

MIAMI BEACH SENIOR HIGH SCHOOL



Registration Procedures Handbook

2231 Prairie Ave, Miami Beach, Florida 33139

Ph: (305) 532 – 4515 Fax: (305) 531 –9209

Miami-Dade County Public Schools

Miami Beach Senior High School

REGISTRATION REQUIREMENTS FOR INCOMING STUDENTS

HOURS OF REGISTRATION: 7:30AM – 11:00AM

Miami-Dade County Public Schools is committed to the education of all children. Your child's enrollment in this school is very important. If you 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 original of the following:*
 - 1. Duly attested original birth certificate
 - 2. Passport or Certificate of Arrival in the U.S. showing student's date of birth
- B. VERIFICATION OF ADDRESS – *The student must reside with the registering parent or legal guardian. The parent or legal guardian must provide two originals of the following documents with the same address (see items in bold below).*
 - 1. **Executed Mortgage Agreement/Deed or properly executed & notarized lease agreement**
 - 2. **Current Homestead Exemption card**
 - 3. **Current billing statement for FPL, gas or water, showing name and service address**
 - 4. **Florida Driver's License or Florida ID card (Photo ID for identity verification)**
 - 5. Florida vehicle registration
 - 6. Auto insurance declaration
 - 7. Bank account statement
 - 8. Government correspondence/ Department of Children and Families
 - 9. IRS correspondence
- C. HEALTH REQUIREMENTS – *Must provide both original forms:*
 - 1. Student Health Examination – DH-3040 (yellow form) – *Performed within one year prior to enrollment with clinical TB screening results*
 - 2. Florida Certificate of Immunization – DH-680 (blue form) – *From a private doctor or local health provider*
- D. STUDENT SCHOOL RECORDS – *Must provide original documents*
 - 1. Official transcripts and certified school records from at least four years' prior
 - 2. Verification, interpretation of foreign records and proper grade placement is provided by the Federal and State Compliance Office

II. ENTRIES FROM IN-COUNTY MIAMI-DADE COUNTY PUBLIC SCHOOLS

- A. Parent or legal guardian must bring a withdrawal slip / grades from departing school
- B. Parent or legal guardian must provide two original proofs of address (see VERIFICATION OF ADDRESS above)

Foreign Records

- 1. What documents should I bring with me when leaving my country to study in Miami-Dade County Public Schools (M-DCPS)?***

As you withdraw from your current school, please ask for at least the last 3 years of your official educational records/transcripts. Make sure the documents are **original** and have all the stamps, seals, and signatures from the school.

- 2. Do the foreign records need to be processed through the ministry of education of my country or have the Apostille from my country?***

No. The foreign records need to be official with the original seals and stamps from the school.

- 3. Once I enter the United States, do I make an appointment to meet with your staff at your office for registration?***

No. You report directly to the [attendance boundary school](#) designated by M-DCPS, according to your home address in Miami, Florida. Students entering with an F-1 Student Visa do need to report to our office first.

- 4. What documents do I need to present at the school for registration?***

Visit the following link for registration requirements: [M-DCPS Registration Requirements](#).

<https://temp39.dadeschools.net/WMSFiles/59/links/app2.pdf>

- 5. Does our staff determine promotion at the end of the year?***

No. All promotions are determined by the team designed to evaluate the student's progression. The team will consist of the school's classroom teacher(s), counselors, and administration. All end-of-year determinations are done at the school site.

- 6. Do we accept copies, faxed, scanned documents or those found on electronic devices of the educational records?***

All faxed and scanned copies or photographed copies of records will be used only to guide the placement of the student's grade. M-DCPS school staff would still need to see the original records to translate and transfer credits into our computer system.

- 7. Can I study at Miami-Dade County Public Schools with a diploma or equivalent?***

No. If a student has already earned his or her certificate and graduated, the student can take documents to the next level of study. The student can report to a local college, university, or technical school.

- 8. Can I still be registered to complete the 12th grade in M-DCPS if I completed or graduated from the 11th grade in a country where 11th grade is the last grade for completion in that country?***

No. If a student completed the 11th grade in a country where the 11th grade is the student's last year, the student has already earned his or her certificate and graduated. The student can take documents to the next level of study. The student can report to a technical school, local college, or university to continue the student's education.

**DOCUMENTATION NEEDED AT THE TIME OF REGISTRATION:
AGE AND LEGAL NAME VERIFICATION**

Every child initially entering a District school must prove age by an authentic document issued by a governmental agency.

Florida Statute 1003.21, [School Attendance](#), specifies the evidence required to establish proof of birth, and alternative options if the first prescribed evidence is not available, in the prescribed order, as listed below.

1. A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births (original birth certificate); a hospital certificate is not acceptable. **Birth certificates issued as of January of 2013 to present cannot be photocopied.** Complete the Verification of Birth Certificate form ([FM-6982](#)) with the student information provided on the original birth certificate if the birth certificate cannot be photocopied.
2. A duly attested transcript of the certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent.
3. An insurance policy on the child's life which has been in force for at least two years.
4. A bonafide contemporary religious record of the child's birth accompanied by an affidavit sworn to by the parent.
5. A passport or certificate of arrival in the United States showing the age of the child. Since the **passport or certificate of arrival cannot be copied**, schools must complete the Verification of Student Information on Passport, Parolee Card or Certificate of Arrival ([FM-6670](#)).
6. A transcript of record of age shown in the child's school record of at least 4 years prior to application, stating date of birth.
7. If none of these evidences can be produced, parent must supply an *Affidavit of Age* ([FM-4681](#)), sworn by the parent and accompanied by a Certificate of Age signed by a public health officer or by a public school physician, or, if practicing physician designated by the School Board, certificate shall state the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct.

According to School Board Policy 5112, parents have Thirty (30) calendar days to secure proper proof of the student's age/legal name (e.g., birth certificate, passport).

DOCUMENTATION NEEDED AT THE TIME OF STUDENT REGISTRATION:

VERIFICATION OF ADDRESS

Verification of parent's residence shall be required at the time of registration. At the discretion of the Superintendent, verification of residence may be required at any other time during the school year. The student shall reside with the parent placing the student in the neighborhood school.

Verification of address requires **two (2)** of the following:

1. Broker's or attorney's statement of parent's purchase of residence, or properly executed lease agreement
2. Current Homestead Exemption Renewal Receipt
3. Electric deposit payment receipt or electric bill, bottom portion, showing name and service address.

If address verification is not provided, or submitted documents are not acceptable, the Superintendent or designee may verify the student's residence address and a Statement of Bonafide Residence ([FM-7444](#)) can be used.

If an electric deposit payment receipt is used as verification, the electric bill, bottom portion, must also be submitted to the school. If the parent is unable to provide the school with the requested electric deposit receipt, the student will be allowed to enroll in the new school, but must submit the electric bill, bottom portion, to the school within forty (40) calendar days.

According to School Board Policy 5112, parents have forty (40) calendar days to provide proof of residence (e.g., electric bill, executed lease agreement, current Homestead Exemption).

When a change of family residence occurs after ninety (90) school days in which a student is enrolled in a school which would place the student in a different attendance area, the student, upon the request of the parent, may complete the year in the present school. No transportation will be provided.

When a change of family residence occurs after ninety (90) days in which a student is enrolled in grades 11 through 12 or is enrolled in the last grade offered at a school, which would place the student in a different attendance area, the student, upon the request of the parent, may remain in the present school through graduation (for grades 11 through 12), or the last grade offered at the school. No transportation will be provided.

Florida Statute 837.06, [False Official Statements](#), states that any parent who knowingly makes false statements in writing with the intent to mislead a public servant will be penalized by law.

HEALTH AND IMMUNIZATION REQUIREMENTS

NO STUDENT WILL BE ADMITTED TO SCHOOL WITHOUT PRESENTING TANGIBLE DOCUMENTATION THAT IMMUNIZATION AND HEALTH REQUIREMENTS HAVE BEEN MET:

1. Florida Certification of Immunization [DH-680](#)

2. State of Florida School Entry Health Exam [DH-3040](#), including proof of tuberculin screening, reading of the test, and appropriate follow-up

Parents/guardians are encouraged to contact their medical provider for information regarding the required school entry vaccines. If parents/guardians are experiencing financial difficulties or if a parent/guardian do not have a private medical provider, they can contact the Florida Department of Health in Miami-Dade County Special Immunization Unit at (786) 845-0550 to schedule an appointment to receive **FREE** school entry vaccines. Parents/guardians can also contact “The Children’s Trust” **Helpline at 211** to obtain a list of medical facilities that will provide immunizations at a reduced price.

Exceptions may be made for a period of 30 days for students currently in transition ([Project Up-Start Program](#)), under the Juvenile Justice System and children of Military families.

State of Florida School Entry Health Exam. ([DH-3040](#))

Parents/guardians of **ALL** students are required to present evidence of a health examination performed within twelve (12) months by a medical provider prior to initial entry into a Miami-Dade County Public School. The school health exam **MUST** include a **tuberculosis clinical screening**. If the screening indicates that a follow-up skin test is needed, the student may enroll **ONLY** with a medical provider’s statement that the student is free of communicable tuberculosis and can attend school.

Students transferring from within the state of Florida or within the county are **NOT** required to be re-examined. However, **ALL** students’ initially entering Miami-Dade County Public Schools health screening must include a tuberculosis clinical screening, and evidence of appropriate follow-up if necessary.

The school entry health exam should be completed on the *State of Florida School Entry Health Exam* form (DH-3040). When using this form, parents/guardians must complete page one (1). A health care provider may complete page two (2) or submit their own documentation of the medical information detailed on the form.

Florida Certification of Immunization. ([DH-680](#))

Florida Statue [1003.22](#), states that the Florida Department of Health requires the school board of each district shall require each student prior to admittance, or attendance in a Florida public or private school in PK-12th grade, to present or to have on file a *Florida Certificate of Immunization* (DH-680).

The following vaccinations are needed for students attending kindergarten through twelfth grade:

Grade Levels (including retained for the grade)	Immunization Requirements
Kindergarten through twelfth grade (K-12 th)	<p>Four or five doses of diphtheria-tetanus-pertussis (DTap) vaccine The fifth dose of DTap vaccine is not necessary if the fourth dose was administered at age 4 years or older.</p> <p>Three doses of hepatitis B (Hep B) vaccine</p> <p>Three, four or five doses of polio (IPV) vaccine If four or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous one.</p> <p>Two doses of measles-mumps-rubella (MMR) vaccine</p> <p>Two doses of varicella (chicken pox) vaccine Varicella (chicken pox) vaccine is not required if the child has a documented history of the varicella (chicken pox) disease.</p>
Seventh grade (7 th)	<p>One dose of tetanus-diphtheria-pertussis (Tdap) vaccine</p>

Students enrolling in school for the first time or transferring into Miami-Dade County Public Schools from out-of-state **MUST** present one of the following:

1. **Florida Certificate of Immunization Form**
Complete *Florida Certificate of Immunization* form should be marked only when **ALL** kindergarten or seventh grade immunization requirements are met.
2. **Temporary Medical Exemption**
Temporary Medical Exemptions should only be marked when a medical provider indicates that the child has received as many immunizations as are medically indicated at this time. An additional *Florida Certificate of Immunization* form **MUST** be presented on or before the expiration date. If the additional certificate is not presented on or before the expiration date, the student must be excluded from school.
3. **Permanent Medical Exemption**
A Permanent Medical Exemption is provided when a child cannot receive one or more vaccines due to medical reasons. The medical provider **MUST** list the vaccine(s) that are contraindicated on the *Florida Certificate of Immunization* form.
4. **Religious Exemption**
A request for a religious exemption from immunization requirements is issued **ONLY** by the Florida Department of Health in Miami-Dade County for a child who is not immunized because of his/her family's religious tenets or practices.
The *Religious Exemption From Immunization* form ([DH-681](#)) **MUST** be kept on file at the school to facilitate identification of unimmunized/susceptible children needing exclusion during an outbreak of a vaccine-preventable disease.

Parents/guardians of students transferring within Miami-Dade County Public Schools do not need to be issued a copy of the immunization documentation. The receiving school can access the immunization information from the Districts Student Information System (DSIS) Student Information Screen (PF3) and then access the Health Information Screen (PF17).

Florida SHOTS (State of Florida Immunization Registry)

Florida SHOTS is a **FREE** statewide centralized, online immunization registry that helps parents, authorized health-care providers, schools and day care centers keep track of immunization records. The registry was designed to assist health care providers by providing the following benefits:

- Easy-to-print forms ([DH-680](#)).
- 24/7 access to immunization tracking software that never needs to be downloaded or upgraded on your computer.
- System-certified electronic records accessible directly to authorized schools, child-care centers, and medical providers.
- Reliable, consolidated immunization histories for new or continuing patients.
- Previously reported contraindications, immunization reminders and recall.

These forms are not available to the public and must be completed by a Florida Physician or the Florida Department of Health in Miami-Dade County.

The *State of Florida School Entry Health Exam* ([DH-3040](#)) and the *Florida Certification of Immunization* ([DH-680](#)), **MUST** be attached to the student's *Florida Department of Health Cumulative Health Record* (DH-3041) and filed as part of the Cumulative Record Folder. The *Florida Department of Health Cumulative Health Record* ([DH-3041](#)) may be obtained by contacting the Miami-Dade County Public Schools' Comprehensive Health Services Department at (305) 805-4600.

Health Centers for FREE Vaccines (Must make an appointment at (786) 845-0550)

Health District Center

1350 N.W. 14th Street, 2nd Floor, Miami, FL 33125
(Mon.–Fri. 8:00 a.m.–3:30 p.m.)

Little Haiti Health Center

300 NE 80th Terrace 2nd Floor Miami, FL 33138
(Mon, Wed & Fri. 8:00 a.m.–3:30 p.m.)

West Perrine Health Center

18255 Homestead Ave., Miami, FL 33157 (Rear)
(Mon.–Fri. 8:00 a.m.–3:30 p.m.)

PARENT COMMUNICATION: LETTER OF HEALTH REQUIREMENTS FOR NEW STUDENT ENTRIES: This letter may be distributed to each parent who is attempting to enroll a child in Miami-Dade County Public Schools for the first time, and who does not have the required documents.

For health, related questions, please contact the Comprehensive Health Services Department (305) 805-4600.



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 _____ 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 _____

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 Hispano _____ (S/N) Asiático ☐ Indígena de los EEUU ☐ Oriundo de las Islas del Pacífico ☐

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 _____ No _____ |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? | Sí _____ No _____ |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí _____ No _____ |

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 sèvi ak yon lang ki pa Anglè lakay li? | Wi _____ Non _____ |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi _____ Non _____ |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè? | Wi _____ Non _____ |

Lekòl _____ Dat _____ Siyati Paran _____



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 _____ (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 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
Federal and State Compliance Office

**VERIFICATION OF STUDENT INFORMATION
ON A PASSPORT, PAROLEE CARD, OR
CERTIFICATE OF ARRIVAL**

This form will be completed by school personnel only when documentation of student information is submitted in the form of a passport, parolee card, or certificate of arrival.

1. Indicate which document has been presented for verification of legal name, date of birth, gender and place of birth:

_____ Passport
_____ Parolee Card
_____ Certificate of Arrival

IT IS NOT LEGAL TO PHOTOCOPY THESE DOCUMENTS

2. To be filled in by school personnel ONLY, based on the information provided by the parent/guardian.

Legal Name:

_____ Last Name

_____ First Name

_____ Middle Name

Date of Birth:

_____ Month

_____ Day

_____ Year

Gender: Check One (As indicated on the document): ____ Male or ____ Female

Place of Birth:

_____ City

_____ State (Province)

_____ Country

_____ Print Name of Parent/Guardian
Submitting Document

_____ Signature

_____ Date

VERIFIED BY:

_____ Print Name of School Official

_____ Signature

_____ Date



**TEMPORARY GRADE PLACEMENT FORM
FOR NEW STUDENTS WITHOUT SCHOOL RECORDS**

I, _____, understand that my son/daughter has been placed

In the _____ **grade temporarily** pending the arrival and/or evaluation of school records from his/her previous school(s).

Upon receipt of the school records, I agree that my son/daughter will be placed in the proper grade, and change schools if necessary, should the record(s) prove to be other than what I have indicated.

Name of Student (Last, First, Middle)

Date of Birth

Student I.D. Number

Parent, Guardian will have **40** days to submit required documents.

Signature of Parent/ Guardian

Date

Name/Signature of School Representative that verified registration

Date

PREVIOUS SCHOOL HISTORY

School Name

Grade

Year

School Name

Grade

Year

School Name

Grade

Year



Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student's Name: _____ DOB: _____

Records to be released: [Please check appropriate item(s)].

_____ Psychological Report _____ Test Scores _____ Attendance Information
_____ Grades _____ Health/Medical Records _____ Other (Specify)

The record(s) indicated above is/are to be released to:

Agency _____ Contact Person _____

Address _____

The purpose for this release is: _____

I hereby grant permission for the release of the above record(s) and this release is to be in effect until _____
_____ (Date).

Signature of Parent or Eligible Student (Date)

School/Agency Releasing/Requesting Records

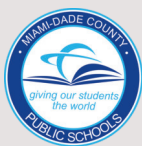
Signature of Authorized Personnel

Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL



Miami-Dade County Public Schools (M-DCPS)
Division of Student and Family Support Programs
Project UP-START

2025-2026 Project UP-START Student Eligibility Questionnaire

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability. This includes students living in a shelter facility, sharing home of a family member or friend, living in a car, park, a hotel/motel/Airbnb. M-DCPS implements the provisions of the McKinney-Vento Homeless Assistance Act by ensuring the school stability of eligible students and providing services and resources through the Project UP-START Program. 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) ☐ Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D] ☐ Rent home*
☐ Sharing the home of others/ Doubled-up (B) ☐ Hotel/Motel/Airbnb (E) ☐ Own home*

*If you select "Rent Home" or "Own Home," please skip directly 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: WHAT ARE THE NAMES, BIRTHDATES, SCHOOLS, AND GRADES OF EACH CHILD OR YOUTH IN THE HOUSEHOLD?

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 Name: Parent/Guardian Signature: Date:

FOR SCHOOL/AGENCY USE ONLY

Please email the eligible forms to projectupstart@dadeschools.net and send the ineligible forms via School Mail to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.

School/Agency Name: Location #:

School Contact Name: Position:

Contact Number/Ext: Email Address: