



Key Biscayne K-8 Center

150 West McIntyre Street

Key Biscayne, FL 33149

Telephone: (305) 361-5418

FAX: (305) 361-8120

Office Hours: 8:00 am – 4:00 pm

Registration Hours: 8:30 am – 12:00 pm

Website: <http://keybiscayne.dadeschools.net>

Items required for registration:

(Pre-Kindergarten – 8th Grade)

Birth Certificate (original or certified copy) and Passport (if born outside the United States)

Florida Certificate of Immunization – DH 680 Form (original)

Current TB Screening/Results

Florida School Entry Health Exam – DH 3040 Form (original)
[Health examination performed within one year of enrollment]

Proof of Address (**two required**) – Current FPL bill showing name and service address, broker's or attorney's statement of parents' purchase of residence, current Homestead Exemption Card, and/or properly executed lease agreement. If unable to provide two valid proofs of address, an address verification will be conducted by a district social worker.

Student School Records (Transcript or Report Card for entire previous school year) for grade placement – **Grades 1-8 only!**

Florida Certificate of Eligibility – Form AWI-VPK 02 – **PreK only!**

NOTE: To enter Pre-Kindergarten, a child must be 4 on or before September 1st;
to enter Kindergarten, a child must be 5 on or before September 1st;
to enter 1st grade, a child must be 6 on or before September 1st.



EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. Number _____ Grade ____ Section ____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cell Phone _____ Email _____

Non-Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cell Phone _____ Email _____

Is either parent in the Military? Y _____ N _____ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes _____ No _____

Was the full cost paid by you? Yes _____ No _____ What type? Headstart _____ ESE _____ Migrant _____ Other _____ Unknown _____

EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____

Authorized: _____

Not Authorized: _____

Not Authorized: _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing (document) and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teachers(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat. §837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. §92.525, which are punishable as provided in Fla. Stat., §§775.082, 775.083, and 775.084.

The Emergency Student Data Form governs early release/withdrawal of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.



Miami-Dade County Public Schools
(for initial entry)

Requesting EFL? Yes _____ No _____
Grade: _____ Date: _____

Name of Pupil _____ (Last) _____ (First) _____ (Middle) _____ School _____ Key Biscayne K-8 Center _____
Ethnic Group _____ Sex _____ Place of Birth _____ (City, County, State) _____ Date of Birth _____ (Month, Day, Year) _____ Date of Entrance _____ (Month, Day, Year) _____

ADDRESS OF PUPIL	PHONE	PUPIL LIVES WITH	AUTHORITY FOR BIRTH DATE		NUMBER OLDER	NUMBER YOUNGER	NUMBER IN SCHOOL	NUMBER EMPLOYED
			Both Parents ()	() Birth Certificate				
		Father ()	() Passport	Sisters				
		Mother ()	() Other-specify	Step-Brothers				
		Other-specify ()		Step-Sisters				

Has the pupil attended nursery school? Yes _____ No _____
Has the pupil attended Kindergarten? Yes _____ No _____
Has the pupil attended a Head Start program? Yes _____ No _____
If from another country, give _____ Address of _____
Name of Last School _____ Last School _____ Last Grade _____ Placement _____

PARENTAL DATA	OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE	EDUCATION OF PARENTS	HEALTH	DECEASED	PARENTS OWN HOME?
Father's Name (Last, First, Middle)				Elementary _____ Middle _____ Sr. High _____ College 1 2 3 4	Excellent _____ Good _____ Fair _____	Year _____	Yes _____
Mother's Name (Last, First, Middle)				Elementary _____ Middle _____ Sr. High _____ College 1 2 3 4	Excellent _____ Good _____ Fair _____	Year _____	No _____



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 _____ (Y/N) 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 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.

KEY BISCAVNE K-8 CENTER

"A Mandatory Uniform School"

Uniform Policy

Elementary School (PreK – 5th Grade)

Khaki or navy pants, skirts, skorts and shorts
Navy, light blue or white polo shirts with emblem
Navy sweater or sweat shirt with emblem
Closed toe and back shoes
Socks
Belt (if skirt or pants have loops)

Middle School (6th – 8th Grade)

Khaki or navy full-length pants (no skirts/no shorts)
Navy, light blue or white polo shirts with emblem
Navy sweater or sweat shirt with emblem
Closed toe and back shoes
Socks
Belt

Physical Education (for Middle School)

PE uniforms for middle school students will be sold through our PTA (kbcspata.org). Order forms will be provided to students who have PE on their schedules. Uniform samples will be available for students to determine appropriate size. Orders will be placed as soon as school starts.

Additional information

- Shirts must be tucked in at all times.
- Shirts must be an appropriate size.
- Blue jeans, cargo pants, sweat pants and capris are not allowed.
- Pants must be worn to the waist.
- Belts must be worn if pants have loops.
- Socks must be worn.
- Bandanas and hats are not allowed.
- In accordance with M-DCPS policy, small earrings/studs may be worn. Hoops must be no larger than a nickel.

Uniform Emblems

Pretty Boutique (Square Shopping Center)
260 Crandon Blvd – Suite # 6
Key Biscayne, FL 33149
305-361-2806
Contact Person: Saeed