUR CHILD AT THIS TIME? (SERVICES ARE ONLY APPLICABLE TO ELIGIBLE FAMILIES)

- ☐ Yes, I am requesting services at this time.*
- ☐ No, I am not requesting services at this time.

*If "Yes" is selected, your child's school will contact you to obtain information about the specific service(s) that you are seeking for your child.

Attention School Staff: Please submit a Referral for Services (FM-7404) and/or Transportation Request (FM-7405) if the family is requesting services.

QUESTION 5 AND 6: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

- ☐ 5) Are you living alone without an adult?
- ☐ 6) Are you living alone with an adult that is NOT a parent/guardian?

Caregiver's Name: _____ Date: _____

Unaccompanied Youth Signature: _____ Phone Number: _____

*Please ask your caregiver to complete the Caregiver's Authorization Form (FM-7402), and submit it with this form.

QUESTION 7: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address: _____ Length of time at Current Address: _____

Former Address: _____ Phone Number: _____

Parent's Name: _____ Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name : _____ Location # : _____

School Contact Name : _____ Position : _____

Contact Number/Ext : _____ Email Address : _____

Please fax the completed forms to 305 579-0370, or via email at projectupstart@dadeschools.net or send forms to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.

MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM

_____
(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the internet, and Miami-Dade County Public Schools websites and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below.

_____ _____
(Student's Name) (Student's ID)

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

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

_____ _____
(Signature) (Date)

Return this signed form to:

CONTACT PERSON: C. ALEXANDER

SCHOOL NAME: NORTH MIAMI MIDDLE SCHOOL

SCHOOL TELEPHONE: (305) 891-5611

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 Hispanic_____(Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐

Date of Birth_____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student)_____ Date Signed _____

FM-5740E Rev. (07-19)

Acknowledgment of Receipt and Review

Each parent/guardian of a student and each student enrolled in Miami-Dade County Public Schools must sign and return this page to the student's school to acknowledge that he/she has accessed the online version or obtained a copy of the Code of Student Conduct. In addition, this page serves as acknowledgement that you have reviewed the Code of Student Conduct with your child. Each school will maintain records of such signed statements.

The online version of the Code of Student Conduct in English, Spanish, and Haitian-Creole can be located in the Parent Portal or by accessing through the following website address:

http://ehandbooks.dadeschools.net/policies/90/index.htm

If you do not have internet access to obtain a copy of the Code of Student Conduct, please visit your child's school to obtain a copy.

I acknowledge receipt of the notification regarding accessing or obtaining a copy of the Code of Student Conduct through the Parent Portal or via the internet web address and that I have read and discussed the Code of Student Conduct with my child.

_____ _____

Parent's/Guardian's Signature Date

I acknowledge receipt of the notification regarding accessing or obtaining a copy of the Code of Student Conduct through the Parent Portal or via the internet web address and that I have read and discussed the Code of Student Conduct with my parent/guardian.

_____ _____

Student's Name Date