EMERGENCY STUDENT DATA FORM

School No./Name Dr. M. Dunn Academy for Community Education I.D. No. _____ Grade _____ Section XXXX

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 | Cellphone | Email

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

Telephone | Cellphone | Email

Is either parent in the Military? Yes ☐ No ☐ 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 necessary 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)* | XXXXXXXXXXXXXXXXXXXXXXXXXXXX *(Address)* | *(Phone at Work)*

(Name) | *(Relation to Student)* | XXXXXXXXXXXXXXXXXXXXXXXXXXXX *(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. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.

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 teacher(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. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The name of any individual who is authorized or unauthorized by the registering parent to pick up a student from school must be contained on the Emergency Student Data Form for that student to be released to the individual by school staff (See Fla. Stat. 1000.21(5) and Policy 0100 for definitions of "parent"). -The school shall abide by the information provided on the Emergency Student Data Form. Any person verified as a parent in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated. The registering parent who completes the Emergency Student Data Form is responsible for providing information that is truthful and accurate – and in the case of unmarried, divorced, or separated parents, consistent with any court order in effect governing their divorce, separation, or parenting matters. Any parent contesting the information provided in the Emergency Student Data Form by another parent may seek assistance from the court governing their parenting matters to compel the registering parent to revise the information. School staff shall provide such persons with the website for the Family Court Self-Help Program at http://www.jud11.flcourts.org/Family-Court-Self-Help-Program. Parents may also agree to change the registering parent and submit an ***Agreement to Change Registering Parent Form*** **(FM-7600)** at any time.

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 Hispanic_____(Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐

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

Address _____

Signature (Parent/Guardian) _____

Signature (Student)_____ Date Signed _____

FM-5740E Rev. (08-19)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM

_____
(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events or may create artwork. With your consent, the photograph, video, interview, or student created work may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the internet, and Miami-Dade County Public Schools websites and social media platforms such as Facebook, X, etc.

Please indicate your preference below.

_____ _____
(Student's Name) (Student's ID)

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

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

_____ _____
(Signature) (Date)

Return this signed form to:

CONTACT PERSON: H. Wallace/A. Whittle/T. Neal

SCHOOL NAME: Dr. Marvin Dunn Academy for Community Education

SCHOOL TELEPHONE: 305-756-2100

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 (M-DCPS)
Division of Student and Family Support Programs
Project UP-START
2026-2027 Project UP-START Student Eligibility Questionnaire

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability. This includes students living in a shelter facility, sharing home of a family member or friend, living in a car, park, a hotel/motel/Airbnb. M-DCPS implements the provisions of the McKinney-Vento Homeless Assistance Act by ensuring the school stability of eligible students and providing services and resources through the Project UP-START Program. 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.

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

*If you select "Rent Home" or "Own Home," please skip directly to Question #7.

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 (D)
- ☐ Mortgage Foreclosure (M)
- ☐ Tropical Storm (S)
- ☐ Tornado (T)
- ☐ Wildfire (W)
- ☐ Unknown (U)

QUESTION 3: WHAT ARE THE NAMES, BIRTHDATES, SCHOOLS, AND GRADES OF EACH CHILD OR YOUTH IN THE HOUSEHOLD?

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

QUESTION 4: ARE YOU SEEKING SUPPORT SERVICES FOR YOUR CHILD AT THIS TIME? (SERVICES ARE ONLY APPLICABLE TO ELIGIBLE FAMILIES)

- ☐ Yes, I am requesting services at this time.*
- ☐ No, I am not requesting services at this time.

*If "Yes" is selected, your child's school will contact you to obtain information about the specific service(s) that you are seeking for your child.

Attention School Staff: Please submit a Referral for Services (FM-7404) and/or Transportation Request (FM-7405) if the family is requesting services.

QUESTION 5 AND 6: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

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

Caregiver's Name: _____ Date: _____

Unaccompanied Youth Signature: _____ Phone Number: _____

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

QUESTION 7: WHAT IS YOUR ADDRESS/CONTACT INFORMATION?

Current Address: _____ Length of time at Current Address: _____

Former Address: _____ Phone Number: _____

Parent Name: _____ Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL/AGENCY USE ONLY

Please email the eligible forms to projectupstart@dadeschools.net and send the ineligible forms via School Mail to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.

School/Agency Name: _____ Location #: _____

School Contact Name: _____ Position: _____

Contact Number/Ext: _____ Email Address: _____

Division of Student and Family Support Programs
Title I Schoolwide Program
2026-2027 School-Level Title I Parent and Family Engagement Feedback Form

School / Escuela / Lekòl: Dr. Marvin Dunn Academy for Community Education

Location Number / Número de Ubicación / Nimewo Kote: 8019 **Date / Fecha / Dat:** _____

Parent or Family Member's Name / Nombre del padre, madre o familiar / Non Paran oswa Manm Fanmi an:	
Telephone Number / Número de teléfono / Nimewo telefòn	**Email Address / Dirección de correo electrónico / Adrès Imèl**

Directions:

Please complete the 2026-2027 School-Level Title I Parent and Family Engagement Feedback Form to assist our school with the implementation of the Title I Schoolwide Program by identifying the interests and needs of your family. The results of this feedback form will also be utilized to help in the development of the Title I School-Level Parent and Family Engagement Plan (PFEP), and future parent and family engagement activities, events, and workshops.

Instrucciones:

Por favor, complete el formulario de recinto escolar para la participación de padres y familias del Título I para el curso 2026-2027 con el fin de ayudar a nuestra escuela con la implementación del Programa Escolar del Título I identificando los intereses y necesidades de su familia. Los resultados de este formulario se podrían utilizar para ayudar con el desarrollo del Plan de Participación de Padres y Familias (PFEP) del Título I del recinto escolar, y asimismo para programar actividades futuras para padres y familiares, además de eventos y talleres.

Direksyon:

Silvouplè ranpli Fòm Kòmantè sou Angajman Paran ak Fanmi Tit I nan Nivo Lekòl 2026–2027 la pou ede lekòl nou an aplike yon Pwogram Tit I nan tout lekòl la lè w idantifye bezwen ak sa ki enterese fanmi w. N ap itilize rezilta Fòm Kòmantè sa a tou pou ede nan devlopman Plan Angajman Paran ak Fanmi (Parent and Family Engagement Plan – PFEP) nan nivo lekòl la, ansanm ak aktivite, evènman, ak atelye pou angajman paran ak fanmi.

1. Select the topics below that you would like more information about / Seleccione los temas a continuación sobre los que le gustaría recibir más información / Chwazi sijè ki anba yo sou ki ou ta renmen resevwa plis enfòmasyon.

- ☐ Parent Resources and Family Support / Recursos para padres y apoyo familiar / Resous pou Paran ak Sipò pou Fanmi
- ☐ School Involvement Opportunities (School Volunteer Program, PTA/PTSA, EESAC) / Oportunidades de participación en la escuela (Programa de Voluntarios Escolares, PTA/PTSA, EESAC) / Opòtinite patisipasyon lekòl la (Pwogram Volontè Lekòl, PTA/PTSA, EESAC)
- ☐ Helping My Child Succeed at Home (Parent Portal, tutoring) / Ayudar a mi hijo a tener éxito en casa (Portal para padres, tutoría) / Ede pitit mwen reyisi lakay (Pòtal Paran, Leson patikilye)
- ☐ Title I Schoolwide Program (PAC/DAC, PFEP) / Programa Escolar del Título I (PAC/DAC, PFEP) / Pwogram Tit I pou tout lekòl la (PAC/DAC, PFEP)
- ☐ Florida State Standards and Testing Requirements / Estándares estatales y requisitos de evaluación de Florida / Nòm ak Egzijans Tès Eta Florid la
- ☐ Special Education and Support Services / Educación especial y servicios de apoyo / Edikasyon espesyal ak sèvis sipò
- ☐ Other / Otro / Lòt: _____

Registering Parent/Guardian Responsibilities - Acknowledgment Form

The **Registering Parent/Guardian Responsibilities-Acknowledgment Form** is to be completed during the initial student registration process to confirm the registering parent's understanding of his or her responsibilities under M-DCPS Board Policies.

Student Name: _____ **Date of Birth:** _____ **Grade/Level:** ____

Registering Parent/Guardian Name: _____ **Relationship to Student:** _____

Phone Number: _____ **Email Address:** _____

The school shall abide by information provided by the **"registering parent"** (as defined in F.S. 1000.21 and Bylaw 0100) who completes the initial registration documents.

Any parent/guardian may complete and submit the online registration application. However, the parent/guardian who appears in person at the school to finalize the registration process and signs this form will be designated as the **registering parent**. This parent must also complete the Emergency Student Data Form (FM-2733).

The school will rely only on the information the **registering parent** provides during the registration process and emergency student data form.

Please initial below to acknowledge and understand the following:

___ I understand that only the **registering parent** may withdraw the student from school unless registering-parent status is transferred by completing FM-7600 – Agreement of Changing Registering Parent Form, as per School Board Policy 5130.

___ I understand that only the **registering parent** may make changes to the Emergency Student Data Form, as per School Board Policy 5112. However, any parent (as broadly defined in Policy 0100) is presumed to be "authorized" under that form unless listed as "not authorized."

___ I understand that only the **registering parent** is authorized to request or approve a school choice application for the student, as per School Board Policy 5131.

___ I understand that the **registering-parent** status can be transferred by fully executing FM-7600 – Agreement of Changing Registering Parent Form. M-DCPS otherwise expects parents/guardians to resolve disagreements about school arrangements privately and to comply with court orders or agreements governing these arrangements. Legal relief is available through the local family court, which offers a self-help program available at: http://www.jud11.flcourts.org/Family-Court-Self-Help-Program

☐ **I acknowledge and accept the policies listed above. (check)**

I, _____, understand that as the **registering parent**, I am responsible for providing information that is truthful, accurate, and consistent with the most recent court order governing divorce, separation, or custody matters, as applicable. I also acknowledge that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of their official duties is a second-degree misdemeanor under Florida Statute 837.06. Furthermore, I understand that knowingly making a false verified declaration constitutes perjury, a third-degree felony under Florida Statute 92.525. Lastly, I recognize that it is my responsibility to communicate the responsibilities rendered to me through this registration process to the other legal parent or guardian.

Registering Parent/Guardian Print Name: _____

Registering Parent/Guardian Signature: _____

DIVISION OF STUDENT AND FAMILY SUPPORT PROGRAMS
TITLE I SCHOOL-PARENT COMPACT 2026-2027 SCHOOL YEAR

The school and parent(s) working cooperatively to provide for the successful education of _____ agree that:
Child's Name

Dr. Marvin Dunn Academy for Community Education SCHOOL WILL:

- Conduct an Annual Parent Meeting About the Benefits of the Title I Schoolwide Program to inform parents and families of students in the Title I Schoolwide Program of their right to be involved.
- Offer meetings at flexible times, provide accessibility, accommodations, and translation services to parents, as requested.
- Actively involve parents in planning, reviewing, and improving the Title I Schoolwide Program and the Title I School-level Parent and Family Engagement Plan (PFEP).
- **Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards.**
  A high-quality curriculum and instruction will be provided as follows:

  Adhere to the curriculum standards as prescribed by the Florida Department of Education. After teaching the standards students will be assessed for mastery. Remediation opportunities will be afforded to those students who do not demonstrate mastery of the standards.
- **Hold parent-teacher conferences, at least annually, during which this compact will be discussed as it relates to the individual child's student achievement (Grades K-5 only).**
  A description of how and when conferences will be held are as follows:
- **Provide parents with frequent reports on their child's progress and information on the availability of tutoring services and homework assistance through programs.**
  The school will provide quarterly reports as follows:
- **Provide parents reasonable access to staff.**
  Staff will be available for consultation with parents as follows:
- **Provide parents opportunities to volunteer, participate, and observe their child's classroom activities.**
  A description of the types of opportunities provided are as follows:

  Call or email Student Services to set up a mutual time for staff to be available for consultations.

THE PARENTS/GUARDIANS WILL:

Describe the ways in which parents and families of students at Dr. Marvin Dunn Academy for Community Education will support their child's learning, such as:

- Monitor the child's attendance at school, home learning, and television viewing.
- Become involved in developing, implementing, evaluating, and revising the School-level PFEP.
- Promote positive use of the child's extracurricular time.
- Share in the responsibility with the school for the child's improved academic achievement.
- Communicate with the child's teacher(s) about his/her educational progress and needs.
- Participate, as appropriate, in decisions relating to the child's education.
- Stay informed about the child's education by reading and responding to all notices from the school or the school district.
- Volunteer at the school.
- Serve on policy advisory groups such as being a Title I Schoolwide Program school-parent representative on one or more committees, advisory councils, etc.
- Provide the school with up-to-date parent/guardian contact and student transportation information.

All questions pertaining to transportation, shall be directed towards, Mr. Whittle at (305) 756-2100.

NOTE: Provisions in bold lettering require additional information.

Please note that schools, in consultation with parents/families and students, are encouraged to include other relevant and agreed upon activities and actions to meet the specific needs of the school, which will support effective parent and family engagement and strengthen student academic achievement. Please ensure all areas of the compact are complete.

DR. MARVIN DUNN ACADEMY FOR COMMUNITY EDUCATION

Attendance Contract

Student's Name: _____ Date: _____

FLORIDA STATUES 232.01 requires regular school attendance of all children between the ages of 6 and 18. The only absences excusable by law are for a student's illness or prior permission of a school authority.

The student, parent, and school agree that the student's education is based on the student's participation in school, and the key to participation is regular attendance at the school. Therefore, the school agrees to provide an educational environment and the student agrees to be in attendance in accordance with this contract, as follows:

- Students need to attend school daily.
- When an absence occurs, THE PARENT GUARDIAN MUST CONTACT THE SCHOOL. The parent must also send a note upon the students return to school. If the student is absent for over 3 consecutive days, a doctor's note is required.
- Students run the risk of being withdrawn if he/she continues to accumulate absences.
- Students who are tardy to school must report to the Attendance Office to secure an admit pass. Once a student accumulates five (5) tardies, notes are no longer accepted.
- Individuals NOT LISTED on the emergency contact card will NOT BE permitted to sign a student out of school. NO EXCEPTIONS!

The Student and Parent should accept the responsibilities and duties stated above and agree to follow directions given by the staff members of Dr. Marvin Dunn Academy for Community Education.

I further understand that failure to comply with the above attendance contract may result in a referral to the Department of Juvenile Justice.

I have read and agree to comply with the Attendance Contract at Dr. Marvin Dunn Academy for Community Education.

_____ _____

Print Student's Name Student ID/#

_____ _____

Student's Signature Parent or Guardian's Signature