

Coconut Grove Elementary School



2025-2026 Registration Packet

**Coconut Grove Elementary School
3351 Matilda Street
Miami, FL 33133
(305) 445-7876**

**Kristin E. Hayes, Principal
Anjanette R. Hallman, Assistant Principal**

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Items Required for Registration Pre-Kindergarten - 5th Grade

_____ Birth Certificate (original or certified copy) and Passport (if born outside the United States)

_____ Florida Certificate of Immunization – DH680 Form (original)

_____ Current TB Screening/Results

_____ Florida School Entry Health Exam – DH3040 Form (original)
[Health examination performed within one year of enrollment]

_____ Proof of Address (**two required**) – Current FPL bill showing name and service address, broker's or attorney's statement of parents' purchase of residence, current Homestead Exemption Card, and/or property executed lease agreement. If unable to provide two valid proofs of address, an address verification will be conducted by a district social worker.

_____ Student School Records (Transcript or Report Card for entire previous school year) for grade placement – **Grades 1st - 5th only! and Parent ID**

_____ Florida Certificate of Eligibility – COE – **PreK only!**

Please visit www.vpkhelp.org to obtain this certificate.



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 _____

STUDENT'S INFORMATION

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

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

Address (dirección) _____ Phone (teléfono) _____

Father/Step-Father's Name: _____ Work/cell phone _____
(nombre del padre o padrastro) (teléfono/celular del trabajo)

Place employed _____ Occupation _____
(lugar de trabajo) (ocupación)

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

Place employed _____ Occupation _____
(lugar de trabajo) (ocupación)

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

Relationship _____ Place employed _____ Phone # _____

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

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

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

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

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

Hospital preference (hospital de preferencia) _____

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

Pupil health data which should be known in emergency:
(datos sobre la salud del alumno que debemos saber en caso de emergencia)

Parent's Signature (firma de los padres) _____
Date (fecha) _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS

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

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



MIAMI-DADE COUNTY PUBLIC SCHOOLS
ADDRESS VERIFICATION AGREEMENT

NAME OF STUDENT(S) _____

NAME OF PARENT/GUARDIAN _____

I, _____, understand that the transfer(s) of the above-named student(s) is/are temporary and will depend on a successful verification of my address. I also understand that if my address cannot be verified by staff of Miami-Dade County Public Schools, the transfer(s) will be revoked and the student(s) will return to the school that serves my previous address.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

OLD ADDRESS _____ **SCHOOL ASSIGNMENT** _____

NEW ADDRESS _____ **SCHOOL ASSIGNMENT** _____

HOME PHONE _____

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, punishable as provided in F.S. 775.083 or F.S. 775.084. (Florida Statute 837.06)



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
- ☐ USDOE for FAFSA Completion Project

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.



RECORD OF ACCESS CARD

NAME OF STUDENT _____ DATE OF BIRTH _____
(Last) (First) (Middle)

Name and Title of Person Requesting Access	Reason for Request	Dates	Access Authorized by	Types of Information Released
1.		Request		
		Access		

2.		Request		
		Access		

3.		Request		
		Access		

4.		Request		
		Access		

5.		Request		
		Access		

6.		Request		
		Access		

7.		Request		
		Access		

8.		Request		
		Access		



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.

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



Miami-Dade County Public Schools
Department of Title I Administration
Children and Youth in Transition Program

2021-2022 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 second degree.

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

SECTION A: The student currently has housing that is Fixed, Regular, and Adequate.

Parent/Guardian Initial: _____

Student Name: _____

Student ID#: _____

Please note that if you check either box below, your child does not qualify for Project UP-START.

- ☐ Rent/own your home
☐ Live in foster care placement



If none of the boxes above are checked, please complete the next section.

SECTION B: The student does NOT currently have housing that is Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

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

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

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

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

Contact Phone: _____ Email: _____

Name of Parent/Guardian: _____ Date: _____

SECTION C: Unaccompanied Youth must complete this section.

- ☐ Student is living alone without an adult. Caregiver Name: _____
☐ Student is living with an adult that is NOT a parent/guardian.

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

SECTION D: Parents, Guardians and/or Unaccompanied Youth must complete this section, prior to submitting the Questionnaire for processing.

The undersigned certifies that the information provided is accurate.

Signature of Parent/Guardian OR Unaccompanied Student _____

Date _____

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ Location #: _____

Staff Name: _____ Telephone #: _____ Extension: _____

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

► FM-7378

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

Note: This form does not trigger a call to the family. For more services, forms FM-7404 and/or FM-7405 must be submitted.

Fax/Email Date: _____