



EMERGENCY STUDENT DATA FORM

School No./Name <u>Avocado Elementary</u>		I.D. No. <u>0809635</u>	Grade <u>3</u>	Section _____
Martinez		Karla	Leah	
Student's Last Name		APP	First Name	Middle Name
Address <u>14931 Harding LN</u>				
Main contact phone number to be used for emergencies and automated messaging: <u>(786) 223-5649</u>				
Marilyn Hernandez		Mother	Target	
Registering Parent/Guardian's Name		Relation	Place of Employment	
- <u>(786) 223-5649</u>		<u>mariher2010@yahoo.com</u>		
Telephone		Cellphone	Email	
Edgar Martinez		Father	Mondrian South Beach	
Non-Registering Parent/Guardian's Name		Relation	Place of Employment	
<u>(786) 603-7578</u>		<u>ehmar236@yahoo.com</u>		
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.

<u>Rosario Castillo</u>	<u>Grandmother</u>	<u>14931 Harding LN</u>	<u>(305) 458-5077</u>
(Name)	(Relation to Student)	(Address)	(Phone at Work)
<u>Madelyn Hernandez</u>	<u>Aunt</u>	<u>27040 SW 145 Ave</u>	<u>(786) 218-5204</u>
(Name)	(Relation to Student)	(Address)	(Phone at Work)
<u>Dr. Trujillo</u>	<u>(305) 271-4711</u>	<u>Nickalus Children's</u>	<u>(305) 666-6511</u>
Family Doctor	Phone	Preference of Hospital	Phone

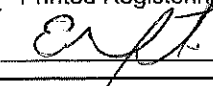
Student health/allergy data which should be known in an emergency: N/A

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: <u>Rosario Castillo</u>	<u>Madelyn Hernandez</u>	<u>Carlos Martinez</u>
Authorized: <u>Hugo Martinez</u>	<u>Yisel Yanes</u>	
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: 09/08/2020 Printed Registering Parent/Guardian's Name Edgar Martinez

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 Emergency Student Data Form governs early release withdraw 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
Department of Title I Administration
Children and Youth in Transition Program
Project UP-START Student Eligibility Questionnaire

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. 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 second degree.

Project UP-START services are confidential and this form is not to be shared with outside community agencies.

SECTION A: The student currently has housing that is Fixed, Regular, and Adequate.

Parent/Guardian Initial: _____

Student Name: Karla Martinez

Student ID#: 0809635



☒ Rent/own your home

☐ Live in foster care placement



Please do not continue completing this form if you checked one of the boxes above.

SECTION B: The student does NOT currently have housing that is Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

The current nighttime residence is... (check only one)

Was displaced from household because of... (check only one)

☐ In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)

☐ Temporarily sharing the housing of other persons due to economic hardship (B)

☐ Living in a vehicle of any kind, trailer park or campground, parks, abandoned buildings, public place, or substandard housing (e.g. no running water no electricity/mold infested) (D)

☐ In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)

☐ Natural Disaster - Hurricane (H)

☐ Natural Disaster - Flooding (F)

☐ Natural Disaster - Tropical Storm (S)

☐ Natural Disaster - Tornado (T)

☐ Man-made Disaster/Fire (D)

☐ Mortgage Foreclosure (M)

☐ Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)

☐ Parents/Caregiver is incarcerated

☐ Unknown/Other: _____ (U)

Please list the names of all students who are active in M-DCPS.

Student Name (Last, First)	Student ID#	Date of Birth	Grade	School/Location #
Martinez Karla	0809635	06/12/12	3	Avocado Elementary
Martinez Karen	0756884	02/25/15	K	Redondo Elementary

Current Address: 14931 Harding LN Apt: _____ City: Homestead Zip: 33033

Contact Phone: 7862235649 Email: mariher2010@yahoo.com

Name of Parent/Guardian: Marilyn Hernandez Date: 09/08/20

SECTION C: Unaccompanied Youth must complete this section.

☐ Student is living alone without an adult. ☐ Student is living with an adult that is NOT a parent/guardian.

Caregiver Name: _____

Please complete the FM-7402 (Caregiver's Authorization Form).

SECTION D: Parents, Guardians and/or Unaccompanied Youth must complete this section, prior to submitting the Questionnaire for processing.

The undersigned certifies that the information provided is accurate.

[Signature]
Signature of Parent/Guardian OR Unaccompanied Student

9-8-20
Date

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ Location #: _____

Staff Name: _____ Telephone #: _____ Extension: _____

Please fax the following completed forms to 305 579-0370, via email to projectupstart@dadeschools.net, or send forms to Location #9102:

► FM-7378

► FM-7402, FM-7404, and FM-7405, as applicable

Fax/Email Date: _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM
Physical Education and Health Literacy

09/08/20

(Date)

Dear Parent:


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

Please indicate your preference below.

Karla Martinez
(Student's Name)

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

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


(Signature)

09/08/20
(Date)

Return this signed form to:

CONTACT PERSON: _____

SCHOOL NAME: _____

SCHOOL TELEPHONE: _____