



KINDERGARTEN

2023 – 2024

Registration Packet

Paquete de Registracion

Ms. Mayra Barreira, Principal

Christina Garcia, Assistant Principal



Silver Bluff Elementary School

2609 SW 25th Avenue, Miami, Florida 33133



Ms. 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.

If you have any questions or need our assistance, please call our office for immediate assistance.

Sincerely,

A handwritten signature in cursive script that reads "Mayra Barreira".

Mayra Barreira,
Principal

School Website: silverbluffelementary.net
Follow us on Twitter, Instagram, & Facebook: SilverBluffElem
Telephone: 305.856.5197/Fax: 305.854.9671

A RATED
SCHOOL
DISTRICT

MENTAL HEALTH
SERVICES

SPECIALIZED
ACADEMICS

PARENTAL
ENGAGEMENT

WHY KINDERGARTEN WITH M-DCPS?



MAGNET/SCHOOL
CHOICE

ACADEMIC
SUPPORT

INNOVATIVE
PROGRAMS

DEVICE AND
TECHNOLOGY
SUPPORT



REGISTRATION REQUIREMENTS

- 5 years old on or before September 1, 2022



FIND YOUR SCHOOL

- Visit <http://dadeschools.net/>
- Go to Schools/Go to Find Your Neighborhood School



PROOF OF IDENTIFICATION (Must provide one)

- Official Birth Certificate
- Other Accepted ID: Passport, Baptismal Certificate, Insurance Policy



PROOF OF ADDRESS (Must provide two)

- Lease Agreement/Broker's Statement of Purchase
- Statement of Bonafide Residence
- Utility Bill Receipt



IMMUNIZATION (Must provide both)

- State of Florida School Entry Health Examination (DH 3040 - Yellow Form)
- Florida Certificate of Immunization (DH680 - Blue Form)



Kindergarten Parent Questionnaire

Basic Information

Child's Name: _____

Date of Birth: _____

Gender: Male | Female

Parent Name: _____

Phone Number: _____

Best time to reach you: _____

Parent Name: _____

Phone Number: _____

Best time to reach you: _____

Address: _____

Email: _____

About My Child

My child is good at: _____

My child likes to: (check all that apply)

Listen to stories Draw and color Play alone Play with other children Play outside

Play quiet games Go to a friend's house _____ _____

My child does not like: _____

My child has the following fears: (check all that apply)

Loud noises Dogs Dark rooms _____ _____

About My Child's Early Learning Experience

If your child is **not enrolled** in any program, check here

My child has been enrolled in _____ from _____ to _____
(name of preschool or program) (date) (date)

This is a: Child Care Center Family Child Care Home Other _____

About Our Family

We speak the following languages in our home: English Spanish Creole _____

Most of the time, I speak the following language to my child: _____

Most of the time, my child speaks to me in the following language: _____

Some things I'd like you to know about my family: (culture, activities that we enjoy, other)

There are _____ children in our home. Their ages are _____

The best times for me to come to the school are: _____

My child has the following Special Needs: _____

My child has the following allergies: _____

Signature

Date



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)

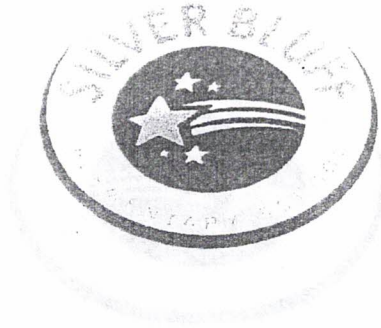
Ethnic _____ (Check all that apply) Race: White Black Asian
Hispanic _____ (Y/N) American Indian Native Pacific Islander

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



SILVER BLUFF ELEMENTARY SCHOOL

2023-2024

RECEIPT ACKNOWLEDGEMENT OF THE PARENT/STUDENT HANDBOOK

I acknowledge receipt of the Parent/Student Handbook and I have read and discussed it with my child.

Student's Name

Student's Signature

Teacher's Name

Parent's Name

Parent's Signature

Date

Please complete this page and return it with your child to his/her homeroom teacher acknowledging that you received the PARENT/STUDENT HANDBOOK.

WE LOOK FORWARD TO ANOTHER GREAT SCHOOL YEAR. THANK YOU FOR YOUR COOPERATION AND ASSISTANCE.



AUTHORIZATION FOR MEDICATION

ONE MEDICATION PER FORM

SCHOOL YEAR: 20____20____

STUDENT'S
PICTURE

Student's Name _____ Date of Birth _____ Grade _____

School Name _____ Phone Number _____ Fax Number _____

TREATMENT PLAN (To be completed by Medical Provider)

Diagnosis: _____

ALLERGIES: _____

Medication/Strength/Route: _____

Dose & Frequency: _____

Directions: _____

Side Effects: _____

Has student been trained in the use _____ (medication's name) Yes No

Is student authorized to carry *and* self-administer _____ (medication's name) Yes No

I am aware that this medication may be administered by school personnel/non-medical staff.

Provider's Name (PLEASE PRINT/STAMP) _____ Signature _____ Date _____

Address _____ Phone _____ Fax _____

PARENTAL/GUARDIAN PERMISSION

I, _____, give my permission to the School Principal or his/her specified
Parent/Guardian Name (PLEASE PRINT)

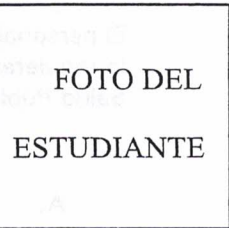
delegated personnel to administer prescribed medication to: _____
(Student's name and Relationship)

Signature of Parent/Guardian _____ Phone _____ Date _____

FORMULARIO PARA LA AUTORIZACIÓN DE MEDICAMENTOS

UN FORMULARIO POR CADA MEDICAMENTO

CURSO ESCOLAR: 20 _____ 20 _____



Nombre del estudiante _____

Fecha de nacimiento _____

Grado _____

Nombre de la escuela _____

Teléfono _____

Número del Fax _____

PLAN DE TRATAMIENTO (Para ser llenada en su totalidad por el proveedor de salud médica)

Diagnóstico: _____

ALERGIAS: _____

Medicamento/Concentración del medicamento/Vía: _____

Dosis y frecuencia: _____

Instrucciones a seguir: _____

Efectos secundarios: _____

¿Ha sido el estudiante entrenado en su uso? _____ (nombre de la medicación) Sí No

¿Está el estudiante autorizado de llevarla consigo y auto administrarla? _____ (nombre de la medicación) Sí No

Estoy consciente que personas del plantel escolar pero que no son personal médico pueden administrar este medicamento.

Nombre del proveedor (POR FAVOR IMPRIMIR/ESTAMPAR) _____

Firma _____

Fecha _____

Dirección _____

Teléfono _____

Fax _____

PERMISO DEL PADRE/MADRE/TUTOR

Yo, _____, doy permiso al director de la escuela o a su designado
Nombre del Padre/Madre/Tutor (POR FAVOR IMPRIMIR)

que le administre la medicación prescrita a: _____
(Nombre del estudiante y parentesco al estudiante)

Firma del Padre/Madre/Tutor _____

Teléfono _____

Fecha _____

Acknowledgment of Receipt and Review

Each parent/guardian of a student and each student enrolled in Miami-Dade County Public Schools must sign and return this page to the student's school to acknowledge that he/she has accessed the online version or obtained a copy of the *Code of Student Conduct*. In addition, this page serves as acknowledgement that you have reviewed the *Code of Student Conduct* with your child. Each school will maintain records of such signed statements.

The online version of the *Code of Student Conduct* in English, Spanish, and Haitian-Creole can be located in the Parent Portal or by accessing through the following website address:

<http://ehandbooks.dadeschools.net/policies/90/index.htm>

If you do not have internet access to obtain a copy of the *Code of Student Conduct*, please visit your child's school to obtain a copy.

I acknowledge receipt of the notification regarding accessing or obtaining a copy of the *Code of Student Conduct* through the Parent Portal or via the internet web address and that I have read and discussed the *Code of Student Conduct* with my child.

Parent's/Guardian's Signature

Date

I acknowledge receipt of the notification regarding accessing or obtaining a copy of the *Code of Student Conduct* through the Parent Portal or via the internet web address and that I have read and discussed the *Code of Student Conduct* with my parent/guardian.

Student's Name

Date



**RETURN TO THE STUDENT'S
SCHOOL WITHIN (5) SCHOOL
DAYS UPON RECEIVING
NOTIFICATION TO REVIEW THE
CODE OF STUDENT CONDUCT.**





MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM
Physical Education and Health Literacy

(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, video taped or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use by the media, i.e., newspapers, brochures, videos, television and through the internet.

Please indicate your preference below.

(Student's Name)

Yes. My child's photograph/video/interview **may** be reproduced and released for use by the media.

No. My child's photograph/video/interview **may not** be reproduced and released for use by the media.

(Signature)

(Date)

Return this signed form to:

CONTACT PERSON: _____

SCHOOL NAME: _____

SCHOOL TELEPHONE: _____



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

Personally Owned Computing/Network Device Acceptance of Responsibility and Device Use Agreement Permission Form

I _____ (Name of parent or guardian), agree to let _____ (Name of student)

bring their personally owned computing device for instructional use in _____ (Name of school). I understand that the student named above will be permitted to use their personally owned device, subject to the conditions of this document.

I understand that if I agree to allow my student to use their own device that Miami-Dade County Public Schools (M-DCPS) or _____ (Name of School) is not responsible for any device or data loss, theft, infection, damage or other associated costs of replacement or repair incurred during the school day or at home as a result of participation in this program. I understand that M-DCPS Staff will be unable to store, support or troubleshoot student owned devices. The student named above will take full responsibility for the device and will appropriately secure all devices when not in use.

M-DCPS uses technological measures such as filtering to promote internet safety. Filtering limits students' ability to access harmful internet sites from any device connected to the M-DCPS network, but only when this equipment is used in school on the M-DCPS network. Access through cellular networks does not provide the same measures of filtering. Students should only use the M-DCPS network (not private cellular service) for internet access while on M-DCPS property.

I have verified my student is aware that all aspects of Board Policy 5500 - Student Code and Discipline, Board Policy 7540.03 - Student Responsible Use of Technology, Social Media, and District Network Systems, and District Codes of Student Conduct, and Board Policy 5517.01 prevents cyber-bullying apply to the use and care of their personal device while on M-DCPS property or while involved in any M-DCPS sponsored event/activity. I am responsible for ensuring the device uses security applications to protect the devices from infection and prevent spreading infections from the devices.

I understand that the purpose of allowing my student to use their own device is to participate in teacher approved activities in support of the M-DCPS curriculum. Use of these devices for unrelated activities beyond or outside the M-DCPS educational program are prohibited.

Parent or Guardian's Signature _____

Date ____ / ____ / ____

Student Acceptance

I agree to adhere to the AUP guidelines presented in the *Student Rights and Responsibilities Booklet*. I will utilize the device(s) for instructional purposes only while at any M-DCPS school or on the M-DCPS network.

Student Signature _____

Student ID# _____

Date ____ / ____ / ____



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.

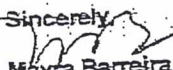
4. The right to consent to disclosures of personally identified information contained in the student's educational records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational 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 Title I Administration
Project UP-START Program**



2022-2023 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 who 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 agencies.

QUESTION 1: WHAT IS YOUR FAMILY CURRENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Shelter (A) Doubled-up/Sharing the home of others (B) Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D]
- Hotel/Motel/Airbnb (E) Rent home Own home

SKIP QUESTION #2 IF YOU SELECT RENT HOME/OWN HOME

QUESTION 2: WHAT IS THE REASON YOUR FAMILY DOES NOT HAVE A PERMANENT NIGHTTIME RESIDENCE? (SELECT ONE OPTION)

- Pandemic (P) Hurricane (H) Flooding (F) Lack of affordable housing/eviction, domestic violence, mental illness, unemployment, etc. (N) Parent/Caregiver is Incarcerated
- Man-Made Disaster/Fire (D) Mortgage Foreclosure (M) Tropical Storm (S) Tornado (T) Wild Fire (W) Unknown (U)

QUESTION 3: WHO IS/ARE THE STUDENT(S) FOR WHOM YOU ARE COMPLETING THIS FORM?

Student First & Last Name	Student ID Number	Date of Birth	Grade Level	School Name/Location #

PARENT/GUARDIAN CONTACT INFORMATION (DO NOT COMPLETE QUESTIONS 4 AND 5)

Current Address: City: Zip Code:

Parent Name: Phone Number:

Parent/Guardian Signature: Date:

QUESTION 4 AND 5: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

- 4) Are you living alone without an adult? 5) Are you living alone with an adult that is NOT a parent/guardian?

Caregiver's Name: Date:

Unaccompanied Youth Signature:

*Please ask your caregiver to complete the Caregiver's Authorization Form (FM-7402), and submit it with this form.

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name: Location #:

School Contact Name:

Contact Number/Ext: Email Address:

Please fax the completed forms to 305 579-0370, or via email at projectupstart@dadeschools.net or send forms to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.

THIS FORM DOES NOT TRIGGER A CALL TO THE FAMILY. FOR MORE SERVICES, FM-7404 AND/OR FM-7405 MUST BE SUBMITTED.