

A nice place to grow!

**DAVID
FAIRCHILD**
ELEMENTARY



5757 SW 45th Street

Miami, FL 33155

305-665-5483 * 305-669-5401 (Fax)

<http://davidfairchilds.dadeschools.net>

**Miami-Dade County Public Schools
Federal and State Compliance Office**

Student Registration Checklist for Parent(s)/ Legal Guardian(s)



Parents / Legal guardians must present themselves in-person, with their child(ren), at the assigned school based on residence



To find your child's assigned school based on your home's address, please [CLICK HERE](#).
For a directory of principals' email addresses, for questions please [CLICK HERE](#).



Parents / Legal guardians must provide these documents at the time of registration:

- ☒ **Verification of Age and Legal name, [CLICK HERE](#)**
- ☒ **Verification of Parent / Legal Guardian Current Residence*, [CLICK HERE](#)**
- ☒ **Health Immunization Requirement, [CLICK HERE](#)**



Parents / Legal guardians must complete the following forms (included in this packet) at time of registration:

- ☒ Home Language Survey Form ([FM-5196](#))
- ☒ Emergency Student Data Form ([FM-2733](#))
- ☒ Disclosure at Time of Registration ([FM-5740](#))
- ☒ Project UP-START Student Questionnaire ([FM-7378](#)) Form can be completed and submitted online by clicking the [Submit Form](#).

Notes: *Verification of Address – Parents / Legal guardians must provide TWO of the following:

- » Broker's or Attorney's statement of parents' purchase of residence, **or** properly executed lease agreement
- » Current Homestead Exemption Card
- » Electric deposit receipt or electric bill, showing name and service address
- » Miami-Dade County Public Schools Statement of Bonafide Residence – [FM-7444](#)

The Family Court Self-Help Program at <http://www.jud11.flcourts.org/Family-Court-Self-Help-Program>



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 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

Etnisite _____ (Tcheke tout sa ki aplike) Ras: Blan ☐ Nwa ☐ Azyatik ☐
Dat ou Antre U.S. Lekòl: _____ / _____ / _____ Espayòl _____ (W/N) Amriken Endyen ☐ Natif Il Pasifik ☐
Mwa Jou Ane

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 _____



EMERGENCY STUDENT DATA FORM

School No./Name _____ 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.



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)

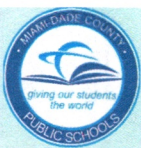
Ethnic _____ (Check all that apply) Race: White ☐ Black ☐ Asian ☐
Hispanic _____ (Y/N) American Indian ☐ Native Pacific Islander ☐

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



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



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 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.



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

Directory Information Opt-Out Form

FOR REGISTRAR USE ONLY:

- | | |
|-------------|-------------------|
| 1 - USM | 5 - USM/FAFSA |
| 2 - IHE | 6 - IHE/FAFSA |
| 3 - FAFSA | 7 - USM/IHE/FAFSA |
| 4 - USM/IHE | |

Miami-Dade County Public Schools (M-DCPS) generally protects a student's personally identifiable information¹ from disclosure without prior consent from parents or eligible students. However, unless the parent or eligible student specifically states in writing that they do not want this information provided, M-DCPS is required to provide senior high school students' names, addresses, and telephone listings to military recruiters or institutions of higher education upon their request.²

Additionally, in a joint effort to increase the number of students applying for higher education financial aid, Miami-Dade County Public Schools and the United States Department of Education (USDOE) are participating in a Free Application for Federal Student Aid (FAFSA) Completion Project. Unless the parent or eligible student specifically states in writing that they do not want student information provided, M-DCPS may provide student information to the USDOE for this purpose. If you do **not** want your child's information disclosed to any or all of these entities, check the space next to each entity listed below to which you do **not** want your child's information disclosed.

I DO NOT CONSENT TO DISCLOSURE of my child's name, address, telephone listing, or birth date to the following (check all that apply):

- ☐ United States Military (Army, Navy, Air Force, Marines, Coast Guard, etc.)
- ☐ Institutions of Higher Education
- ☐ FAFSA Completion Data

Student's Name: _____ Date of Birth: _____ ID#: _____

I understand that by checking the spaces above and submitting this form to the person indicated below, M-DCPS will restrict the disclosure of personally identifiable student information from my child's educational records to the entities that I have selected.

I further understand that if I do not complete and return this form, M-DCPS will release the information to the above-mentioned entities upon request by the entity and has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of directory information to these entities.

Parent/Guardian Name

Signature

Date

To prohibit disclosure to the above-listed entities, return this form to your child's school within the next 30 days to:

¹ The *Family Educational Rights and Privacy Act* (20 U.S.C. § 1232g; 34 C.F.R., Pt. 99) governs the confidentiality of student educational records.

² See 20 U.S.C. § 7908.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

UNLISTED TELEPHONE NUMBER NOTIFICATION

Directory information is defined in **Student Records**, which is incorporated as a part of Board Policy 8330, as the student's name, address, telephone number if it is a listed number, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees and awards received, and most recent educational agency or institution attended.

Federal law requires that school systems provide directory information upon request to military recruiters and institutions of higher education. Directory information may also be provided to other organizations and agencies.

Cards and forms distributed for collecting information at the start of this school year did not provide a space to indicate that a telephone number is unlisted. Therefore, this form should be used to indicate that the telephone number which was provided for a student is unlisted. A notation will be made in the student's record so that the telephone number **is not** provided in response to requests for directory information.

Please return this form within 30 days to your school, if your telephone number is listed and you do not want it provided in response to directory information requests.

Student's Name: _____ ID#: _____

Grade Level: _____ Unlisted Telephone Number: _____

Parent's/Guardian's/Student's Signature (18 years or older):

Print

Signature

Date

David Fairchild Elementary
SCHOOL BOARD RULE 6Gx13-5A-1.041

**PARENT COMMITMENT AND RESPONSIBILITIES
REGARDING ATTENDANCE PROCEDURES**

ATTENDANCE

- Students are required to attend school and to be on time every day.
- To be considered **present** (for the day), a student must participate in **at least 2 hours of classroom instruction**. Either before early dismissal, or by returning the child in time to make up the difference later in the same school day.
- All students are 'marked' with an unexcused absence until a written note from the parent or doctor is provided.

BOARD APPROVED REASONS FOR ABSENCE FROM SCHOOL-EXCUSED

- Student illness
- Medical appointment of student
- Death in the family
- Observance of a religious holiday or service

ABSENT FROM SCHOOL-UNEXCUSED

- Any absence that does not fall into one of the above categories

DOCUMENTATION

- Parent must present a written note or a doctor's note, within 3 days, each time a student is absent from school stating the reason for the absence. If no note is provided, or if reason for absence is NOT approved by School Board Rules, the student's absence will remain unexcused.

TARDINESS

- Student should be in school by:
8:10 a.m. -- Pre-K – 1st grade (in cafeteria)
8:25 a.m. -- 2nd (cafeteria), 3rd - 5th grade (on PE hardcourt)
- Student is tardy if he/she is not seated, ready to begin the day, when the **final bell*** rings.
8:20 a.m. – Pre-K – 1st grade
8:35 a.m. – 2nd – 5th grades.
- All students who enter school after the final bell* **MUST** come to the front office to pick up a tardy pass before proceeding to class. Failure to do so could result in an unexcused absence.

EARLY DISMISSAL

- Early Sign-Outs – Because the early release of students causes disruption to the academic performance of all students and may create safety and security concerns, please carefully consider and explore all alternatives before removing your child from class.
- **No students will be released within the final 30 minutes of the school day unless authorized by the principal or principal's designee** (i.e. emergency, illness.)
 - VPK, KG & 1st grades **no release after 1:20 p.m.**
 - 2nd-5th grades **no release after 2:35 p.m.**
 - Wednesdays **no students will be released after 1:20 p.m.**
- If an emergency arises where you must pick up your child early from school or your child becomes ill during school, you must sign your child out in the Main Office.

OUT OF AREA PARENTS/STUDENTS

- You received your out of area approval letter to attend David Fairchild because you agreed to the following stipulations. Your child will have to return to the home-school if the following rules are not adhered to:
 1. Student must attend school on a regular basis
 2. Student must be on time to school
 3. Student must not be disruptive

Print Parent Name

Parent Signature

Date

Child's Name

Grade



David Fairchild Elementary
305-665-5483

TO: ALL PARENTS AND GUARDIANS

FROM: DFE OFFICE

RE: CONTACT INFORMATION

Please be advised that it is the parent/guardian's responsibility to advise the school of any change of address or new phone numbers.

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

Please remember to keep the school informed.

Parent/Guardian Signature

Date

David Fairchild Elementary

Student's Health Record

PARENT'S/GUARDIAN'S FULL NAME (PRINT) MOTHER: _____

PARENT'S/GUARDIAN'S FULL NAME (PRINT) FATHER: _____

STUDENT ETHNICITY (choose one) Is your child? HISPANIC YES _____ OR NO _____

STUDENT RACE (circle all that apply) American Indian / Asian/ Black / Native Islander / White

ENTERING GRADE LEVEL _____

CHILD'S NAME _____
Last First Middle

HOME ADDRESS _____
Number and Street

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

DATE OF BIRTH: _____ AGE: _____ MALE OR FEMALE

HEALTH HISTORY (CHECK ALL THAT APPLY)

DISEASES

CHICKEN POX _____

MEASLES _____

GERMAN MEASLES _____

MUMPS _____

ALLERGIES

HAY FEVER _____

ASTHMA _____

DRUGS _____

INSECTS STINGS _____

IVY, OAK, ETC. _____

FOOD _____

CHRONIC ILLNESSES/OTHER

EAR INFECTIONS _____

HEART DISEASE _____

CONVULSIONS _____

DIABETES _____

BEHAVIOR _____

OTHER _____

SUGGESTIONS OR COMMENTS FROM PARENT/GUARDIAN: _____

OPERATIONS OR SERIOUS INJURIES (DATES): _____

HOSPITALIZATIONS: _____

OTHER DISEASES OR DETAILS OF ABOVE: _____

COMMENTS WHERE APPLICABLE: FAINTING _____

RESTRICTED ACTIVITIES (DOCTOR'S NOTE REQUIRED): _____

MEDICAL OR DIETARY REGIMEN TO BE FOLLOWED (SPECIFY): _____



David Fairchild Elementary School
5757 SW 45th Street
Miami, FL 33155
305 665-5483 * 305 669-5401 (Fax)
<http://davidfairchild.dadeschools.net>

This questionnaire is designed to discover your child's dominant language. Many households are either bi or multilingual. We need to know which language your child speaks the most proficiently and with which they are most comfortable.

Student Name: _____

1. What was the first language your child learned to speak? _____
2. What language does you child speak most often? _____
3. What language is spoken most often at home? _____
4. In your opinion, what language is your child most comfortable speaking? _____
5. Does your child speak any other languages? _____
6. In what language would you like to receive school messages? _____

English: _____ Spanish: _____

David Fairchild Elementary

Uniform Guidelines

David Fairchild Elementary is a mandatory uniform school. The following is a list of approved garments:

The selected uniform or a generic option can be purchased from a variety of sources, such as uniform companies, department stores, catalogs, etc. and NOT limited to an exclusive vendor.

TOPS

"Polo" style shirts in **royal blue**. The logo is not mandatory. Shirts must be worn tucked inside the skirt or pants.

On Fridays (only) students may wear PTA T-shirts that can be purchased at the school.

BOTTOMS

Skirts, culottes, pants or shorts in **khaki** in Pre-K through 5th grade.

On cold days, sweaters, sweatpants and sweatshirts may be worn that comply with the uniform colors.

NO JEANS OR CARGO PANTS

SHOES

Shoes must be 'closed toe' with backs. Socks are required.