

ACADEMIR PREPARATORY ACADEMY  
5800 S.W. 135 AVE  
MIAMI, FL 33183



2017-2018

KG-5<sup>th</sup>  
REGISTRATION PACKET



AcadeMir Preparatory Academy  
**Checklist for Registration and Enrollment**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Transferring from: \_\_\_\_\_

**New Kindergartens:**

- \_\_\_ Original Legal Proof of Age
- \_\_\_ Health Exam (Physical)
- \_\_\_ HRS 680 Immunization (Blue Card)
- \_\_\_ Proof of Residency
- \_\_\_ Registration Packet

**Transfer from another MDCPS:**

- \_\_\_ Proof of Residency
- \_\_\_ Withdrawal / Charter School Transfer Form
- \_\_\_ Original Legal Proof of Age
- \_\_\_ Registration Packet

**Transfer from Out of State School:**

- \_\_\_ Original Legal Proof of Age
- \_\_\_ Health Exam (Physical)
- \_\_\_ HRS 680 (Blue Form)
- \_\_\_ Proof of Residency
- \_\_\_ Copy of Last Report Card
- \_\_\_ Registration Packet

**Transfer from Public/Private School in FL:**

- \_\_\_ Original Legal Proof of Age
- \_\_\_ Health Exam (Physical)
- \_\_\_ HRS 680 (Blue Form)
- \_\_\_ Proof of Residency
- \_\_\_ Copy of Last Report Card
- \_\_\_ Registration Packet

\*Kindergarten children must be five (5) years of age on or before September 1<sup>st</sup>. First Grade children must be six (6) on or before September 1<sup>st</sup>. **Legal proof of age shall be one of the following: Birth Certificate, Passport, and Insurance Policy in force for two (2) years.**

**\* All health exams must be dated within the past year. A Florida physician must issue HRS 680 Certificate. All kindergarten-third grade registrants must have at least two (2) MMR shots indicated on their HRS 680. All kindergarten, 1<sup>st</sup>, and 2<sup>nd</sup> grade registrants must have completed the series of three (3) Hepatitis B vaccines. Proof of residency shall include the following: major utility bills, lease agreement or warranty deed.**



**AcadeMir Preparatory Academy**

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

Please check the boxes of the items you would like to allow your child to participate in and sign below.

News information release

There may be times during the school year when the academy, news media or others wish to photograph or videotape your child at AcadeMir Preparatory Academy for use in print, video, Internet or other communications methods.

I give my permission to AcadeMir Preparatory Academy to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy and/or in local media coverage of academy events.

Communication release

There may be times during the school year when the academy or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to AcadeMir Preparatory Academy and its management company, to identify my child by name and grade in newsletters, publications or yearbooks.

Artwork release

There may be times during the school year when the academy, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

I give my permission to AcadeMir Preparatory Academy to use artwork created by my child for promotional purposes in a variety of mediums for the academy or its management company, and/or in local media coverage of academy events.

\_\_\_\_\_

Student's Name *(please print)*

\_\_\_\_\_

Signature of registering Parent or Guardian

\_\_\_\_\_

Date



**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)  
Month Day Year Hispanic \_\_\_\_\_ (Y/N) Race: White  Black  Asian   
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 "Si" 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?              | Si ___ No ___ |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés?            | Si ___ No ___ |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Si ___ 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 rangli

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 ??       | 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 \_\_\_\_\_

**CC: FILE IN CUMULATIVE FOLDER  
TO STAFF FOR TESTING**

FM-5196ESH Rev. (05-16)



## AcadeMir Preparatory Academy

### INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document.

#### Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (he/she) will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold AcadeMir Preparatory Academy accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

\_\_\_\_\_  
Student's Name *(please print)*

\_\_\_\_\_  
Signature of registering Parent or Guardian

\_\_\_\_\_  
Date

#### Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for AcadeMir Preparatory Academy to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

\_\_\_\_\_  
Student's Name *(please print)*

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



## Academir Preparatory Academy

### MEDICATION

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent; who must make arrangements with the school to take this medication. Such medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of medication \_\_\_\_\_ Diagnosis/purpose of medication \_\_\_\_\_

Form of medication Tablet/capsule Liquid Inhaler Injection Nebulizer Other \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_

How is medication to be administered? \_\_\_\_\_

Should the school be aware of any adverse reactions or precautions? \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

The undersigned parent/guardian authorizes Academir Preparatory Academy through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify Academir Preparatory Academy and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

\_\_\_\_\_  
Signature of registering Parent or Guardian

\_\_\_\_\_  
Date



**Academir Preparatory Academy**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Place \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M or F (circle one)

**PREVIOUS SCHOOL INFORMATION**

Name of last school attended \_\_\_\_\_

Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number \_\_\_\_\_

**FAMILY INFORMATION**

	Last Name	First Name	Daytime Phone	Evening Phone
<b>Mother:</b>				
<b>Father:</b>				

Printed Name of registering Parent/ Guardian \_\_\_\_\_

Signature of registering Parent/ Guardian \_\_\_\_\_

Date Registered \_\_\_\_\_



AcadeMir Preparatory Academy

**STUDENT RECORDS REQUEST**

Date: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Home School: \_\_\_\_\_

(The school your child should attend based on your current home address)

**PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:**

\_\_\_\_\_  
(Name of Student)                      (Grade)                      (Date of Birth)                      (Date Last Attended)

**PLEASE INCLUDE:**

- ✓ All credits earned
- ✓ Test scores
- ✓ Health Records (Immunization and Physical)
- ✓ Brief explanation of grading system
- ✓ Current grades at time of withdrawal
- ✓ Exceptional Education Records

Signature of registering Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Thank you in advance for your prompt attention to this request.

Registrar,

AcadeMir Preparatory Academy



# AcadeMir Preparatory Academy

## Student Emergency Card

School No.	I.D. Number	Student's Last Name	APP	First Name	Birth Date	Gender	Grade
Current Entry Date	Florida I.D. Number	Last Legal Name (if different)	APP	First Name	Section	Student Social Security No.	

ETHNIC Hispanic ____ (Y/N)	(Check all that apply) RACE: White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>  American Indian <input type="checkbox"/> Native Pacific Islander <input type="checkbox"/>	Place of Birth: (City)  (State/ Country)
-------------------------------	--	--

Student's Address (APT) (City) (Zip)	Telephone ( )
--------------------------------------	---------------

Parent Guardian	Last Name	First Name	Relation	Place of Employment	Telephone ( )	Alt Telephone ( )
	Last Name	First Name	Relation	Place of Employment	Telephone ( )	Alt Telephone ( )

Current School:	Are you in Military Services? Y__ N__	Card No.
-----------------	---------------------------------------	----------

**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:** Additional data is needed in case of an emergency illness of your child. The legal responsibility of medical and transportation expense incurred on behalf of your child is a parental one. If parental/guardian can't be reached, whom should we try to contact? (List two persons in priority order below.)

<b>(Name)</b>	<b>(Relation to Student)</b>	<b>(Address)</b>	<b>(Phone)</b>
<b>(Name)</b>	<b>(Relation to Student)</b>	<b>(Address)</b>	<b>(Phone)</b>

**Parent's/Guardian's E-Mail address** \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Preference of Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Student Health data which should be known in an emergency: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL:** List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you.

AUTHORIZED: \_\_\_\_\_

AUTHORIZED: \_\_\_\_\_

NOT AUTHORIZED \_\_\_\_\_

NOT AUTHORIZED \_\_\_\_\_

**It is the parent's responsibility to inform the school in writing of any change in the information listed on this form.**

Date: \_\_\_\_\_ Registering Parent Signature \_\_\_\_\_

Registering Parent Printed Name \_\_\_\_\_



AcadeMir Preparatory Academy  
Parent Contract  
2017-2018

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- . Parents are to ensure that their child arrives on time. Students must be in their seats by the start of class as published in the Student Handbook. Any student arriving after this time will be issued a tardy slip. Students accumulating ten (10) unexcused tardies per school year will receive a referral for excessive tardiness.
- . Parents are to contact the school office if their son/daughter (the students) is going to be absent. On the day the student returns to school, he/she must bring a note from the parent (s) explaining the reason for the absence, otherwise, the absence will be considered unexcused.
- . The School believes that parents play an integral role in their child's educational and social life. For this reason, the school asks that a parent/guardian personally transport their child to and from school. Carpooling is permitted, as it too, positively contributes to the child's socio-educational life. If due to a verified hardship, a parent is unable to meet this requirement, the school will provide transportation according to the school's transportation plan. The school will reimburse parents for parent-provided transportation if the student is legally entitled to transportation.
- . Parents are to ensure that their child is wearing the proper attire as stated in the Student Handbook. Students who arrive at school without the proper attire will be disciplined, as stated in the Code of Student Handbook. Hoodies are not permitted at any time, unless provided by the school.
- . Parents are expected to provide lunch each day for their child. The student may bring their lunch from home or purchase a lunch from the school. Qualifying students may receive free or reduced lunch per National School Lunch provisions.

- . The school requests that a parent/guardian agrees to volunteer a minimum of ten (10) hours per school year. All volunteer hours should be completed prior to the end of the school year.
- . Parents agree to read and use the information sent home from the school so that they are informed of activities and academic opportunities provided by the school.
- . I understand that my child is a student with Miami-Dade School System which requires the provision of a Student Handbook. Parents and students are required to read the Student Handbook. The Code of Student Handbook details the responsibilities that staff members, students, and parents are expected to fulfill.

We understand that AcadeMir Preparatory Academy has adopted, and will abide by the Miami-Dade County Public Schools Code of Student Conduct. Further, it is the expectation of AcadeMir Preparatory Academy that parents fully abide with the terms of the Parent Contract which has been approved by the AcadeMir Charter Schools, Inc. Board of Directors.

Print Name of registering Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of registering Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged by school \_\_\_\_\_ Date \_\_\_\_\_



**AcadeMir Preparatory Academy**  
**Student Contract**  
**2017-2018**

Whereas, I have made a personal decision to enroll as a student at ACADEMIR PREPARATORY ACADEMY in order to experience a unique educational opportunity; and

Whereas, I recognize that ACADEMIR PREPARATORY ACADEMY is a public charter school of choice, not entitlement;

Therefore, as a student at ACADEMIR PREPARATORY ACADEMY, my commitment is to abide by the following rules and regulations adopted by the Board of Directors:

- A. I understand that my behavior is a direct reflection of both my family and the School. As such, I will strive to honor both by exhibiting exemplary behavior at all times, in all places.
- B. I will adhere by the school uniform dress code as outlined in the Parent/Student Handbook.
- C. I am responsible to deliver any and all announcements, messages, and reports to and from school.
- D. I am responsible for completing and turning in all class assignments and homework.
- E. I am responsible for taking care of all books and materials loaned to me by the school. I will replace anything that is misused or lost.
- F. I will demonstrate proper courtesy to faculty, staff and other students at all times.
- G. I understand that I am a student with the Miami-Dade School System and I will abide by the rules contained in the Miami-Dade District's Code of Student Conduct and the current edition of the school's Parent/Student Handbook.
- H. I will speak courteously to everyone I come in contact with.
- I. I will refrain from fighting and using inappropriate language.
- J. I will refrain from intimidating, harassing, or threatening others.
- K. I will exhibit the principles of good sportsmanship.

I understand that I must fulfill my obligations to ACADEMIR PREPARATORY ACADEMY. This policy is approved by the AcadeMir Charter Schools, Inc. Board of Directors.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of registering Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged by \_\_\_\_\_ Date \_\_\_\_\_