



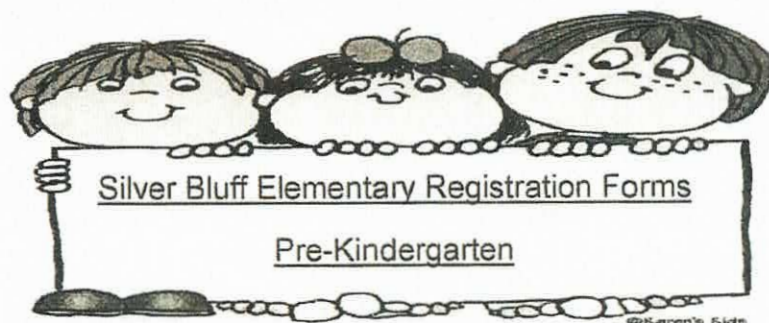
2022-2023

VOLUNTARY PRE-KINDERGARTEN

**REGISTRATION PACKET
PAQUETE DE REGISTRACION**

**Ms. Mayra Barreira, Principal
Ms. Christina Garcia, Assistant Principal**

Visit our Website: silverbluffelementary.net
Follow us on Twitter & Instagram: SilverBluffElem
Facebook: Silver Bluff Elementary School



New Pre-Kindergarten students entering Miami-Dade County Public Schools

Parent Documents

- Original Birth Certificate
 - *Certificado de nacimiento original*
- Address Verification
 - Electric Bill, lease agreement, Deed of Property
 - *Verificación de dirección*
 - *Recibo de la luz, contrato de arrendamiento, prueba de propiedad.*
- Florida Certificate of Immunization or Certificate of Exemption
 - *Certificado de Inmunización o Certificado de Exepción del Estado la Florida*
- Student Health Examination
 - *Exámen médico*
- Parent Identification
 - *Identificación de los padres*
- Child Eligibility and Enrollment Certificate (COE)
 - *Early Learning Coalition Centers*

School Forms:

- Registration Form
 - *Formulario de Matrícula*
- Pre-Kindergarten Screening Consent (Form # 5490)
 - *Formulario de consentimiento para un exam de vision, audición*
- Emergency Contact Card (Form #2733)
 - *Tarjeta de Contacto en Caso de Emergencia*
- Home Language Survey (Form #5196)
 - *Encuesta sobre el lenguaje hablado en el hogar*
- Statement of Bonafide Residence (Form # 7444 If you cannot provide proof of address)
 - *Declaración de residencia bonafide*
- Disclosure at Time of Registration (Form #5740)
 - *Declaración al matricularse*
- Directory Information Opt-Out Form (Form # 6479)
 - *Declaración de baja del directorio*
- Unlisted Telephone Number (Form #6603)
 - *Notificación del Número de Teléfono Privado*



SILVER BLUFF ELEMENTARY

2609 SW 25th Avenue, Miami, FL 33133

Mayra Barreira, Principal

Dear Parents:

We, at Silver Bluff Elementary, would like to welcome you. We are committed to providing the highest quality education possible with comprehensive and innovative programs that challenge our students daily. We strongly believe that the years spent at Silver Bluff Elementary will pave the way for our students to become productive citizens and world leaders in an ever-changing global economy.

We thank you for your assistance and support to our school and wish you the best with placement in our school. Working together, we will be able to help our students reach even greater heights.

Sincerely,

A handwritten signature in black ink, appearing to be "MB" with a stylized flourish extending to the right.

Mayra Barreira
Principal



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)

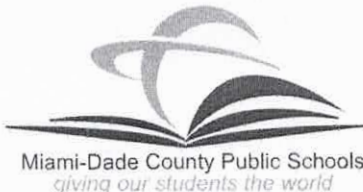
Ethnic _____ (Check all that apply) Race: White ☐ Black ☐ Asian ☐
Hispanic _____ American Indian ☐ Native Pacific Islander ☐

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS

1450 Northeast Second Avenue
Miami, Florida 33132

Model and Talent Release Form

I hereby give The School Board of Miami-Dade County, Florida, Miami-Dade County Public Schools and their employees, agents, licensees, representatives or assigns, and those acting under their permission and upon their authority or those for whom Miami-Dade County Public Schools is acting, the absolute right and permission to copyright and/or use and/or publish, exhibit, display, broadcast or print and portions of files, videotapes, kinescope, audiotapes, still pictures, slides, or any other type of recording, in which I may be included in whole or part, made through any media without inspection or approval of the finished product or use to which it may be applied.

I also grant the right to include my possessions and/or background objects which may appear in the final product.

I further release The School Board of Miami-Dade County, Florida, Miami-Dade County Public Schools, their representatives, assigns, agents, or licenses from any liability for what I or anyone claiming by, through, or under me might deem misrepresentation or in connection with use of any of the aforementioned items in which I may have appeared. I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the legal guardian indicated below has signed on my behalf.

Print Name _____

Signature _____

Address _____

Witness _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE

Signature of Parent/Guardian _____

Address Parent/Guardian _____



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

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

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.



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)

- ☐ In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)
☐ Temporarily sharing the housing of other persons due to economic hardship (B)
☐ 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)
☐ In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)

Was displaced from household because of... (check only one)

- ☐ Pandemic (P)
☐ Natural Disaster - Hurricane (H)
☐ Natural Disaster - Flooding (F)
☐ Natural Disaster - Tropical Storm (S)
☐ Natural Disaster - Tornado (T)
☐ Man-made Disaster/Fire (D)
☐ Mortgage Foreclosure (M)
☐ Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (N)
☐ Parents/Caregiver is incarcerated
☐ 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. ☐ Student is living with an adult that is NOT a parent/guardian.

Caregiver Name: _____

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: _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS
Prekindergarten Program
Title 1/Fee-Supported
PREKINDERGARTEN SCREENINGS CONSENT

School _____ Date _____

The Miami-Dade County Public School System is conducting a preschool screening of vision, hearing, and speech. If you would like your child to participate in this screening, please sign this form, and enter your child's name and date of birth.

The results of this screening will be used to provide the best possible prekindergarten program for your child.

Child's Name _____ Date of Birth _____

Parent's Signature _____ Parent's Phone Number _____

I. HEARING SCREENING

Needs further evaluation:

	1000	2000	4000	6000	8000
Right Ear					
Left Ear					

☐ Yes ☐ No

II. VISION SCREENING

Wears Glasses

Both Eyes	Right Eye	Left Eye

☐ Yes ☐ No

NEEDS FURTHER EVALUATION:

☐ Yes ☐ No

CRITERIA

Age 3 20/40
Age 4-5 20/30
Age 6 + 20/20

III. SPEECH SCREENING

Language:

- ☐ Appropriate
☐ Inappropriate

NEEDS FURTHER EVALUATION:

☐ Yes ☐ No

Phonological Chart

Age 3	b	p	m	h	n	w
Age 4-5	k	g	t	d	f	y
Age 6	n (sing)	r	l			



SILVER BLUFF ELEMENTARY

2609 SW 25th Avenue, Miami, FL 33133

Mayra Barreira, Principal

Dear Parent:

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's educational records. They are:

1. The right to restrict the release of directory information which includes, name, address, telephone if it is a listed number, participation in officially recognized activities and sports, degrees and awards received, and the most recent previous educational agency or institution attended. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.
1. The right to restrict the release of a student's name, address, and telephone listing to military recruiters and institutions of higher education as required by federal law. This request applies to our students in the senior high schools. M-DCPS is required to advise you of this requirement and afford you the opportunity to notify the school, if you do not want this information disclosed to the military recruiters and institutions of higher learning. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.
2. The right to inspect and review the student's educational records upon request. Parents or eligible students should submit a written request to the school principal that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected. Copies of records may be requested and obtained.
3. The right to request the amendment of the student's educational record that the parents or eligible students believe are inaccurate, misleading, or inappropriate. Parents or eligible students may ask Miami-Dade County Public Schools (M-DCPS) to amend a record that they believe is inaccurate, misleading, or inappropriate. A written request to the principal should clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the principal decides not to amend the records as requested, the parents or eligible students will be notified of the decision and advised of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parents or eligible students with notification of the right to a hearing.
4. The right to consent to disclosures of personally identified information contained in the student's educational records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by M-DCPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel). A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibility. Upon request, M-DCPS discloses educational records without consent to the officials of another school district or postsecondary institution in which a student seeks or intends to enroll.
5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by M-DCPS to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

If you have any questions, please contact _____

Sincerely,

Mayra Barreira
Principal

Telephone: 305.856.5197/Fax: 305.854.9671
silverbluff.dadeschools.net



Miami-Dade County Public Schools

Department of Food and Nutrition

School Meal Programs



2022-2023

Free and Reduced Price Lunch Application

- Apply online at nutrition.dadeschools.net
- For assistance with applying for free or reduced price lunch or to request a paper application, contact (786) 275-0400 ext. 5000.
- If your child was approved for free or reduced price lunch last school year, the eligibility is in effect until October 13, 2020 or until a new application is approved.
- Households may apply for lunch benefits at any time during the school year.

Online Meal Payments

- All lunch payments must be made online at PayPAMS.com
- PayPAMS allows you to setup automatic payment plans, view account balances and history, receive automatic notification on balance status, and more.



Student Lunch Prices

ELEMENTARY	\$2.25
SECONDARY	\$2.50

Reduced price lunch is \$0.40 at all grade levels.

INCOME ELIGIBILITY GUIDELINES

Use the income chart below to see if you qualify for the free or reduced price meal program.

Effective July 1, 2021 - June 30, 2022

Household Members	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For EACH additional household member add:	\$8,399	\$700	\$350	\$324	\$162

Breakfast is Free to All Students!



Department of Food and Nutrition 7042 West Flagler Street, Miami, Florida 33144
Meal Application Center: (786) 275-0400 ext. 5000 nutrition.dadeschools.net

Non-Discrimination Clause

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider.