



Oxford Academy of Miami
Main Number: (305) 598-4494 Fax Number: (305) 598-4475
Student Registration Procedures 2009-2010

Please complete the attached forms and return via mail or directly to the school at:
Oxford Academy of Miami • 10870 S.W. 113 Place • Miami, FL 33176.

Please note that all forms must be completed and returned to the school to complete your registration. No faxes will be accepted.

Step 1: REGISTRATION

Please complete all of the attached student registration forms using black ink (please print clearly) or type:

- Student Application Form (front and back)
- Student Registration Form (front and back)
- Student Records Request (Please sign and date where requested)
- Emergency Information Card (front and back)
- Authorization for Medication (use only if student is taking medication upon entry to school, not all medication deliveries may be facilitated at school)
- Parent Contract
- Student Contract (Student must sign)
- Technology Acceptable Use Policy (Found in Student Handbook)
- Photo and Video Release
- Home Language Survey
- Student Disclosure Form/ Directory Opt-out form
- Volunteer Registration Form and P.T.S.A membership form
- Volunteer Availability
- Special Education Program Information
- Acknowledgement of Miami-Dade Student Code of Conduct (Found in student handbook)
- Bus Transportation Request (Found in student handbook)

Step 2: IMMUNIZATIONS

RFA: Registration Procedures

Provide an Original Certificate of Immunization – HRS Blue Form 680 containing:

1. (DTP) 4 or 5 doses if 4th dose was given on or after 4th birthday.
2. (Polio) 3 or 4 doses if 3rd dose was given on or after 4th birthday.
3. (MMR) 2 doses after 1st birthday.
4. Kindergarten students and all new students are required to have received the **Hepatitis B** (Series of three shots, grade K – 4) **Chicken Pox** (or verification of having previously had Chicken Pox) and **MMR#2** vaccines.
5. Students entering, attending or transferring to **Kindergarten** and **1st grade** will be **required to have two doses of the Varicella (chicken pox) vaccine.**
6. Students entering, attending or transferring to the following grades for the first time (**2nd, 3rd, 4th 5th and 6th**) in a Florida school will be **required to have one dose of the Varicella (Chicken Pox) vaccine.**
7. Students that have been **retained in t 1st grade must obtain two doses of the Varicella vaccine or show documented history of a previous Varicella infection**
8. Proof of a Physical Examination within the 12 months preceding the start date of school. Physical exams can be obtained free of charge at your local health clinic or possibly upon payment of a fee, from your doctor.
9. The Florida Certificate of Immunization must be completed by your child's medical doctor or the local health clinic, **a chiropractor is not acceptable.**

Step 3: PROOF OF RESIDENCY AND AGE

Provide a copy of the following to establish legal residency and the student's proof of age.

1. Parents may establish proof of residency by providing a minimum of two forms of residency verification from the following acceptable forms (the parents/guardian name must appear on the items): electric bill, telephone bill, voter registration card, rental contract, mortgage contract, or property tax bill or a notarized statement
2. Copy of social security card (not mandatory).
3. Verification of date of birth (copy of birth certificate is acceptable).

Step 4: ACADEMIC RECORDS

Provide a copy of the student's academic information as follows.

Oxford Academy of Miami will request the "official" records from your child's previous school. However, these records often do not arrive at our school until weeks after the start of school. This is particularly true if the student is transferring from out of the state, out of county or attending from a private school. Therefore, please provide the following records for your student:

1. Copy of most recent report card.
2. Copy of any standardized testing results including FCAT.
3. Copy of IEP (if the student is ESE)
4. Copy of 504 Plan (if student previously received accommodations resulting from a Section 504 Plan).

Step 5: ADDRESS AND EMERGENCY CONTACT CHANGES

Please note that it is the responsibility of the parent or guardian of record to contact the school immediately upon any change to residential address, home and business telephone numbers and most importantly to any changes in Emergency Contact Information. **Please contact the school registrar to make any changes to the student's contact information.**

Oxford Academy of Miami, Inc.

10870 SW 113 Place: Miami, FL 33176

Phone Number: (305) 598-4494 Fax Number: (305) 598-4475

2009-2010 Student Application

Please read the following carefully before completing application

- Do not submit more than one application per child. Duplicate applications will not be processed.
- Do not submit an application for a child who is not age eligible. These applications will not be processed.
- Applicants for Kindergarten must be 5 years old on or before September 1, 2009.
- All students are required to wear the Oxford Academy Uniform.
- All applicants will be notified by mail of their acceptance/waiting list status after the lottery is completed.
- Applications must be mailed or hand delivered (NO FAXES ACCEPTED) to the following address:

Oxford Academy of Miami
10870 SW 113 Place
Miami, FL 33176

Student will enter grade K: ___ 1: ___ 2: ___ 3: ___ 4: ___ 5: ___ in August 2009

Note: Please check one. This application is eligible for the grade applied for only.

Student Information:

Student Name: _____
Last First Middle

Social Security Number: _____ M: _____ F: _____ Race: _____
Optional

Date of Birth: ___/___/___ Language spoken in the home: _____

Please check all that apply:

_____ Student is receiving special instruction/services as a result of an IEP.
(If the student currently has an IEP, you must meet with the school's ESE Specialist to determine program needs prior to acceptance.
In the event the IEP is not disclosed, the student's status in the school may be jeopardized)

_____ Current education plan is modified according to Section 504 Plan

_____ Student requires instruction for ESOL (English for Speakers of Other Languages)

Previous School Attended:

School Name: _____

School Address: _____

Primary Parent/Legal Guardian Information:

Student lives with Both parents Mother Father Guardian/Other: _____

Mother/Female Guardian: _____
Last First MI Prefix (Dr. Ms, Mrs.)

Address: _____
Street Apt# City Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father/Male Guardian: _____
Last First MI Prefix (Dr., Mr.)

Address, if different from above: _____
Street Apt# City Zip

Home Phone, if different from above: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please check the box indicating where all school correspondence; including report cards will be mailed.

Sibling Information:

Will a sibling of this applicant be applying to this school for the 2009-2010 school year?

Yes: _____ No: _____

If yes, please indicate the name and grade level below:

Sibling Name: _____ Grade: _____
Last First Middle

Sibling Name: _____ Grade: _____
Last First Middle

Please note: A separate application must be completed for each student wishing to attend the school August 2008.

To the best of my knowledge, the above information is accurate and complete. In the event of a change of address, phone number, name, etc.; I will notify the school.

Parent Signature: _____ Date ____ / ____ / ____

Submission of an Application Does Not Guarantee Admission

Oxford Academy of Miami, Inc.
Student Registration Form
2009-2010

School Use Only

Enrollment Date _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Address Verification | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Language Survey | <input type="checkbox"/> LEP |
| <input type="checkbox"/> Custody Verification | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Medically Exempt | <input type="checkbox"/> Uniform Order |
| <input type="checkbox"/> Custody Alert | <input type="checkbox"/> Physical | <input type="checkbox"/> 2 Proofs of Residence | |

Student Information

Date _____ Grade Level _____ Age _____ Sex _____

Student Legal Name _____
Last First Middle

Social Security # _____ FL Student ID # _____

Address _____ Apt# _____

City _____ Zip Code _____ Home Phone _____

Date of Birth _____ Birthplace _____ State _____ Country _____

Race _____ WNH – White, Non Hispanic, _____ H - Hispanic,
_____ BNH – Black, Non Hispanic, _____ A/PI – Asian/Pacific Islander,
_____ AM/IND – American Indian, _____ M - Multiracial

Student Lives With: Both Parents Father Mother Other _____

Marital Status of Parents: Married Divorced Separated Widow(er)

Parent Information

Person Enrolling Student: Parent Guardian (notarized letter) (Court Order)

Mother's Name: _____ Address _____
(if different from above)

Telephone _____ Cell _____ Email _____

Place of Business _____ Occupation _____ Fax _____

Father's Name: _____ Address _____
(if different from above)

Telephone _____ Cell _____ Email _____

Place of Business _____ Occupation _____ Fax _____

Legal Guardian _____ Address _____
(if different from above)

Telephone _____ Cell _____ Email _____

Place of Business _____ Occupation _____ Fax _____

Student is living with Both Parents Mother Father Guardian Other

Emergency Information, Contacts (Other than Parents/Guardians) and Telephone Numbers:

Student may be released to Both Parents Mother Father Guardian/Other

If we are unable to contact parents or legal guardians, it is important that we have another reference (local relatives, friends). Please list below two persons to whom your child may be released.

| Name | Relationship | Home | Work | Cell |
|------|--------------|------|------|------|
|------|--------------|------|------|------|

| Name | Relationship | Home | Work | Cell |
|------|--------------|------|------|------|
|------|--------------|------|------|------|

In case of an emergency, 911 will be called and student will be taken to the nearest hospital.

In the event I cannot be contacted, I authorize the appropriate school official to take the steps necessary to seek emergency medical attention.

Parent/Guardian Signature _____

Please list any medications that the student is currently taking: _____

Family Physician: _____ **Phone number:** _____

Previous School Information

Last school attended _____ Withdrawal date: _____

Was this a private school? Yes No

Telephone _____ Address _____ City/State/Zip _____

Student previously attended a Miami-Dade County School? Yes No

If yes, School and Grade _____

Has the student ever been retained? Yes No If yes, grade level(s) _____

Has student ever been expelled from school? Yes No

Exceptional Student Education Yes No If yes, program _____

Other programs or interventions _____

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone number, name, etc., I will notify the school immediately.

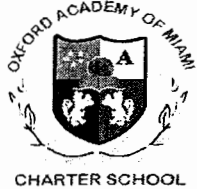
Parent/Guardian Signature _____ **Date** _____

Staff Member Registering Student _____ **Date** _____

The Family Educational Rights and Privacy Act (FERPA) was amended by Congress in the No Child Left Behind Act of 2001 (NCLB). The amendment to FERPA included information and rules regarding access to student academic records and the transfer of school disciplinary records.

Section 1002.22(2)(c), Florida Statutes, defines records as official records directly related to students that are created, maintained, and used by public educational institutions. Materials that are considered as part of a student's record include, but are not limited to, verified reports of serious or recurrent behavior patterns. Additionally, as indicated in section 1002.22(3)(d)(1), Florida Statutes, student records may be forwarded to the school to which the student intends to transfer without parental consent.

In addition, section 1006.07(1)(b), Florida Statutes (District school board duties relating to student discipline and school safety), requires each district school board to adopt rules that require each student at initial registration for school enrollment in the district to report any previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had. This section also provides authority for the receiving school board to waive or honor the final order of expulsion or dismissal of a student by any in-state or out-of-state public district school board or private school for an act that would have been grounds for expulsion according to the receiving district school board's code of student conduct.



Oxford Academy of Miami, Inc.

10870 S.W. 113 Place

Miami, FL 33176

Main Phone Number: (305) 598-4494 Fax Number: (305) 598-4475

STUDENT RECORDS REQUEST

Date: _____

Last School Attended: _____

Address of School: _____

Phone Number: _____ Fax: _____

Name of Home School: _____

(The public school the student would attend based on the current home address)

PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:

(Name of Student) (Grade) (Date of Birth) (Date Last Attended)

PLEASE INCLUDE:

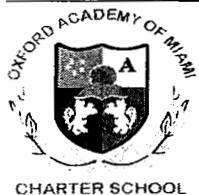
- ✓ All credits earned
- ✓ Test scores
- ✓ Health Records {Immunization (HRS Form 680) and Physical}
- ✓ Brief explanation of grading system
- ✓ Current grades at time of withdrawal
- ✓ Exceptional Education Records

I hereby give permission for the above named school to release all student records as requested herein to facilitate the enrollment of my child at Oxford Academy of Miami.

Signature of Parent/Guardian _____ Date _____

Thank you in advance for your prompt attention to this request.

Registrar, Oxford Academy of Miami



Oxford Academy of Miami

Parent Contract

2009-2010

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. Continued tardiness may result in the student's loss of enrollment preference for the following school year or recommendation to attend a school that is more accessible.
- 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(s) explaining the reason for the absence, otherwise, the absence will be considered unexcused.
- Parents of students who are not enrolled in the after-school program, after school activities or have not signed up for alternate bus transportation are to ensure that their child is picked up by dismissal time. If the student is picked up more than fifteen (15) minutes after dismissal time, then parents may be charged for supervision of their child in the after-care program. The school will publish such rates annually in the Student Handbook.
- 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. Carpooling is permitted, as it too, positively contributes to the child's socio-educational life.
- **School uniforms must be worn daily.** Parents are to ensure that their child is wearing the proper uniform as stated in the Student Handbook. Students who arrive at school without the proper uniform will be disciplined, as stated in the Student Handbook. Jackets and sweaters, or other solid color outer wear in approved school colors, may be worn for cold weather. No other cold weather apparel will be permitted. **Hoodies are not permitted at any time.**
- Parents are expected to **provide lunch** each day for their child. The student may bring their lunch from home or purchase a lunch from the school.
- A student's parent/guardian must agree to complete the volunteer form and volunteer a minimum of ten (15) hours per school year. All volunteer hours must be completed prior to the end of the school year. (Fieldtrips are counted)
- 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.
- Parents and students are required to read the Student Handbook. The Handbook details the responsibilities that staff members, students and parents are expected to fulfill. If parents and students do not meet these obligations, it will be recommended that the student attend another school. If necessary, the school will pursue the withdrawal or transfer of the student via the administrative procedures, as set forth by the School's Charter, and as provided for by opinion of the Florida Department of Education's General Counsel.

I (We) understand that by not fulfilling my (our) contractual obligations to Oxford Academy of Miami, this may result in the student being suspended, losing the opportunity to recommit for placement for the following school year or referral of my child to a regular district or private school of the parent's choice as approved by the Oxford Academy of Miami, Inc., Board of Directors.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Acknowledged By _____ Date _____

Revised 10/2008



Oxford Academy of Miami, Inc.

Student Contract

2009-2010

Whereas, I have made a personal decision to enroll as a student at Oxford Academy of Miami (OAM) in order to experience a unique educational opportunity; and

Whereas, I recognize that OAM is a public charter school of choice, not entitlement;

Therefore, as a student at OAM, 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 will abide by the rules contained in the Miami-Dade School 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.

I understand that by not fulfilling my contractual obligations to Oxford Academy of Miami, this may result in my being suspended or withdrawn and referred to a regular district school or private school of my parent's choice as approved by the Oxford Academy of Miami, Inc., Board of Directors and the School Board of Miami-Dade County.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Acknowledged By _____ Date _____

Oxford Academy of Miami, Inc.

Technology Acceptable Use Policy

2009-2010

The information systems and Internet access available through OAM are available to support learning, and to enhance instruction.

OAM information systems are operated for the mutual benefit of all users. The use of technology at OAM is a privilege, not a right. Users should not do, or attempt to do, anything that might disrupt the operation of the network or equipment and/or interfere with the learning of other students or work of OAM employees. The OAM network is connected to the Internet, a network of networks, which enables people to interact with millions of networks and computers.

The school reserves the right to restrict or terminate any user's access, without prior notice, if the user is suspected to be in violation of the acceptable use policy. The primary goal of any such action shall be to maintain computing availability and security for other users of the systems. Other disciplinary action may be imposed as stated in the Miami-Dade County Code of Student Conduct and OAM Parent/Student Handbook.

Respect for Property

- Students are prohibited from downloading and installing software on school computers without the express consent of the classroom teacher.
- Do not modify or rearrange keyboards, individual key caps, monitors, printers, or any other peripheral equipment.
- Report equipment problems immediately to the teacher.
- Leave workstations and peripherals in their designated places.

Respect for Others

- Use your assigned workstations as directed by the teacher.
- Log out of workstations after finishing.
- Students may not deliberately attempt to disrupt system performance or otherwise interfere with the work of other users.
- Leave equipment and labs in good condition for the next user or class.

Ethical Conduct for Users

Accounts on the OAM network are considered private, although absolute security of any data cannot be guaranteed. It is the responsibility of the user to:

- Use only his or her account or password.
- Recognize and honor the intellectual property of others; comply with legal restrictions regarding plagiarism and the use and citation of information resources.
- Respect the privacy of others by not reading, modifying, removing, or otherwise tampering with files owned by other users.
- Restrict the use of the OAM network and resources to the mission and function of the school system.
- Maintain the integrity of the school information system. Deliberate tampering or experimentation is not allowed; this includes the use of OAM network and resources to illicitly access, tamper with, or experiment with systems outside OAM.

Inappropriate Use

- The use of OAM computing resources for any purpose other than that which has been expressly authorized by the teacher or adult in charge shall constitute an unacceptable use of technology.
- Do not use offensive, obscene, or harassing language when using any OAM network system.
- At no time shall campus technology be used in any manner that violates the privacy of others, jeopardizes the health or safety of students, is obscene or libelous, causes disruption of school activities, plagiarizes the work of others, is a commercial advertisement, or is not approved by the teacher or technology coordinator.
- Users will not change or delete files belonging to others.
- Real-time messaging and online chat may not be installed or used on the school network.
- Users are prohibited from accessing Internet sites that do not promote the instructional mission of OAM.

DECLARATION OF UNDERSTANDING AND ADHERENCE

I understand that my son or daughter must adhere to the terms of this policy. I understand that access to the OAM network is a privilege that is intended for educational purposes. This privilege may be revoked for noncompliance with this acceptable use policy.

Print Parent Name

Parent Signature

Date

Print Student Name

Student Signature



Oxford Academy of Miami, Inc.
Student Photo Release
2009-2010

I, _____ and my child _____, a student at
(Parent/guardian) (Student name)

Oxford Academy of Miami, do hereby give permission to Oxford Academy of Miami, Inc., to use my child's photograph or photographic image in official Oxford Academy of Miami, Inc. (OAM) business, including: OAM web sites; OAM newsletters, etc. I understand that photographic or video images will be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless Oxford Academy of Miami, Inc., its officers, employees, attorneys, representatives, and all persons acting under its permission or authority or those for whom acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or video or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

This release contains the entire agreement between the parties and shall be binding upon and inure to benefits of the successors and assigns of the undersigned.

Signed this _____ day of _____, 2009

Student's Signature

Student's Printed Name

Parent's Signature



Oxford Academy of Miami, Inc.
Special Education Program Information
2009-2010

Student's Name: _____ Student I.D. #: _____

School Previously Attended: _____

Grade Entering: _____

Date of Birth: _____

Please answer the following questions.

A. Has your child received special education services (ESE) through an exceptional student education plan or an Individual Education Plan (IEP)? YES NO

B. IS your child's educational program modified or does he/she receive modifications based on a Section 504 Plan? YES NO

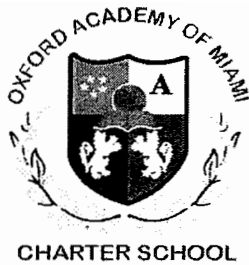
C. Does your child receive speech or language services or is he/she eligible to receive speech or language services? YES NO

D. Are there other items of special interest that you wish to tell us about your child regarding specific programs that he/she has participated in? YES NO

Please Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____



Parent Commitment

The parent(s)/guardian(s) of _____ has/have read and agree(s) to abide by the following:

WHEREAS, the undersigned parent(s)/guardian(s) has/have made a decision to enroll my child to Oxford Academy of Miami Charter School in order to provided a unique educational opportunity to my child; and

WHEREAS, I recognize that Oxford Academy of Miami Charter School is a public charter school of choice not entitlement; and the children attending are Miami-Dade County Public School students

WHEREAS, my decision to enroll my child at Oxford Academy of Miami Charter School is based upon my desire to be an active partner in the education of my child.

NOW THEREFORE, in consideration of the foregoing:

As a parent(s)/guardian(s) enrolling my child at Oxford Academy of Miami Charter School, I agree to support the guidelines adopted by the Board by:

- Withdrawing my child from his/her school and registering him/her as a full time student at Oxford Academy of Miami Charter School.
- Recognizing that I am the FIRST teacher of my child and embracing my role to have primary responsibility for the education of my child;
- Purchasing *uniforms* for my child from the school's approved supplier and ensuring that my child abides by the *dress code* of Oxford Academy of Miami Charter School;
- Providing each day for my child, a healthy lunch, either lunch-boxed or purchased from the Oxford Academy of Miami Charter School vendor;
- Encouraging my child to abide by the Student Code of Conduct by supporting the expectations of the code.
- Providing transportation to and from school for my child.
- Authorizing the use of my child's picture in school produced/sponsored materials
- Bring my child to school on time each day; no earlier than 8:00a.m. and no later than 8:30a.m.

- Encourage my child to maintain an above average attendance record
- Read my child's agenda each day and use the information sent home to keep my informed of school activities and academy topics;
- Provide a suitable place an time within my home for homework and review, sign and return the agenda to the school daily;
- Assist my child in obtaining and regularly using a *library card* at the public library;
- Require my child to read for 30 minutes daily at home
- Limit television and video games during the week and allow more time for reading, studying and family time;
- Ensure proper rest at night for my child.

I (We) understand that not fulfilling my contractual obligations to my child and the school may result in dismissal from the school.

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Witnessed by: _____

Date: _____

Principal: _____



School year 2009-2010

Transportaion Letter Agreement

Dear Parents:

This letter serves as a reminder that Oxford Academy of Miami does not provide transportation for its students. Parents are responsible for ensuring that their child(ren) have transportation to and from school.

Please acknowledge receipt of this letter by completing the information below. This letter must be returned to your child's teacher at time of registration.

If you should have any questions, please feel free to contact me at (305) 598-4494.

Sincerely,

Mrs. Angela Klinedinst, Principal

I acknowledge that Oxford Academy of Miami does not provide transportation for its students.

Parent Name: _____ Date: _____

Child's Name: _____ Date: _____

Parents Signature: _____

**PARENTAL CONSENT FORM FOR PHOTO/VIDEO RELEASE
2009-2010**

Dear Parent:

Date

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

Please approve by completing below:

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

Print Parent Name

Parent's Signature

Date

Print Child's Name

Student's Signature

Date

Return this signed form to:

Contact person: Mrs. Angela Klinedinst

School Name: Oxford Academy of Miami

School Telephone: 305-598-4494



MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
Last First Middle

Date of Birth ____ / ____ / ____ Grade ____ Parent Language ____ Student Language ____
Month Day Year

Date Entered U.S.: ____ / ____ / ____
Month Day Year

If the answer is "YES" to any of these questions, the student must be tested for English 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 _____ Date _____ Parent/Guardian Signature _____



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. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento ____ / ____ / ____ Grado ____ Lengua Paterna ____ Idioma del Estudiante ____
Mes Día Año

Fecha de Entrada a los Estados Unidos: ____ / ____ / ____
Mes Día Año

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- | | | |
|--|---------|---------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés? | Sí ____ | No ____ |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? | Sí ____ | No ____ |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí ____ | No ____ |

Escuela _____ Fecha _____ Firma del Padre/Madre _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS
SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi Non

Dat Fèt li ____ / ____ / ____ Klas ____ Lang paran Yo ____ Lang Elèv La ____
Mwa Jou Ane

Dat ou Antre U.S.: ____ / ____ / ____
Mwa Jou Ane

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- | | | |
|--|---------|----------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? | Wi ____ | Non ____ |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi ____ | Non ____ |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè? | Wi ____ | Non ____ |

Lekòl _____ Dat _____ Siyati Paran _____



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 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.**

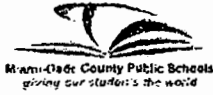
Student's Name _____ ID. # _____
(Please Print)

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



Miami-Dade County Public Schools

Directory Information Opt-Out Form

If you do not want Miami-Dade County Public Schools (M-DCPS) to disclose directory information from your child's educational records in accordance with federal law¹, please mark the appropriate statements below and return or mail this form to your child's school within the next 30 days to:

Oxford Academy of Miami, Inc.

For further information, contact the school personnel listed below:

Name: _____ Title: _____

Phone Number: _____

Student's Name: _____ Birth Date: _____

ID#: _____

Directory Information is defined as the following student information: 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 previous educational agency or institution attended.

DO NOT DISCLOSE my child's name, address and telephone number to the entities checked below without my prior permission:

- US Military (Army, Navy, Airforce, Marines, etc.)
- Colleges and other educational institutions
- Any individual, agency, or organization

I understand that by completing and submitting this form, M-DCPS will restrict the disclosure of this type of information from my child's educational records and that M-DCPS has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of directory information.

Parent/Guardian Name

Signature

Date

¹The Family Educational Rights and Privacy Act (20 U.S.C. § 1232 g), Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. 7808), as amended by the No Child Left Behind Act of 2001 (P.L. No. 107-110), and the National Defense Authorization Act for Fiscal Year 2002, (P.L. 107-107) U.S.C. 503, as amended by Section 544.