

## Miami-Dade County Public Schools Attendance Services

### Registrar's Check List

- \_\_\_ A. **Complete Student Data Card**-Revised 01/03
- FM 2733
- \_\_\_ B. **Home Language Survey Form**
- FM 5196 (form is available in other languages from the Division of Bilingual Education and World Languages)
  - Dates of entry into the U.S., when applicable, must be filled in
- \_\_\_ C. **AGE AND LEGAL NAME VERIFICATION** – *Birth document must be verified by registrar using birth verification stamp for authenticity purposes.*  
Must provide one of the following:
- \_\_\_ 1. Duly attested original birth certificate or birth card - Must be original; hospital certificate not acceptable
  - \_\_\_ 2. Duly attested Certificate of Baptism with a parent affidavit
  - \_\_\_ 3. Insurance policy on the child's life in force for two years
  - \_\_\_ 4. Bona fide Bible record with parent affidavit
  - \_\_\_ 5. Passport or Certificate of Arrival in the U.S. showing age of child
    - FM 6670 - These documents cannot be photocopied
  - \_\_\_ 6. Transcript of school records of at least four years prior, stating date of birth
  - \_\_\_ 7. Affidavit of age sworn by the parent and a Certificate of Age signed by a public health officer
    - FM 4681
- \_\_\_ D. **PROOF OF ADDRESS** - Must provide two of the following:
- \_\_\_ 1. Broker's or Attorney's statement of parents' purchase of residence, OR properly executed lease agreement
  - \_\_\_ 2. Current Homestead Exemption Card
  - \_\_\_ 3. Electric deposit receipt or electric bill, showing name and service address
- \_\_\_ E. **DISCLOSURE AT TIME OF REGISTRATION**
- FM 5740
- \_\_\_ F. **HEALTH REQUIREMENTS\***
- \_\_\_ 1. Student Health Examination – DH 3040 yellow form  
health examination performed within one year prior to enrollment  
Clinical TB screening/results
  - \_\_\_ 2. Florida Certificate of Immunization – HRS 680 blue card  
From a private doctor or local health provider

**\* If assistance is needed regarding these documents, please call  
Comprehensive Health (305) 995-1235**

- \_\_\_ G. **IMPORTANT MESSAGE TO PARENTS**
  - Health Requirements for School Entrance
  
- \_\_\_ H. **PRIOR RESIDENT ENTRY CODE**
  - \_\_\_ 1. County Name
  - \_\_\_ 2. District Number
  - \_\_\_ 3. Enrollment Type
  
- \_\_\_ I. **STUDENT SCHOOL RECORDS**
  - For grade placement and verification of credits earned
  - Interpretation of foreign records available from Attendance Services
  
- \_\_\_ J. **PARENT HANDBOOK/CURRICULUM BULLETIN** (if applicable)
  
- \_\_\_ K. **SCHOOL INSURANCE AND FREE AND REDUCED LUNCH APPLICATIONS**
  
- \_\_\_ L. **STUDENT CODE OF CONDUCT**

Revised, June 2007