DR. ROLANDO ESPINOSA K-8 CENTER

REGISTRATION PACKET

PHIL A. MATO
PRINCIPAL

ASSISTANT PRINCIPAL
ESTELA M. RODRIGUEZ

Dr. Rolando Espinosa K-8 Center • 11250 NW 86 Street • Doral, Florida 33178 • Mr. Phil A. Mato, Principal
305.889.5757 • 305.889.5758 (FAX) • http://drek8.net • IG @DREpanthers

DR. ROLANDO ESPINOSA K-8 CENTER

REGISTRATION PROCEDURES

REGISTRATION

MATRICULA AÑO ESCOLAR

Registration Hours: 8:00 A.M. TO 11:00 A.M.
Hora de registración: 8:00 AM – 11:00 AM

YOU WILL NEED THE FOLLOWING ORIGINAL DOCUMENTS TO REGISTER YOUR CHILD:

Usted necesita traer los siguientes documentos originales para poder matricular a su hijo:

BIRTH CERTIFICATE - 5 years old on or before September 1st for Kindergarten. Voluntary Pre-Kindergarten (VPK) eligibility, the child must have attained age 4 on or before September 1.
Certificado de Nacimiento-5 Años cumplidos en/antes del 1ro. de septiembre para Kindergarten. Para ser elegible para Pre-Kindergarten Voluntario (VPK), el niño debe haber cumplido 4 años el 1 de septiembre o antes.

VPK ONLY (REQUIRED DOCUMENTATION)
Certificate of Eligibility (COE) – https://familyservices.floridaearlylearning.com

HEALTH AND IMMUNIZATION
(Inmunización y Examen Fisico)

- HRS Form 3040 – Student Physical Examination, including Tuberculosis Clinical Screening
  HRS Form 3040 – Examen Médico, incluido el examen de la Tuberculosis
- HRS Form 680 – Certificate of Immunization
  HRS 680 – Certificado de vacunas

PROOF OF ADDRESS IN NAME OF PARENTS
The following items must be used as verification of residence, must be original documents
Prueba de domicilio a nombre de los padres – Traer los siguientes documentos en original para verificación de domicilio

- Warranty Deed or Lease Agreement
  Contrato de compra o de alquiler
- Current Electric Bill indicating parent or guardian name and address
  Ultima cuenta de electricidad indicando nombre y dirección del padre o guardián

PASSPORT (*FOREIGN STUDENTS ONLY*)

Pasaporte del estudiante si nació fuera de USA

SCHOOL RECORDS *Reporte de Notas*

- For Grade Placement and Verification of Credits Earned
  Para determinar el grado del estudiante

TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL
Traslado desde otro colegio público en "Miami-Dade County Public School"

- Parent or legal guardian must bring a withdrawal slip from sending school
  Padre o guardián legal debe traer la hoja de retiro del colegio anterior
- Warranty Deed or Lease Agreement
  Contrato de compra o de alquiler
- Current Electric Bill indicating parent or guardian name and address
  Ultima cuenta de electricidad indicando nombre y dirección del padre o guardián

FOR MORE INFORMATION CALL 305.889.5757

DR. ROLANDO ESPINOSA K-8 CENTER

REGISTRATION PROCEDURES

M E M O R A N DU M

TO: ALL PARENTS/GUARDIANS

FROM: REGISTRAR'S OFFICE

SUBJECT: **EMERGENCY CONTACT INFORMATION/STUDENT INFORMATION SHEET**

Please be advised that it is always the parent's/guardian's responsibility to maintain all contact information current for the safety of your child. You must advise the staff in the main office in person of any changes of address or telephone numbers and update the emergency contact information card on file.

If you fail to advise the staff in the main office of changes, the school will not be able to contact you in case of an emergency or any other situation which requires parent contact.

Thank you

PARA: TODOS LOS PADRES/GUARDIANES

DE: OFICINA DE INSCRIPCIONES

ASUNTO: INFORMACION DE CONTACTO

Se les notifica a los padres/guardianes que es responsabilidad de los mismos mantener todos los contactos de emergencia al día. Debe notificar al personal de la escuela en la oficina principal de cualquier cambio de dirección o número de teléfono y actualizar los nombres de las personas a contactar en caso de emergencia.

Si usted no notifica al personal de la oficina de la escuela dichos cambios, no podrá ser localizado en caso de cualquier situación de emergencia.

Gracias

DR. ROLANDO ESPINOSA K-8 CENTER

STUDENT INFORMATION SHEET

STUDENT INFORMATION SHEET

SCHOOL YEAR _____

STUDENT ID # _____ **TEACHER** _____ **GRADE** _____ **HOMEROOM** _____

Student's Name
Nombre del Estudiante _____
Last Name/*Apellido* **First Name/***Nombre* **Middle Name/***Segundo Nombre*

Birthdate *Fecha de nacimiento* _____
Gender *Genero*_____
Ethnic *Origen Étnico* _____
Language Spoken at Home *Idioma en Casa* _____

Telephone *Teléfono* _____
Address *Dirección* _____

City *Ciudad* _____
State *Estado* _____
Zip Code *Código Postal* _____

Father's/Guardian's Name (Nombre del Padre/Guardián) _____

Place of Employment *Lugar de Empleo* _____
Telephone at Work *Teléfono del Trabajo* _____ **Ext.** _____

Mother's Name/Guardian's Name (*Nombre de la Madre/Guardián*) _____

Place of Employment *Lugar de Empleo* _____
Telephone at Work *Teléfono del Trabajo* _____ **Ext.** _____

Student Lives With
Estudiante Vive Con _____ _____
First and Last Name *Nombre y Apellido* **Relationship with Student** *Relación con el Estudiante*

# of brothers *(cuantos hermanos)* _____ **# of sisters** *(cuantos hermanas)*_____ **Attend this school** _____ *(Atienden esta escuela)*

Are the PARENTS / GUARDIAN in the Military? circle one Yes No
Es uno de los padres militar? circule uno Si No

_____ _____
Parent/Guardian Cell Phone/*Padre/Guardián Teléfono Celular* **Parent/Guardian E-Mail Address/***Correo Electrónico*

Authorized to pick up student and also Emergency Contact
Personas autorizadas a recoger al estudiante y ser contactado en caso de emergencia:

1 _____ **Telephone** *Teléfono* _____
2 _____ **Telephone** *Teléfono* _____

_____
Student's Health Condition Alert/*Alerta Sobre la Condición de Salud del Estudiante*

Allergies/Alergias_____
Student is taking the following medication
El estudiante está bajo la siguiente medicación _____

_____ _____
PARENT/Guardian's Signature/*Firma del Padre/Guardián* **DATE/***Fecha*

DR. ROLANDO ESPINOSA K-8 CENTER

STUDENT INFORMATION SHEET

Your children's welfare is the highest priority. By accurately completing the information below you will help us to achieve it. Please fill out this form with the information requested**.**
El bienestar y seguridad de nuestros estudiantes es nuestra prioridad. Al completar esta forma correctamente ustedes nos estarán ayudando a conseguirlas. Por favor, completen esta forma con la información requerida.

Put an "X" on the appropriate square.
Marque una "X" en la casilla adecuada.

My child goes home after school the following way:
Mi hijo va a la casa después del colegio de la siguiente forma:

☐ **Walks Home**
Camina a la casa

☐ **Rides Bicycle**
Va en bicicleta

☐ **Walks Home**
Camina a la casa

☐ **Picked Up by Parents (Car)**
Va con los padres (carro)

☐ **Picked Up by Parents (Walking)**
Va con los padres (caminando)

☐ **Shuttle Bus Service Route**_____
Transporte de Cortesía/2nd-8th Ruta: _____

☐ **Rides MDCPS Bus Route#** _____
Autobús escolar de MDCPS Ruta # _____

☐ **Rides Private Bus** _____
Va en el autobús privado _____

☐ **After-School Care Program**
Va al Programa de Aftercare

I have read and discussed with my child the contents of this form. If there are any changes, I will notify the teacher and the school in writing immediately.
He leído y revisado con mi hijo el contenido de esta forma. Si hay algún cambio en esta información, se lo notificaré al maestro y a la escuela inmediatamente.

_____ _____ _____

Parent's Signature/*Firma del Padre* **Date**/*Fecha* **Student's Signature**/*Firma del Estudiante*

Clear Form

EMERGENCY STUDENT DATA FORM

School No./Name DR. ROLANDO ESPINOSA K-8 CENTER I.D. No. _____ Grade _____ Section _____

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

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Non-Registering Parent/Guardian's 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: I authorize the school district to provide or secure any necessary emergency care for my 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. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.

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 Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

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 name of any individual who is authorized or unauthorized by the registering parent to pick up a student from school must be contained on the Emergency Student Data Form for that student to be released to the individual by school staff (See Fla. Stat. 1000.21(5) and Policy 0100 for definitions of "parent"). The school shall abide by the information provided on the Emergency Student Data Form. Any person verified as a parent in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated. The registering parent who completes the Emergency Student Data Form is responsible for providing information that is truthful and accurate – and in the case of unmarried, divorced, or separated parents, consistent with any court order in effect governing their divorce, separation, or parenting matters. Any parent contesting the information provided in the Emergency Student Data Form by another parent may seek assistance from the court governing their parenting matters to compel the registering parent to revise the information. School staff shall provide such persons with the website for the Family Court Self-Help Program at http://www.jud11.flcourts.org/Family-Court-Self-Help-Program. Parents may also agree to change the registering parent and submit an ***Agreement to Change Registering Parent Form*** **(FM-7600)** at any time.

FORMULARIO DE DATOS DEL ESTUDIANTE PARA UTILIZAR DURANTE EMERGENCIAS

Numero/Nombre de la Escuela DR. ROLANDO ESPINOSA K-8 CENTER Número de Identificación. _____

Grado _____ Sección _____

Apellido del estudiante | APP | Nombre propio | Segundo nombre

Dirección _____

Número de contacto telefónico principal que ha de ser ser utilizado en casos de emergencia y mensajes automáticos: _____

Nombre del padre de familia / tutor que matricula | Parentesco | Lugar de empleo

Teléfono | Teléfono celular | Correo electrónico

Nombre del padre de familia / tutor que no matricula | Parentesco | Lugar de empleo

Teléfono | Teléfono Celular | Correo electrónico

¿Está alguno de los padres en las fuerzas armadas? Sí ☐ No ☐ Rama _____

Sólo para estudiantes del Kindergarten: ¿Asistió el niño a una escuela preescolar o a una guardería? Sí ☐ No ☐

¿Pagó usted todos los gastos? Sí ☐ No ☐ ¿Qué programa? *Head Start* ☐ *ESE* ☐ Migratorio ☐ Otro ☐ Lo desconozco ☐

INFORMACION DE CONTACTOS DE EMERGENCIA: Autorizo al distrito escolar a proporcionar o asegurar cualquier cuidado de emergencia necesario para mi hijo/a. Es la responsabilidad legal de los padres asumir los gastos médicos y de transporte proporcionados a su hijo. En el caso de que no se pudiese localizar a ninguno de los padres del niño por favor, proporcione información de contacto de dos personas, por orden de prioridad, en los espacios que aparecen a continuación.

(Nombre) | Parentesco | *(Dirección)* | *Teléfono del trabajo*

(Nombre) | Parentesco | *(Dirección)* | *Teléfono del trabajo*

Doctor de cabecera | Teléfono | Preferencia de hospital | Teléfono

Informes acerca de la salud/alergias del estudiante que tienen que ser conocidas en caso de emergencia:

PERMISO PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA: Por favor, proporcione los nombres de las personas que están autorizadas o que no están autorizadas para recoger a su hijo durante la jornada escolar. Tome en cuenta que las personas que aparecen como contactos de emergencia, no están autorizadas para recoger a sus hijos, si sus nombres no aparecen en la lista que se encuentra a continuación. Se presume que cualquier persona verificada como padre arriba y en el Sistema de Información Estudiantil del Distrito está autorizada para recoger al estudiante a menos que se indique lo contrario.

Autorizados: _____ _____ _____

Autorizados: _____ _____ _____

No autorizados: _____ _____ _____

No autorizados: _____ _____ _____

ES LA RESPONSABILIDAD DE LOS PADRES informar personalmente a la escuela de cualquier cambio respecto a la información que se encuentra en este formulario. Declaro bajo pena de perjurio, que he leído lo anterior en este [documento] y que la información que ahí aparece es verdadera.

Fecha: _____ Nombre del padre de familia / tutor que matricula en letra de molde: _____

Firma del padre de familia / tutor que matricula: _____

Los padres/tutores tienen derecho a revisar las calificaciones profesionales de los maestros de clase de sus hijos, incluido el estado de la licencia, el título de especialización, los títulos de posgrado y el campo de certificación. Este "derecho a saber", disponible en la escuela de su hijo, incluye si su hijo está recibiendo servicios proporcionados por paraprofesionales y, de ser así, sus calificaciones.

Quien a sabiendas haga una declaración falsa por escrito con la intención de engañar a un servidor público en el desempeño de su deber oficial será culpable de un delito menor de segundo grado según Fla. Stat § 837.06, o quien haga una declaración falsa verificada es culpable del delito de perjurio, un delito grave de tercer grado, según Fla. Stat. § 95.525, que son punibles según lo dispuesto en Fla. Stat., §§ 775.082, 775.083 y 775.084.

El nombre de cualquier persona que esté autorizada o no autorizada por el padre que inscribe para recoger a un estudiante de la escuela debe figurar en el Formulario de datos del estudiante de emergencia para que el personal de la escuela entregue a ese estudiante a la persona (consulte Fla. Stat. 1000.21(5) y Política 0100 para definiciones de “padre”). La escuela deberá cumplir con la información provista en el Formulario de Datos del Estudiante de Emergencia. Se presume que cualquier persona verificada como padre en el Sistema de Información Estudiantil del Distrito está autorizada para recoger al estudiante a menos que se indique lo contrario. El padre que inscribe, que completa el Formulario de datos del estudiante de emergencia es responsable de proporcionar información veraz y precisa, y en el caso de padres solteros, divorciados o separados, de acuerdo con cualquier orden judicial vigente que rija su divorcio, separación o asuntos de crianza. . Cualquier padre que impugne la información provista en el Formulario de datos del estudiante de emergencia por otro padre puede buscar la ayuda del tribunal que rige sus asuntos de crianza para obligar al padre que inscribe a revisar la información. El personal de la escuela proporcionará a dichas personas el sitio web del Programa de autoayuda del tribunal de familia en http://www.jud11.flcourts.org/Family-Court-Self-Help-Program. Los padres también pueden aceptar cambiar el padre que inscribe y enviar un ***Formulario de Acuerdo Para Cambiar el Padre que Inscribe (FM-7600)*** en cualquier momento.

MIAMI-DADE COUNTY PUBLIC SCHOOLS

Clear Form

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. (08-19)

ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

TRANSPARENCIA AL MOMENTO DE LA MATRÍCULA

El Capítulo 1006.07 (1)(b) requiere que cualquier estudiante que busca ingresar a una escuela pública en el Estado de la Florida proporcionará la siguiente información al momento de la matrícula inicial:

1) **¿Ha sido expulsado el estudiante de alguna escuela, dentro o fuera del Estado de la Florida?**

   SÍ ☐ NO ☐

   Si su respuesta para la Pregunta 1 es "SÍ", favor de enumerar cada instancia por la cual fue expulsado el estudiante.

   _____

   _____

   _____

2) **Favor de declarar si el estudiante ha sido detenido y si el arresto consecuentemente resultó en una acusación formal. Si su respuesta es "SÍ", favor de enumerar cada arresto que resultó en una acusación formal.**

   _____

   _____

   _____

3) **Favor de declarar si el estudiante se ha involucrado como sujeto en un caso ante el Sistema Judicial Juvenil. De ser así, declare cada acción tomada por el Sistema Judicial Juvenil que involucró al estudiante.**

   _____

   _____

   _____

4) **Favor de declarar si el estudiante tiene alguna referencia correspondiente para servicios de salud mental, según sus respuestas a las Preguntas 1, 2 y 3. De ser así, favor de enumerarlas.**

   _____

   _____

   _____

Nombre del estudiante _____ ID. # _____

(Favor de escribir en letra de molde)

Etnicidad Hispana _____(S/N)

(Marque todo el que aplique) Raza: Blanca ☐ Negra ☐ Asiática ☐ Indígena americana ☐ Isleña del Pacífico ☐

Fecha de nacimiento _____ Nombre del padre de familia / tutor _____

Dirección postal _____

Firma (padre de familia / tutor) _____

Firma (estudiante)_____ Fecha de firma _____

Submit Form | Clear Form

Miami-Dade County Public Schools
Department of Title I Administration
Project UP-START Program
2024-2025 Project UP-START Student Eligibility Questionnaire

TITLE I ADMINISTRATION

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

Escuelas Públicas del Condado Miami-Dade
Departmento de la Administración de Título I
Programa del Proyecto UP-START
2024-2025 Cuestionario de Elegibilidad de Estudiantes del Proyecto UP-START

El propósito del presente cuestionario de elegibilidad estudiantil es el de determinar la elegibilidad para obtener servicios de acuerdo con la Ley McKinney-Vento Act. El Estatuto de la Florida 837.06 provee que si alguien a sabiendas hace una declaración falsa por escrito con la intención de engañar a un funcionario público en el oficio de sus obligaciones, será culpable de un crimen de delito menor cuantía de segundo grado.

Los servicios del Proyecto UP-START son confidenciales y este formulario no se deberá compartir con agencias comunitarias externas.

PREGUNTA 1: ¿CUÁL ES LA RESIDENCIA NOCTURNA ACTUAL DE SU FAMILIA? (SELECCIONE UNA OPCIÓN)

- ☐ Albergue (A)
- ☐ Comparte vivienda con otras personas (B)
- ☐ Vehiculo/Parque/Parque de casas moviles/ Vivienda subestandar (por ejemplo, sin servicio de agua o corriente/ infestada con moho) [D]
- ☐ Hotel/Motel/Airbnb (E)
- ☐ Alquila una vivienda*
- ☐ Propietario de su vivienda*

***SI SELECCIONA ALQUILA UNA VIVIENDA O PROPIETARIO DE SU VIVIENDA, SALTE LA PREGUNTA #7.**

PREGUNTA 2: ¿POR QUÉ SU FAMILIA NO TIENE UNA RESIDENCIA NOCTURNA PERMANENTE? (SELECCIONE UNA OPCIÓN)

- ☐ Pandemia (P)
- ☐ Huracán (H)
- ☐ Inundación (F)
- ☐ Falta de vivienda asequible, desalojo, enfermedad mental, desempleo, violencia doméstica (N)
- ☐ El padre / cuidador está encarcelado.
- ☐ Catástrofe creada por el hombre (D)
- ☐ Ejecución hipotecaria (M)
- ☐ Tormenta tropical (S)
- ☐ Tornado (T)
- ☐ Incendio forestal (W)
- ☐ Desconocido (U)

PREGUNTA 3: ¿QUIÉNES SON LOS ESTUDIANTES PARA LOS CUALES USTED ESTÁ LLENANDO ESTE FORMULARIO?

Nombre y Apellido del Estudiante	# ID del Estudiante	Fecha de Nacimiento	Grado	Escuela / # de la Escuela

PREGUNTA 4: ¿ESTÁ BUSCANDO SERVICIOS DE APOYO PARA SU HIJO(A) EN ESTE MOMENTO? (LOS SERVICIOS SON APLICABLES SOLAMENTE A FAMILIAS ELEGIBLES)

- ☐ Sí, estoy solicitando servicios en este momento.*
- ☐ No, no estoy solicitando servicios en este momento.

***Si selecciona "Sí", la escuela de su hijo(a) se comunicará con usted para obtener información sobre los servicios específicos que usted está buscando para su hijo(a).**

Atención al personal de la escuela: envíe una Referencia de servicios (FM-7404) y/o una Solicitud de transporte (FM-7405) si la familia solicita servicios.

PREGUNTAS 5 y 6: LLENAR POR JÓVENES NO ACOMPAÑADOS SOLAMENTE (SELECCIONE UNA OPCIÓN)

- ☐ 5) ¿Vives solo sin un adulto?
- ☐ 6) ¿Vives solo con un adulto que NO es padre/tutor legal?

Nombre del cuidador: _____ Fecha: _____

Firma de estudiante no acompañado: _____

***Pídale a su cuidador que complete el Formulario de autorización del cuidador (FM-7402), y envíelo con este formulario.**

PREGUNTA 7: ¿CUÁL ES SU INFORMACIÓN DE CONTACTO?

Dirección actual: _____ Periodo de tiempo en la dirección actual: _____

Dirección anterior: _____ Número de Teléfono: _____

Nombre del padre: _____ Firma Padre/Madre/Tutor: _____ Fecha: _____

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name: _____ Location #: _____

School Contact Name: _____ Position: _____

Contact Number/Ext: _____ Email Address: _____

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

DR. ROLANDO ESPINOSA K-8 CENTER

VOLUNTARY PRE-K (VPK ONLY)

Sample Certificate of Eligibility (COE)

STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM

Child Certificate of Eligibility

I. CHILD CERTIFICATE OF ELIGIBILITY *(Issued by Early Learning Coalition, through the Family Portal)*

1. VPK program year	2. Certificate number	3. Certificate issue date	4. Parent email address
5. Parent name		6. Primary contact number	7. Secondary contact number
8. Child's full name		9. Child's date of birth	10. County

II. ADMISSION BY PROVIDER OR SCHOOL ***(Jointly Prepared by Provider or School AND Parent or Guardian)***

11. Name of provider or school		12. Telephone	
13. Address of VPK site		14. VPK class	15. Date child will begin attendance
The provider or school certifies that it admits the child (item 8) for enrollment in the VPK program and agrees to deliver the program for the child.		I certify that I choose the provider or school (item 11) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child.	
16. Signature of authorized representative for provider or school	17. Date	18. Parent signature	19. Date

III. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by Provider or School)

TO PROVIDER OR SCHOOL: Contact the coalition upon enrollment of the child for payment. The Early Learning Coalition may issue a confirmation number for payment (below).	TO CONTACT THE COALITION FOR PAYMENT: ELC of Miami-Dade/Monroe (305) 646-7220 http://elcmdm.org/
	IS YOUR CONFIRMATION NUMBER (IF APPLICABLE)

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep each original signed form for at least 5 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect the original signed forms during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.

DR. ROLANDO ESPINOSA K-8 CENTER

VOLUNTARY PRE-K (VPK ONLY)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
Department of Early Childhood Programs
FEE-SUPPORTED PREKINDERGARTEN AFTERNOON PROGRAM

FINANCIAL RESPONSIBILITY FORM

I have received, read and acknowledge the policies outlined below for the Community Education Fee-Supported Prekindergarten Program at DR. ROLANDO ESPINOSA K-8 CENTER School.

1. Class hours are from 8:20 a.m. – 1:50 p.m., Monday – Friday. The Voluntary Prekindergarten (VPK) Program is free of charge from 8:20 a.m. – 11:20 a.m. The Fee-Supported Prekindergarten Afternoon Program is from 11:20 a.m. – 1:50 p.m. and is $75.00 perweek.

2. Any VPK student eligible for free or reduced lunch qualifies for a reduced daily fee of $12. Parents must complete the online Family Application for Free and Reduced Price Meals. The Free or Reduced Lunch Eligibility Prekindergarten fee is effective on the date of the lunch application approval and is not retroactive. Any fee change will become effective starting with the first day of the **next 10-day service period** after verification of eligibility.

3. Fees must be paid on time and in full based on the attached 10-Day Service Period Payment Schedule. Failure to make payments prior to the first day of the 10-day service period WILL result in your child(ren) being withdrawn from the Prekindergarten Afternoon Program.

4. There are NO refunds or credits due to withdrawals within a 10-day service period. There are NO refunds or credits due to absences.

5. Any checks returned for non-sufficient funds will not be deposited again. Cash for the check amount and any bank service charges must be paid within 24 hours of notification or your child(ren) WILL be withdrawn from the Prekindergarten Afternoon Program.

6. I will purchase lunch from the cafeteria for an additional fee or provide lunch for my child.

I understand that this form will be kept in my child's file as an official document.

_____
Student Name (Please Print)

_____
Parent Signature

_____
Date

MIAMI-DADE COUNTY PUBLIC SCHOOLS

Prekindergarten Program

Title 1/Fee-Supported

PREKINDERGARTEN SCREENINGS CONSENT

School DR. ROLANDO ESPINOSA K-8 CENTER Date _____

The Miami-Dade County Public School System is conducting a preschool screening of vision, hearing, and speech. If you would like your child to participate in this screening, please sign this form, and enter your child's name and date of birth.

The results of this screening will be used to provide the best possible prekindergarten program for your child.

Child's Name _____ Date of Birth _____

Parent's Signature _____ Parent's Phone Number _____

I. HEARING SCREENING

Needs further evaluation: ☐ Yes ☐ No

	1000	2000	4000	6000	8000
Right Ear					
Left Ear					

II. VISION SCREENING

Both Eyes	Right Eye	Left Eye

NEEDS FURTHER EVALUATION:

☐ Yes ☐ No

Wears Glasses

☐ Yes ☐ No

CRITERIA

Age 3	20/40
Age 4-5	20/30
Age 6 +	20/20

III. SPEECH SCREENING

Language:

☐ Appropriate

☐ Inappropriate

NEEDS FURTHER EVALUATION:

☐ Yes ☐ No

Phonological Chart

Age 3	b p m h n w
Age 4-5	k g t d f y
Age 6	n (sing) r l

Escuelas Públicas del Condado de Miami-Dade

Programa de Pre-Kindergarten

Consentimiento Paterno para Hacer un Examen

Escuela DR. ROLANDO ESPINOSA K-8 CENTER Fecha _____

Durante el año de pre-kindergarten el Sistema de Escuelas Públicas administra un examen de la visión, audición y del lenguaje. Si usted quisiera que su hijo(a) a tome este examen, por favor firme este formulario, e incluya el nombre de su hijo(a) y su fecha de nacimiento.

Los resultados de este examen se utilizarán para proporcionar a su hijo(a) el mejor programa posible de pre-kindergarten.

Nombre del/de la niño(a): _____ Fecha de nacimiento: _____

Firma del padre. la madre o tutor(a): _____

Teléfono del padre, la madre o tutor (a): _____

I. EXAMEN DE LA AUDICIÓN

	1000	2000	4000	6000	8000
Oído Derecho					
Oido izquierdo					

Necesita una evaluación adicional: ☐ **Si** ☐ **No**

II. EXAMEN DE LA VISTA

Símbolo del Esquema

Ambos ojos	Derecho	Izquierdo

Necesita una evaluación adicional:

☐ **Yes** ☐ **No**

Lleva lentes

☐ **Sí** ☐ **No**

Criterio

Age 3	**20/40**
Age 4-5	**20/30**
Age 6 +	**20/20**

III. EXAMEN DEL LENGUAJE

☐ Apropiado

☐ Inapropiado

Necesita una evaluación adicional:

☐ **Sí** ☐ **No**

Esquema Fonológico

Edad 3	**b p m h n w**
Edad 4-5	**k g t d f y**
Edad 6	**n (cantar) r l**

DR. ROLANDO ESPINOSA K-8 CENTER

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACY (FERPA)

Dear Parent:

The Family Educational Rights and Privacy Act (FERPA) afford parents over 18 years of age ("eligible students") certain rights with respect to the student's educational records. They are:

1. The right to restrict the release of directory information which includes, name, address, telephone if it is a listed number, participation in officially recognized activities and sports, degrees and awards received, and the most recent previous educational agency or institution attended. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.

2. The right to restrict the release of a student's name, addresses, and telephone listing to military recruiters and institutions of higher education as required by federal law. This request applies to our students in the senior high schools. M-DCPS is required to advise you of this requirement and afford you the opportunity to notify the school, if you do not want this information disclosed to the military recruiters and institutions of higher learning. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.

3. The right to inspect and review the student's education records upon request. Parents or eligible students should submit a written request to the school principal that identifies the records(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected. Copies of records may be requested and obtained.

4. The rights to request the amendment of the student's educational record that the parents or eligible students relieve are inaccurate, misleading, or inappropriate. Parents or eligible students may ask Miami-Dade County Public School (M-DCPS) to amend a record that they relieve is inaccurate, misleading, or inappropriate. A written request to the principal should clearly identify the part of the record they want changed and specify why it is inaccurate or misleading. If the principal decides not to amend the records as requested, the parents or eligible students will be notified of the decision and advised of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parents or eligible students with notification of the right to a hearing.

5. The right to consent to disclosures to personally identified information contained in the student's educational records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by M-DCPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel.) A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibility. Upon request, M-DCPS discloses educational records without consent to the officials of another school district or postsecondary institution in which a student seeks or intend to enroll.

6. The right to file a complaint with the U.S. Department of Education concerning alleged failures by M-DCPS to comply with the requirement of FERPA. The name and address of the office that administers FERPA is:

   Family Policy Compliance Office
   U.S. Department of Education
   400 Maryland Avenue, SW
   Washington, DC 20202-4605

If you have any questions, please contact Maribel Roche at 305.889.5757.

Sincerely,

Phil A. Mato
Principal

DR. ROLANDO ESPINOSA K-8 CENTER

UNIFORM POLICY

LOWER ACADEMY
(PK – GRADE 5)

BOYS	COLOR
FORMAL MONDAYS	
Shirt	Oxford White with Logo with Hunter Green Necktie
Shorts/Pants	Navy Blue
TUESDAYS – FRIDAYS	
Shorts/Pants	Navy Blue
Polo Shirts *Long or Short Sleeve*	Hunter Green
School Spirit Shirt *(Only Fridays)*	Sold by PTA
Winter Wear	DRE Jacket/Solid Navy Blue *Sold by PTA*

GIRLS	COLOR
FORMAL MONDAYS	
Shirt	Oxford White with Logo with Hunter Green Crosstie
Shorts/Skirts/Pants	Navy Blue
TUESDAYS – FRIDAYS	
Shorts/Skirts/Pants	Navy Blue
Polo Shirts *Long or Short Sleeve*	Hunter Green
School Spirit Shirt *(Only Fridays)*	Sold by PTA
Winter Wear	DRE Jacket/Solid Navy Blue *Sold by PTA*

UPPER ACADEMY
(GRADES 6 – 8)

BOYS	COLOR
FORMAL MONDAYS	
Shirt	Oxford White with Logo with Navy Blue Necktie
Pants	Khaki
TUESDAYS – FRIDAYS	
Pants	Khaki
Polo Shirts *Long or Short Sleeve*	Navy Blue
School Spirit Shirt *(Only Fridays)*	Black Sold by PTA
Winter Wear	DRE Jacket/Solid Navy Blue *Sold by PTA*

GIRLS	COLOR
FORMAL MONDAYS	
Shirt	Oxford White with Logo
Pants	Khaki
TUESDAYS – FRIDAYS	
Pants	Khaki
Polo Shirts *Long or Short Sleeve*	Navy Blue
School Spirit Shirt *(Only Fridays)*	Black Sold by PTA
Winter Wear	DRE Jacket/Solid Navy Blue *Sold by PTA*

ALL STUDENTS

SHOES	• Any closed style shoes. • No sandals or open toed shoes. No crocs.
BELT	• Any solid color must be worn.
SOCKS	• Socks must be worn.
PANTS	• Jeans are not part of the uniform and are not permitted. • All of the clothing permitted must be uniform quality. No stretch pants or skinny pants will be permitted.
SWEATSHIRT, JACKETS AND SWEATERS	• Sold by the PTA with DRE jacket with logo (no hoodies). • Solid navy-blue jackets will also be allowed (no hoodies).
SHIRTS	• Shirts must be tucked in all the times.

DR. ROLANDO ESPINOSA K-8 CENTER

M-DCPS IMMUNIZATION REQUIREMENTS

MIAMI-DADE COUNTY IMMUNIZATION REQUIREMENTS

Before entering or attending school in-person or virtually (kindergarten through twelfth grade) each child must provide a *Florida Certification of Immunization* (DH 680 form), documenting the following vaccinations:

Public/Private Schools Kindergarten through Twelfth Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine[±]
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine[†]

Seventh Grade:

In addition to kindergarten through twelfth grade vaccines, students entering or attending seventh grade need the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

Need health insurance for your child?
Apply online at www.floridakidcare.org or call 1-888-540-5437 for an application.

Florida KidCare

[±] The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
* 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 dose.
[†] Varicella vaccine is not required if varicella disease is documented by the health care provider.

FOR MORE INFORMATION, CALL 1-877-888-7468 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

04/22 Florida HEALTH Immunizing Florida. Protecting Health.

PHAB Accredited Health Department Public Health Accreditation Board

DR. ROLANDO ESPINOSA K-8 CENTER

FEDERALLY QUALIFIED HEALTH CENTERS IN MIAMI-DADE COUNTY

CENTER NAME	ADDRESS	CONTACT	HOURS & DAYS	APPOINTMENT NEEDED?
Banyan Health Systems Primary Care Center	3733 W. Flagler Street Miami 33134	305-774-3400	Monday - Friday (8:00 AM - 5:00 PM) Saturday (8:00 AM - 12:00 PM)	YES, BY APPOINTMENT
Center for Family and Child Enrichment - Pediatric & Family Health and Wellness Center (CFCE)	1825 NW 167th Street, Suite 108 Miami Gardens, FL 33056	305-474-1720	Monday - Friday (9:00 AM - 5:00 PM)	APPOINTMENT PREFERRED
Citrus Health Network Maternal and Child Health Center	551 W 51st Place 2nd Hialeah, FL 33012	305-817-6560	Monday - Friday (8:00 AM - 5:00 PM)	YES, BY APPOINTMENT
Community Health of So. Florida/CHI Doris Ison Health Center	10300 SW 216th Street Miami, FL 33190	305-252-4820	Monday - Friday (8:00 AM - 5:00 PM)	APPOINTMENT PREFERRED
CHI - Martin Luther King Jr. Clinica Campesina	810 West Mowry Drive Homestead, FL 33030	305-252-4820	Tuesday - Friday (8:30 AM - 5:00 PM) Saturday (8:00 AM - 12:30 PM) Saturday	APPOINTMENT PREFERRED
CHI - South Dade Health Center	13600 SW 312 Street Homestead, FL 33033	305-252-4820	Tuesday - Friday (8:30 AM - 6:00 PM) Saturday (8:00 AM - 12:30 PM)	APPOINTMENT PREFERRED
CHI - South Miami Health Center	6350 Sunset Drive South Miami, FL 33143		Mon, Wed, Fri (8:30 AM - 5:00 PM) Tues, Thurs (10:30 AM - 7:00 PM)	APPOINTMENT PREFERRED
CHI - Everglades Health Center	19300 SW 376 Street Florida City, FL 33034	305-252-4820	Tuesday - Friday (8:30 AM - 6:00 PM) Saturday (8:00 AM - 12:30 PM)	APPOINTMENT PREFERRED
CHI - Naranja Health Center	13805 SW 264 Street Naranja, FL 33032	305-252-4820	Tuesday - Friday (8:30 AM - 6:00 PM) Saturday (8:00 AM - 12:30 PM)	APPOINTMENT PREFERRED
CHI - West Kendall Health Center	13540 SW 135 Avenue Miami, FL 33186	305-252-4820	Tuesday - Friday (8:30 AM - 6:00 PM) Saturday (8:00 AM - 12:30 PM)	APPOINTMENT PREFERRED
Empower U Community Health Center, Inc.	7900 NW 27th Avenue, Suite E-12 Miami, FL 33147	786-318-2337	Monday - Thursday (8:30 AM - 4:30 PM) Friday (8:30 AM - 1:00 PM, 1:30 PM - 4:30 PM)	AM - NO APPOINTMENT PM - APPOINTMENT REQ.

DR. ROLANDO ESPINOSA K-8 CENTER

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACY (FERPA)

CENTER NAME	ADDRESS	CONTACT	HOURS & DAYS	APPOINTMENT NEEDED?
JMH - Ambulatory Care	1611 NW 12 Avenue, ACC W & ACC E Miami, FL 33136	305-585-2899	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
JMH - Dr. Rafael A. Penalver Clinic	971 NW 2nd Street Miami, FL 33128	305-585-2899	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
JMH - Jefferson Reeves Health Center	1009 NW 5 Avenue Miami, FL 33136	786-466-4083	Monday - Friday 8:00 AM - 4:30 PM	YES, BY APPOINTMENT
JMH - Miami Hope Center	1550 N Miami Avenue Miami, FL 33136	305-329-3021	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
JMH - North Dade Health Clinic Health Clinic	16555 NW 25 Avenue Miami, FL 33054	786-466-1500	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
JMH - Prevention, Education, Treatment (PET)	615 Collins Avenue Miami Beach, FL 33129	305-585-4200	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
JMH - Rosie Lee Wesley Health Center	6601 SW 62 Avenue South Miami, FL 33143	786-466-6900	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
JMH - South Dade Homeless Center	28205 SW 125 AvenueHomestead, FL 33030	305-416-7154	Monday - Friday (8:00 AM - 4:30 PM)	YES, BY APPOINTMENT
Jessie Trice Main Pediatrics	5361 NW 22 Avenue Miami, FL 33142	305-637-6400	Monday - Friday (8:00 AM - 5:00 PM)	YES, BY APPOINTMENT
Jessie Trice North Community Health Center	1190 NW 95 St, Suite 304 Miami, FL 33150	305-637-6400	Monday - Friday (8:00 AM - 5:00 PM)	YES, BY APPOINTMENT
Jessie Trice Flamingo Pediatrics	901 E 10 Avenue, Bay 39 Hialeah, FL 33010	305-637-6400	Monday - Friday (8:00 AM - 5:00 PM)	YES, BY APPOINTMENT
Jessie Trice Lotus Village	217 NW 15 Street Miami, FL 33136	305-637-6400	Monday - Friday (8:00 AM - 5:00 PM)	YES, BY APPOINTMENT
Jessie Trice Miami Gardens (Ages 13+)	4692 NW 183 Street Miami Gardens, FL 33055	305-637-6400	Monday - Friday (8:00 AM - 5:00 PM)	YES, BY APPOINTMENT

DR. ROLANDO ESPINOSA K-8 CENTER

FEDERALLY QUALIFIED HEALTH CENTERS IN MIAMI-DADE COUNTY

CENTER NAME	ADDRESS	CONTACT	HOURS & DAYS	APPOINTMENT NEEDED?
Miami Beach Community Health Center - Beverly Press	1221 71 Street Miami Beach, FL 33141	305-538-8835	Monday - Friday (7:00 AM - 4:30 PM)	NO APPOINTMENT
Florida Department of Health in Miami-Dade County	1350 NW 14th Street Miami, FL 33125	786-845-0550	Monday - Friday (8:00 AM - 4:00 PM)	YES, BY APPOINTMENT
Florida Department of Health in Miami-Dade County	300 NE 80th Terrace Miami, FL 33138	786-845-0550	Monday - Friday (8:00 AM - 4:00 PM)	YES, BY APPOINTMENT
Florida Department of Health in Miami-Dade County	18255 Homestead Avenue Miami, FL 33157	786-845-0550	Monday - Friday (8:00 AM - 4:00 PM)	YES, BY APPOINTMENT