

ACADEMIR PREPARATORY ACADEMY
5800 S.W.135 AVE
MIAMI, FL 33185



2025-2026

KG-5th
REGISTRATION PACKET



AcadeMir Preparatory
Checklist for Registration and Enrollment

Name of Student: _____ Grade: _____

Transferring from: _____

New Kindergartens:

____ Birth Certificate
____ Health Exam (Physical)
____ HRS 680 Immunization (Blue Card)
____ Proof of Address

____ Registration Packet
Home Language Survey
(School will provide at time of Registration)

Transfer from another MDCPS:

____ Proof of Address
____ Withdrawal / Charter School Transfer Form
____ Registration Packet
Birth Certificate

Transfer from Out of State School:

____ Birth Certificate
____ Health Exam (Physical)
____ HRS 680 (Blue Form)
____ Proof of Address
____ Copy of Last Report Card
____ Registration Packet
Home Language Survey
(School will provide at time of Registration)

Transfer from Public/Private School in FL:

____ Birth Certificate
Health Exam (Physical)
____ HRS 680 (Blue Form)
Proof of Address
____ Copy of Last Report
____ Registration Packet
Home Language Survey
(School will provide at time of Registration)

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



AcadeMir Preparatory Academy

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

I give my permission to AcadeMir Preparatory Academy 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 Preparatory Academy 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 Preparatory Academy 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



AcadeMir Preparatory Academy

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 Preparatory Academy 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 Preparatory Academy 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)*

Grade

Signature of Student

Date



AcadeMir Preparatory Academy

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 ☐Tablet/capsule ☐Liquid ☐Inhaler ☐Injection ☐Nebulizer ☐Other _____

Dosage _____ Frequency _____ Time _____

How is medication to be administered? _____

Should the school be aware of any adverse reactions or precautions? _____

Home phone _____ Emergency phone _____

Doctor's name _____ Doctor's phone _____

The undersigned parent/guardian authorizes AcadeMir Preparatory Academy 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 Preparatory Academy 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



AcadeMir Preparatory Academy

STUDENT RECORDS REQUEST

Date: _____

Last School Attended: _____

Address of School: _____

Phone Number: _____ Fax: _____

Name of Home School: _____

(The school your child should attend based on your 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 and Physical)
- ✓ Brief explanation of grading system
- ✓ Current grades at time of withdrawal
- ✓ Exceptional Education Records

Signature of registering Parent/ Guardian _____ Date _____

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

Registrar,

AcadeMir Preparatory Academy



AcadeMir Preparatory Academy
Parent Contract
2025-2026

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.
- 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 Preparatory Academy has adopted and will abide by the Miami-Dade County Public Schools Code of Student Conduct. Further, it is the expectation of AcadeMir Preparatory Academy 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: _____



AcadeMir Preparatory Academy

Student Contract

2025-2026

Whereas, I have made a personal decision to enroll as a student at AcadeMir Preparatory Academy in order to experience a unique educational opportunity; and

Whereas, I recognize that AcadeMir Preparatory Academy is a public charter school of choice, not entitlement;

Therefore, as a student at AcadeMir Preparatory Academy, 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 Preparatory Academy. 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 _____

AcadeMir Preparatory Academy

Student Emergency Card

School No.	I.D. Number	Student's Last Name	APP	First Name	Birth Date	Gender	Grade
Current Entry Date	Florida I.D. Number	Last Legal Name (if different)	APP	First Name	Section	Student Social Security No.	
ETHNIC Hispanic ____ (Y/N)		(Check all that apply) RACE: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐			Place of Birth: (City)		
					(State/ Country)		
Student's Address (APT) (City) (Zip)					Telephone ()		
Parent Guardian	Last Name	First Name	Relation	Place of Employment	Telephone ()	Alt Telephone ()	
	Last Name	First Name	Relation	Place of Employment	Telephone ()	Alt Telephone ()	
Current School:			Are you in Military Services? Y__ N__			Card No.	
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: 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 contact? (List two persons in priority order below.)							
(Name)		(Relation to Student)		(Address)		(Phone)	
(Name)		(Relation to Student)		(Address)		(Phone)	
Parent's/Guardian's E-Mail address _____ Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____ Student Health data which should be known in an emergency: _____							
AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: List below the names of persons either authorized or not authorized to take your child from school during the school day. Your child will not be released to anyone not specifically authorized by you. AUTHORIZED: _____ AUTHORIZED: _____ NOT AUTHORIZED _____ NOT AUTHORIZED _____							
It is the parent's responsibility to inform the school in writing of any change in the information listed on this form. Date: _____ Registering Parent Signature _____ Registering Parent Printed Name _____							



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) Has the student ever been referred to mental health services?

YES ☐ NO ☐

If "YES", please list each and every service.

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 _____

HOME LANGUAGE SURVEY PROCEDURES

- Complete at the time of initial registration with school personnel.
- This form is about the language that is spoken with the student at home.
- Only one language may be selected. Bilingual is not a language
- Questions 1-3 pertains to the student, not the parent.

 **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. School : _____ / _____ / _____ Ethnic _____ (Check all that apply)
Month Day Year Hispanic _____ (Y/N) Race: White ☐ Black ☐ Asian ☐
American Indian ☐ Native Pacific Islander ☐

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 _____

- Thank you



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. School : _____ / _____ / _____ Ethnic _____ (Check all that apply) Race: White ☐ Black ☐ Asian ☐
Month Day Year Hispanic _____ (Y/N) American Indian ☐ Native Pacific Islander ☐

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 la Escuela de los Estados Unidos: _____ / _____ / _____ Origen Etnico _____ (Marque todo lo pertinente) Raza: Blanco ☐ Negro ☐
Mes Día Año Hispano _____ (S/N) Asiático ☐ Indígena de los EEUU ☐ Oriundo de las Islas del Pacífico ☐

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. Lekòl: _____ / _____ / _____ Etnisite _____ (Tcheke tout sa ki aplike) Ras: Blan ☐ Nwa ☐ Azyatik ☐
Mwa Jou Ane Espayòl _____ (W/N) Amriken Endyen ☐ Natif Il Pasifik ☐

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 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.