

ACADEMIR CHARTER SCHOOL
PREPARATORY
19185 S.W. 127 AVE
MIAMI, FL 33177



2018-2019
KG-5th
REGISTRATION PACKET



AcadeMir Charter School Preparatory
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 DCPS:

- ___ 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 1st. First Grade children must be six (6) on or before September 1st. **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, 1st, and 2nd 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 Charter School Preparatory

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 Charter School Preparatory for use in print, video, Internet or other communications methods.

I give my permission to AcadeMir Charter School Preparatory 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 Charter School Preparatory 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 Charter School Preparatory 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)*

Date

Signature of registering Parent/Guardian

Date



AcadeMir Charter School Preparatory 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 Charter School Preparatory 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)*

Date

Signature of registering Parent/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 Charter School Preparatory 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 Charter School Preparatory
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 Charter School Preparatory 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 Charter School Preparatory 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/Guardian

Date



AcadeMir Charter School Preparatory

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 Charter School Preparatory

AcadeMir Charter School Preparatory

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.)

(Name)	(Relation to Student)	(Address)	(Phone)
---------------	------------------------------	------------------	----------------

(Name)	(Relation to Student)	(Address)	(Phone)
---------------	------------------------------	------------------	----------------

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 _____



Academy Charter School Preparatory
Parent Contract
2018-2019

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.
- I understand electronic devices and cellular phones are not to be used during the school day and if seen, they will be confiscated. I understand if a cell phone or electronic device is confiscated it will be returned to the parents for first time offenders and until the end of the school year for second time offenders.

We understand that AcadeMir Charter School Preparatory has adopted, and will abide by the Miami-Dade County Public Schools Code of Student Conduct. Further, it is the expectation of AcadeMir Charter School Preparatory 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 Charter School Preparatory
Student Contract
2018-2019**

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

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

Therefore, as a student at ACADEMIR CHARTER SCHOOL PREPARATORY, 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.
- L. I understand electronic devices and cellular phones are not to be used during the school day and if seen, they will be confiscated. I understand if a cell phone or electronic device is confiscated it will be returned to my parents for first time offenders and until the end of the school year for second time offenders.

I understand that I must fulfill my obligations to ACADEMIR CHARTER SCHOOL PREPARATORY. 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 Principal/Director: _____ 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 Dia Año

Fecha de Entrada a la Escuela de los Estados Unidos: ____/____/____ Origen Etnico _____ (Marque todo lo pertinente)
 Mes Dia Año Hispano ____ (S/N) Raza: Blanco Negro
 Asiático Indigena de los EEUU Oriundo de las Islas del Pacifico

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 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)

Dat ou Antre U.S. Lekòl: ____/____/____ Ras: Blan Nwa Azyatik
 Mwa Jou Ane 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 _____