Please use blue ink to fill out the forms.
Por favor use tinta azul para llenar los formularios.

SUNSET PARK ELEMENTARY

STEM ACADEMY

REGISTRATION INFORMATION
2023 - 2024
SCHOOL YEAR

REQUISITOS PARA LA MATRICULA DEL ANO ESCOLAR
2023 - 2024

2023 - 2024

We cannot register your pre-kindergarten student without the Certificate of Eligibility
No podemos inscribir a ningún estudiante de pre-kindergarten si no tiene un Certificado de Elegibilidad

☐ **Certificate of Eligibility** (PK Student Only) C.O.E.
Child must have attained age 4 on or before September 1st, 2023 and reside in school attendance boundaries.

☐ **Birth Certificate or Passport (Original)**
Certificado de Nacimiento o Passaporte (Original)

☐ **Certificate of Immunization – HRS 680* (Original)**
Certificado de Vacunas (Original)

☐ **Physical Examination – HRS 3040* (Original)**
(Must include date of Clinical Screening for Tuberculosis)
Examen Fisico – 680* (Original)
(Debe incluir Asesoramiento clinico de tuberculosis)

☐ **Verification of Residence/Deed/Lease, FPL Bill (Original)**
Verificacion de Domicilio/Contrato de alquiler o Compra/Cuenta de Luz (Original)

***Immunization must include varicella immunization or documentation of the date of the disease**
(Kindergarten students must have a 5th dose of Polio immunization)
*Debe incluir las vacunas de Varicela o documentation de la fecha que tuvo la enfermedad.

Voluntary Pre-Kindergarten Program hours are from 8:20 AM – 1:50 PM
Kindergarten and 1st Grade 8:20am – 1:50pm
2nd Grade – 5th Grade 8;35am – 3:05pm
Wednesday Dismissal at 1:50pm All Grades

If you have any question, please call the school at 305-279-3222 or send an email to dulynp@dadeschools.net

TO OBTAIN A VPK CERTIFICATE OF ELIGIBILITY
***VPK WEBSITE:** www.vpkhelp.org

SUNSET PARK ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM

NAME OF THE STUDENT
Nombre del Estudiante

STUDENT ID
ID del Estudiante

HOME STREET ADDRESS
Dirección

APT#

CITY
Cuidad

STATE
Estado

ZIP CODE
Codigo Postal

UNLISTED TELEPHONE
Teléfono Publicado S/N

Yes ☐ No ☐

SEX
Sexo

☐ Male

☐ Female

ETHNIC HISPANIC
Origen Etnico Hispano

Yes ☐ No ☐

RACE (you may pick more than one)
Raza (puede elegir más de uno)

White / Blanco ☐ Black / Negro ☐ Asian / Asiatico ☐

American Indian / Indigena de los EEUU ☐

Native Pacific Islander / Oriundo de las Islas del Pacifico ☐

TELEPHONE
Teléfono

☐☐☐ ☐☐☐ ☐☐☐☐
AREA CODE

BIRTHDATE
Fecha de nacimiento

☐☐ ☐☐ ☐☐☐☐
Month / Mes Date / Día Year / Año

PLACE OF BIRTH (COUNTRY)
Lugar de nacimiento (Pais)

CITY
Cuidad

STATE
Estado

Birth Certificate
Partida de Nacimiento ☐

Passport
Pasaporte ☐

MILITARY FAMILY
Familia militar

Yes ☐ No ☐

NAME OF LAST SCHOOL ATTENDED
Nombre de la última escuela a la cual asistió

LAST SCHOOL ATTENDED WAS PRIVATE?
¿La última escuela a la cual asistió fue privada?

Yes ☐ No ☐

ADDRESS
Dirección

CITY
Cuidad

STATE
Estado

ZIP CODE
Codigo Postal

TELEPHONE
Teléfono

☐☐☐ ☐☐☐ ☐☐☐☐
AREA CODE

Last Grade Attended
Ultimo grado asistido

Grade/Grado ☐☐

Date last attended School
Fecha de la última vez que asistió a la escuela

Month / Mes ☐☐ Date / Día ☐☐ Year / Año ☐☐☐☐

IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME?
¿Se usa un idioma diferente al inglés en el hogar?

Yes ☐ No ☐

IF YES, ☐Spanish/Español ☐Other (please specify)

_____

FATHER'S NAME
Nombre del Padre _____

PLACE OF EMPLOYMENT _____
Lugar de Empleo

TELEPHONE
Teléfono

☐☐☐ ☐☐☐ ☐☐☐☐
AREA CODE

MOTHER'S NAME
Nombre de la Madre _____

PLACE OF EMPLOYMENT _____
Lugar de Empleo

TELEPHONE
Teléfono

☐☐☐ ☐☐☐ ☐☐☐☐
AREA CODE

STUDENT LIVES WITH (CHECK ONE BOX)
Vive con ambos padres (Marque una casilla)

☐ **Both Parents**/Ambos Padres ☐ **Father**/Solo con el padre ☐ **Mother**/Solo con la madre

SUNSET PARK ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM

NAME OF BROTHERS AND SISTERS AT SUNSET PARK ELEMENTARY SCHOOL
Nombre de hemanos y/o hermans en Sunset Park Elementary School

_____ _____ _____

NAME OF BROTHERS AND SISTERS AT ANOTHER MIAMI~DADE COUNTY PUBLIC SCHOOL
Nombre de hemanos y/o hermans en otra escuela pública del Condado de Miami~Dade

_____ _____ _____

HEALTH DATA WHICH SCHOOL SHOULD KNOW IN CASE OF EMERGENCY
Datos de salud que la escuela debe saber en caso de emergencia

_____ _____ _____

FAMILY DOCTOR'S NAME
Nombre del médico de familia

TELEPHONE
Teléfono

☐☐☐ ☐☐☐ ☐☐☐☐
AREA CODE

PREFERRED HOSPITAL
Hospital de preferencia

TELEPHONE
Teléfono

☐☐☐ ☐☐☐ ☐☐☐☐
AREA CODE

HOW WILL YOUR CHILD COME TO SCHOOL?
¿Como vendrá su niño a la escuela?

Walks/Camina Yes ☐ No ☐ **M-DCPS Bus**/Omnibus de la escuela Yes ☐ No ☐ **Private Bus**/Omnibus Privado Yes ☐ No ☐

Name of the bus company?
¿Nombre de la compañia de transporte? _____

PARENT SIGNATURE
Firma del padre o de la madre

_____

☐☐ ☐☐ ☐☐☐☐
Month / Mes Date / Día Year / Año

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)

ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

NOTIFICACIÓN DE NÚMEROS DE TELÉFONOS PRIVADOS

La información del Directorio se define en los **Registros de Estudiantes,** el cual está incorporado como parte de la Póliza 8330 de la Junta Directiva, e incluye el nombre del estudiante, su dirección, número de teléfono, si no es privado, su participación en actividades y deportes reconocidos oficialmente, peso y tamaño de los miembros de los equipos atléticos, títulos y premios que ha recibido, y la agencia o institución de educación más reciente donde asistió.

La ley federal requiere que los sistemas escolares proporcionen información del directorio a las personas que reclutan para el servicio militar e instituciones de enseñanza por medio de solicitudes. Esta información del directorio se puede proporcionar también a otras organizaciones y agencias.

Las tarjetas y formularios distribuidos para recopilar información al comienzo de este año escolar no proporcionaron espacio para indicar que un número de teléfono es privado. Por lo tanto, se debe usar este formulario para indicar que el número de teléfono poroporcionado para el estudiante es un número privado. El archivo cumulativo del estudiante incluirá una anotación para que el número de teléfono **no sea proporcionado** en respuesta a solicitudes para información del directorio.

Favor de devolver este formulario dentro de un período de 30 dias a su escuela, si es que su número de teléfono aparece en el directorio y usted no desea que se le proporcione a las personas o instituciones que solicitan información del directorio.

Nombre del estudiante: _____ # de ID: _____

Grado: _____ Número de teléfono privado: _____

Firma del padre / de la madre / del estudiante (18 años o mayor):

_____

Nombre impreso Firma Fecha

Acknowledgment of Receipt and Review

Each parent/guardian of a student and each student enrolled in Miami-Dade County Public Schools must sign and return this page to the student's school to acknowledge that he/she has accessed the online version or obtained a copy of the Code of Student Conduct. In addition, this page serves as acknowledgement that you have reviewed the Code of Student Conduct with your child. Each school will maintain records of such signed statements.

The online version of the Code of Student Conduct in English, Spanish, and Haitian-Creole can be located in the Parent Portal or by accessing through the following website address:

http://ehandbooks.dadeschools.net/policies/90/index.htm

If you do not have internet access to obtain a copy of the Code of Student Conduct, please visit your child's school to obtain a copy.

I acknowledge receipt of the notification regarding accessing or obtaining a copy of the Code of Student Conduct through the Parent Portal or via the internet web address and that I have read and discussed the Code of Student Conduct with my child.

_____ _____

Parent's/Guardian's Signature Date

I acknowledge receipt of the notification regarding accessing or obtaining a copy of the Code of Student Conduct through the Parent Portal or via the internet web address and that I have read and discussed it the Code of Student Conduct with my parent/guardian.

_____ _____

Student's Name Date

RETURN TO STUDENT'S SCHOOL WITHIN FIVE (5) SCHOOL DAYS UPON RECEIVING NOTIFICATION TO REVIEW THE CODE OF STUDENT CONDUCT

SUNSET PARK UNIFORMS

Sunset Park Elementary has mandatory uniform policy and is described below:

The uniforms for boys will be:

- Navy blue or khaki uniform slacks or shorts
- White or navy blue solid polo collar shirt bearing the Sunset Park Logo
- Sunset Park "Spirit" T-Shirt

The uniforms for girls will be:

- Navy blue or khaki uniform Bermuda shorts, uniform slacks, skorts and culottes
- White or navy blue solid polo collar shirt bearing the Sunset Park Logo
- Sunset Park "Spirit" T-Shirt

All students should wear sneakers/tennis shoes or closed shoes. At no time should students wear sandals or open toe shoes. (Safety Purpose)

In the winter it will be permissible for student to wear blue fleece sweat suits and if the temperature has dropped to 65 degrees or below students may wear blue jeans.

Blue jeans may only be used if the temperature drops to 65 degrees or below.

Student Name: _____ Teacher: _____

Parent Signature: _____ Date: _____

UHealth Pediatrics
UNIVERSITY OF MIAMI HEALTH SYSTEM

UNIVERSITY OF MIAMI
MILLER SCHOOL of MEDICINE

The Children's Trust

University of Miami
Clinica Pediatrica Movil

esta ofreciendo

VACUNAS GRATIS
PARA NIÑOS DE TODAS LAS EDADES

Solamente por cita
305-243-6407

Lunes - Viernes 7:30AM - 3:30PM

UHealth Pediatrics
UNIVERSITY OF MIAMI HEALTH SYSTEM

UNIVERSITY OF MIAMI
MILLER SCHOOL of MEDICINE

The Children's Trust

University of Miami
Pediatric Mobile Clinic

is offering

FREE VACCINES
FOR ALL CHILDREN

By appointment only
305-243-6407

Monday - Friday 7:30AM - 3:30PM

VAKSEN GRATIS POU SWEN TIMOUN

Vaksen Gratis Pou Tout Timoun Jiska Dizwitan Daj

AK TIMOUN KAP RANTRE LEKOL

Florida HEALTH
Miami-Dade County

Adrès Klinik Yo:

- **Health District Center**
  1350 NW 14th Street 2nd Floor
  Miami, Florida 33125
  Lendi - Vandredi
  (8:00am-3:3pm)

- **West Perrine Center**
  18255 Homestead Avenue
  Miami, Florida 33157
  Lendi - Vandredi
  (8:00am-4:00pm)

- **Little Haiti Health Center**
  300 NE 80th Terrace 2nd Floor
  Miami, Florida 33138
  Lendi, Mèkredi ak Vandredi
  (8:00am-4:00pm)

Tanpri Rele Pou Yon Randevou Nan 786.845.0550

FREE VACCINES

Florida HEALTH
Miami-Dade County

Free Vaccines for children up to 18 years of age

FOR CHILDCARE & SCHOOL ENTRY CHILDREN

- **Health District Center**
  1350 NW 14th Street 2nd Floor
  Miami, Florida 33125
  Monday - Friday
  (8:00am-3:30pm)

- **West Perrine Center**
  18255 Homestead Avenue
  Miami, Florida 33157
  Monday – Friday
  (8:00am-3:30pm)

- **Little Haiti Health Center**
  300 NE 80th Terrace 2nd Floor
  Miami, Florida 33138
  Monday, Wednesday & Friday
  (8:00am-3:30pm)

Please Call to Make an Appointment at 786.845.0550
Por Favor LLámenos al 786.845.0550 Para Una Cita
Tanpri Rele Pou Yon Randevou Nan 786.845.0550

MIAMI-DADE COUNTY PUBLIC SCHOOLS

Prekindergarten Program

Title 1/Fee-Supported

PREKINDERGARTEN SCREENINGS CONSENT

School 5421 Sunset Park Elementary School Date _____

The Miami-Dade County Public School System is conducting a preschool screening of vision, hearing, and speech. If you would like your child to participate in this screening, please sign this form, and enter your child's name and date of birth.

The results of this screening will be used to provide the best possible prekindergarten program for your child.

Child's Name _____ Date of Birth _____

Parent's Signature _____ Parent's Phone Number _____

I. HEARING SCREENING

Needs further evaluation: ☐ Yes ☐ No

	1000	2000	4000	6000	8000
Right Ear					
Left Ear					

II. VISION SCREENING

Both Eyes	Right Eye	Left Eye

Wears Glasses

☐ Yes ☐ No

NEEDS FURTHER EVALUATION:

☐ Yes ☐ No

CRITERIA

Age 3	20/40
Age 4-5	20/30
Age 6 +	20/20

III. SPEECH SCREENING

Language:

☐ Appropriate

☐ Inappropriate

NEEDS FURTHER EVALUATION:

☐ Yes ☐ No

Phonological Chart

Age 3	b p m h n w
Age 4-5	k g t d f y
Age 6	n (sing) r l

Miami-Dade County Public Schools
Department of Title I Administration
Project UP-START Program
2022-2023 Project UP-START Student Eligibility Questionnaire

This questionnaire is intended to help determine eligiblity of services under the federal McKinney-Vento Act. Florida Statute 837.06 provides that who 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 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)
- ☐ Doubled-up/Sharing the home of others (B)
- ☐ Car/Park/Trailer/Substandard Housing (e.g., no water, no electricity, mold infestation) [D]
- ☐ Hotel/Motel/Airbnb (E)
- ☐ Rent home
- ☐ Own home

SKIP QUESTION #2 IF YOU SELECT RENT HOME/OWN HOME

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 (O)
- ☐ Man-Made Disaster/Fire (D)
- ☐ Mortgage Foreclosure (M)
- ☐ Tropical Storm (S)
- ☐ Tornado (T)
- ☐ Other/Unknown (U)

QUESTION 3: WHO IS/ARE THE STUDENT(S) FOR WHOM YOU ARE COMPLETING THIS FORM?

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

PARENT/GUARDIAN CONTACT INFORMATION (DO NOT COMPLETE QUESTIONS 4 AND 5)

Current Address: _____ City : _____ Zip Code : _____

Parent Name : _____ Phone Number : _____

Parent/Guardian Signature : _____ Date : _____

QUESTION 4 AND 5: TO BE COMPLETED BY UNACCOMPANIED YOUTH ONLY (SELECT ONE OPTION)*

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

Caregiver's Name: _____ Date : _____

Unaccompanied Youth Signature: _____

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

FOR SCHOOL/AGENCY USE ONLY

School/Agency Name : _____ Location # : _____

School Contact Name : _____

Contact Number/Ext : _____ Email Address : _____

Please fax the completed forms to 305 579-0370, or via email at projectupstart@dadeschools.net or send forms to the respective location site, to the attention of Project UP-START: South - Loc #7021; Central - Loc #8005, & North - Loc #9571.

THIS FORM DOES NOT TRIGGER A CALL TO THE FAMILY. FOR MORE SERVICES, FM-7404 AND/OR FM-7405 MUST BE SUBMITTED.

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 Hispanic _____ (Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐
Month Day Year 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 Sunset Park Elementary 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 Hispano _____ (S/N) (Marque todo lo pertinente) Raza: Blanco ☐ Negro ☐
Mes Dia Año 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 Sunset Park Elementary School 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 Espayòl _____ (W/N) (Tcheke tout sa ki aplike) Ras: Blan ☐ Nwa ☐ Azyatik ☐
Mwa Jou Ane 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 Sunset Park Elementary School Dat _____ Siyati Paran _____

CC: FILE IN CUMULATIVE FOLDER
TO STAFF FOR TESTING

EMERGENCY STUDENT DATA FORM

School No./Name 5421 Sunset Park Elementary School I.D. No. _____ 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 _____ 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)* _____ *(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. 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.