

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

**Student Cumulative Record
Registrar's Checklist**

- _____ **A. Emergency Student Data Form** – FM-2733 – Completed by the parent
***form can only be ordered through Storage & Mail Distribution.*
- _____ **B. Home Language Survey Form** – [FM-5196](#)
- Date of entry into the U.S. School (DEUSS) must be entered. *** other translations are available through the Division of Bilingual and World Languages.*
- _____ **C. Verification of Age and Legal Name** – Authenticate age and legal name of student by affixing birth verification stamp on the copy of one of the **original** documents below:
- _____ 1. Duly attested **original** birth certificate; hospital certificate not acceptable
 - _____ 2. Duly attested Certificate of Baptism with a parent affidavit
 - _____ 3. Life Insurance policy for the child in effect for two years
 - _____ 4. Bonafide Bible record with parent affidavit
 - _____ 5. Complete Verification of Student information on a Passport or Certificate of Arrival Form – [FM-6670](#) – authenticating legal name, date of birth and place of birth.
These documents cannot be photocopied.
 - _____ 6. Transcript of school records for 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. Verification 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
 - _____ 4. Miami-Dade County Public Schools Statement of Bonafide Residence
- _____ **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 – [DH-680](#) - from a private doctor or local health provider

** If assistance is needed regarding these documents, please call Comprehensive Health at (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 Federal and State Compliance Office

_____ **J. Parent Handbook/Curriculum Bulletin** (if applicable)

_____ **K. School Insurance and Free and Reduced Lunch Applications**

_____ **L. Student Code of Conduct**

M. Project UP-START, Children and Youth In Transition Program FM 7378

_____ **N. Military Families**

- Yes _____ No _____