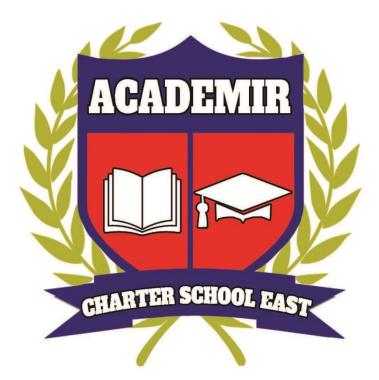
ACADEMIR CHARTER SCHOOL EAST



2021-2022

KG-5th REGISTRATION PACKET



AcadeMir Charter School East Checklist for Registration and Enrollment

Name of Student:	Grade:
Transferring from:	
New Kindergartens:	Transfer from another MDCPS:
Original Birth Certificate	Proof of Address
Health Exam (Physical)	Withdrawal / Charter School Transfer Form
HRS 680 Immunization (Blue Card)	Original Birth Certificate
Proof of Address	Registration Packet
Registration Packet	
Transfer from Out of State School:	Transfer from Public/Private School in FL:
Transfer from Out of State School.	
Original Birth Certificate	Original Birth Certificate
Health Exam (Physical)	Health Exam (Physical)
HRS 680 (Blue Form)	HRS 680 (Blue Form)
Proof of Address	Proof of Address
Copy of Last Report Card	Copy of Last Report Card
Registration Packet	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.

* 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 address shall include the following: major utility bills, lease agreement or warranty deed.



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 East for use in print, video, Internet or other communications methods.

I give my permission to AcadeMir Charter School East 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 East 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 East 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)

Signature of registering Parent or Guardian

Date



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 East 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)

Signature of registering Parent or 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 East 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,
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Grade

Signature of Student

Date



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	osule \Box Liquid \Box Inhaler \Box Injection \Box Nebulizer \Box Other
DosageFre	equencyTime
How is medication to be administ	tered?
Should the school be aware of an	ny adverse reactions or precautions?
Home phone	Emergency phone
Doctor's name	Doctor's phone

The undersigned parent/guardian authorizes AcadeMir Charter School East 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 East 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 or Guardian

Date



STUDENT RECORDS REQUEST

Date:			
Last School Attended:			
Address of School:			
Phone Number:	F	ax:	
Name of Home School:			
(The	school your child shou	uld attend based on you	r current home address)
PLEASE SEND A TRANSC	RIPT OF THE OFF	ICIAL RECORDS FO	<u>R:</u>
_			
(Name of Student)	(Grade)	(Date of Birth)	(Date Last Attended)
PLEASE INCLUDE:			
 All credits earned Test scores Health Records (Immur Brief explanation of gra Current grades at time Exceptional Education I 	ading system of withdrawal Records		_Date
			_Date
Thank you in advance for your	prompt attention to tl	his request.	
Registrar,			
AcadeMir Charter School East			



AcadeMir Charter School East Parent Contract 2021-2022

Student 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 student) is going to be absent. On the day the student returns to school, he/she must bring a note from the parent/guardian (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.
- Parents are to ensure that their child is wearing the proper uniform as stated in the Student Handbook. Students who arrive to 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.
- The School is responsible for loaning books and materials to student. I will replace any textbooks or materials that are damaged or lost.
- Parents are expected to provide lunch each day for their child. The student may bring their lunch from home or purchase a school lunch. Qualifying students may receive free or reduced lunch per National School Lunch provisions.
- A student's parent/guardian are encouraged to volunteer a minimum of ten (10) hours per school year. All volunteer hours are asked to 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 Public 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 East 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 East that parents fully abide by the terms of the Parent Contract which has been approved by the AcadeMir Charter Schools, Inc. Board of Directors.

Printed Name of registering Parent/Guardian:	Date:
Signature of registering Parent/Guardian:	Date:
Acknowledged by school Principal:	Date:



Student Contract

2021-2022

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

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

Therefore, as a student at ACADEMIR CHARTER SCHOOL EAST, 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 EAST. This policy is approved by the AcadeMir Charter Schools, Inc. Board of Directors.

Student Name	_Date
Signature of registering Parent/Guardian	Date
Acknowledged Principal	_Date



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 ev	ver been exp	elled from a	nv school, i	in or out	of the State	of Florida?
×,	mas the student c	ver been eap		my senoon,	III OI OUC	or the state	UL L IULIGA.

YES	NO	
	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) Has the student ever been referred to mental health services?

YES 🔲 N	IO 🔲	
If "YES", please list	each and every se	rvice
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Student's Name	/D1a	ase Print) ID. #
	, , , , , , , , , , , , , , , , , , ,	
Ethnic	(ice: White 🔲 Black 🔲 Asian 🔲
Hispanic (Y/N)	that apply)	American Indian 🔲 Native Pacific Islander 🔲
Date of Birth	Parent's	/Guardian's Name
Address		
Signature (Parent/Guardia	an)	
Signature (Student)		Date Signed

Student Emergency Card

	Student Emergency Card						curu					
School No.	I.D. N	umber	er Student's Last Name				APP	First Name	Birth Dat	te	Gender	Grade
Current Entry	Florid		Last	Legal Name	(if different)		APP	First Name	Section	Studer	nt Social Sec	curity No.
Date	Numb	ber										
ETHINIC	() ())					te ^D Blac	. 🗆	🗆	Place of	Birth: (Ci	ty)	
Hispanic	(Y/N)	(Check	all tha	t apply)	RACE: Whit	te – Blac	CK	Asian –				
									(State/ C	country)		
		Americ	an Ind	ian 💾 Nativ	e Pacific Islande	гIJ						
Student's Add	ress	(APT)		(City)	(Zip)				Telepho	ne		
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Parent	Last Nam	e First N	lame	Relation	Place of	Telepho	one			Telepho	ne	
Guardian					Employment	()			()			
	Last Nam	e First N	lame	Relation	Place of	Telepho	one			Telepho	ne	
					Employment	()			()			
Current Schoo	l:			Are vou in	Military Service	I s? Y□	N		Ca	rd No.		
					,	_	_					
Kindergarte	n Only: \	Was the child	in pre-	school or ch	nild care? Yes 📃							
Was the full co	ost paid by	you? Yes 🚺 I	No	What type?	Headstart I	ESE 🚺 N	/ligran	tOther]Unknown[
EMERGENC	Υ CONTA	CT INFORM	ΛΑΤΙΟ	DN: Addition	nal data is n eede	ed i n case	of an e	emergency il l nes	ss of your ch	ild. The le	egal respons	sibility of
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												
medical and tr	ansportation	on expense in	curred	l on behalf o	of your child is a p	oarental o	ne. If p	oarental/guardia	an can't be r	eached, v	vhom shoul	d we try to
medical and tr contact? (List 1					f your child is a p	oarental o	ne. lf p	oarental/guardia	an can't be r	eached, v	vhom shoul	d we try to
					f your child is a p	oarental o	ne. lf p	oarental/guardia	an can't be r	eached, v	vhom shoul	d we try to
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		is in priority o	rder be		· · ·	oarental o			an can't be ro	eached, v		-
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MIAMI-DADE COUNTY PUBLICS CHOOLS WINDEL AND UNDER LANGUAGE SURVEY To Be Completed By Parent or Quantian Student Name Last First Middle Last First Middle Date of BirthGradeParent LanguageStudent Language Date of BirthGradeParent LanguageStudent Language Date of BirthGradeParent LanguageStudent Language Date Entered US. School :		
To Be Completed By Parent or Guardian Student LD, No	. White Dave County	MIAMI-DADE COUNTY PUBLIC SCHOOLS
Student Name Last Fint Middle Date of Birth // Grade Parent Language Student Language Date of Birth // // Grade Parent Language Student Language Date Entered U.S. School // // Hispanic (YN) that apply) Race: White Black Asian Is is a language other than English used in the home? Yes No No No Statuent have first student must be tasked for English periodiancy. No Statuent have first student have first singuage other than English? Yes No No Statuent have first singuage other than English? No Statuent have first singuage dest singuage have first singuage dest si	giving our students	HOME LANGUAGE SURVEY
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Last First Middle Date of Birh // Grade Parent Language	Of a dear to Name	
Date of Birh	Student Name	Last Middle
Month Day Year Ethicic (Check kill Date Entered U.S. School: / / / Hispanic (YN) that apply) Race: Write Black Asian Month Day Year American Indian Native Pacific Islander If the answer is YEST to any of these questions, the student must be tested for English profilency. 1. Is a language other than English used in the home? Yes No 2. Did the student have as fits language other than English? Yes No . 3. Does the student must frequently speak a language other than English? Yes No . School Date Parent/Guardian Signature . . ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE ESCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR Debe ser completado por el/la padra/madre o tutor/a No. De I.D. . Nombre Inicial . No. De I.D. . Nombre Isi a language due state seguents, el estudiante . . . Fecha de Enteda la Ecoulda do tos Etadou lundos: / / . . . Si responde "SI" a siguna de estas preguntas, el estudiante debe	Data of Birth	
Dete Entered U.S. School:Hispanic(YN) 'mat apply) Race: While BlackAsianAmerican Indian Native Pacific Islander Month Day YearAmerican Indian Native Pacific Islander If the answer is YES' to any of these questions, the student must be tested for CEnglish 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 Dete Parent/Guardian Signature ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR Dete ser completado por ella padra/madre o tutor/a No. De I.D Nombre del Estudiante Martue Paterna Midome del Estudiante Techa de Nacimiento / Hispanic (S/N) todo lo pertinente) Razz: Blanco Negro Si responde "S" a alguna destas preguntas, el estudiante debe tomar un examen para saber cual es su concolimiento del Inglés No 2. ¿ Turo el estudiante frecuentemente otro idioma que no sea el Inglés? No 3. ¿Hebla el estudiante frecuentemente otro idioma que no sea el Inglés? No 2. ¿ Usen en su casa algún otro idioma que no sea el Inglés? No 3. ¿Hebla el estudiante frecuentemente otro idioma que no sea el Inglés? No 3. ¿Hebla el estudiante frecuentemente otro idioma que no sea el Inglés? No Autor de Estudiante mais engla matema distinta al Inglés? No 1. ¿Usen en su casa algún otro idioma que no sea el Inglés? No 2. ¿Turo el estudiante una lengua matema distinta al Inglés? No		onth Day Year
Montil Day Year American Indian Native Pacific Islander If the answer is YES* to any of these questions, the student must be tested for English provide in the home? Yes No 1. Is a language other than English used in the home? Yes No 2. Did the student most frequently speak a language other than English? Yes No 3. Does the student most frequently speak a language other than English? Yes No School	Date Entered U.S.	
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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		3. Does the student most frequently speak a language other than English? Yes <u>No</u> No
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	School	Date Parent/Guardian Signature
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ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR		
Debe ser completado por et/la padre/madre o tutor/a No. De I.D. Nombre del Estudiante		
Nombre del Estudiante		ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR
Apellido Nombre Inicial Fecha de Nacimiento		Debe ser completado por el/la padre/madre o tutor/a No. De I.D.
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