

**SOUTHSIDE PREPARATORY ACADEMY
MUSEUMS MAGNET SCHOOL**
45 SW 13th STREET, MIAMI, FLORIDA 33130
305-371-3311



PRINCIPAL – Ms. Linette Tellez
ASSISTANT PRINCIPAL ELEMENTARY – Ms. Annie Alvarez
ASSISTANT PRINCIPAL ELEMENTARY – Mr. Miguel Mejia
ASSISTANT PRINCIPAL MIDDLE SCHOOL – Ms. Matasha Mondy
ASSISTANT PRINCIPAL COMMUNITY EDUCATION – Ms. Judie Morales
SECRETARY / TREASURER – Ms. Zuleica Hinds
ELEMENTARY SCHOOL ASSISTANT – Ms. Elizabeth Perez
MAGNET LEAD TEACHER – Ms. Koryna Martinez – msmartinez@dadeschools.net

ELEMENTARY STUDENTS – PRE-K THROUGH 5TH GRADE UNIFORM POLICY

Tops: White or light blue polo with school logo
Bottoms: Navy blue uniform pants, shorts, or skorts
Sweaters: Navy blue with or without school logo but no advertisements
Shoes: Closed Toe Shoes (No Crocs)

MIDDLE SCHOOL STUDENTS' UNIFORM POLICY

Tops: Grey polo or Royal Blue polo with school logo
Bottoms: Navy blue uniform pants, shorts, or skorts
Sweaters: Navy blue or grey with or without school logo but no advertisements
Shoes: Closed Toe Shoes (No Crocs)

SCHOOL HOURS FOR PRE-KINDER, KINDERGARTEN & 1ST GRADE STUDENTS

Monday through Friday: 8:35 a.m. – 2:05 p.m.

SCHOOL HOURS FOR 2ND THROUGH 8TH GRADE STUDENTS

Monday, Tuesday, Thursday, Friday: 8:35 a.m. – 3:05 p.m.
Wednesday: 8:35 a.m. – 2:05 p.m.

BREAKFAST / LUNCH INFORMATION

<http://dadeschools.nutrislice.com>

Cafeteria Manager: Ms. Quinshawna Mitchell / 305-371-3311, ext. 2116
303389@dadeschools.net

Breakfast: Free for all students served 7:45 a.m. – 8:15 a.m.
Lunch: \$2.25 full price / \$0.40 reduced price for Pre-K through 5th grade
Lunch: \$2.50 full price / \$0.60 reduced price for 6th through 8th grade

COMMUNITY SCHOOL ENRICHMENT / AFTERSCHOOL CARE PROGRAMS

Program Manager: Ms. April Venegas / Ms. Jamin Rivera / ext. 2197 / 2198
msapril@dadeschools.net / msjamin@dadeschools.net

Office Hours: 11:30 a.m. – 5:30 p.m.
Afterschool Care Hours of Operation: 2:05 p.m. – 6:00 p.m.

Follow us on social media:



@SouthsideOwls

Miami-Dade County Public Schools
Registration Requirements

Hours of Registration: 8:45AM – 2:30PM

Miami-Dade County Public Schools is committed to the education of all children. Your child's enrollment in this school is very important. If you cannot produce any of these documents, please ask to speak to an administrator.

I. ENTRIES FROM OUT-OF-COUNTY, STATE, COUNTRY, AND PRIVATE SCHOOLS

- A. AGE AND LEGAL NAME VERIFICATION – Must provide **one** of the following:
1. Duly attested original birth certificate, hospital certificate not acceptable
 2. Duly attested Certificate of Baptism with a parent affidavit
 3. Insurance policy on the child's life in force for the past 2 years
 4. Bonafide religious record with parent affidavit
 5. Passport or Certificate of Arrival in the USA showing age of child
 6. Transcript of school records of at least 4 years prior, stating the date of birth
 7. Affidavit of age signed by parent and Certificate of Age signed by public health officer
- B. VERIFICATION OF ADDRESS – Must provide **two** of the following:
1. Broker's or Attorney's statement of parents' purchase of residence or property executed lease agreement
 2. Current Homestead Exception Card
 3. Electric deposit receipt or electric bill, showing parent name and service address
- C. HEALTH REQUIREMENTS – Must provide **both** forms:
1. Student Health Examination – DH3040 (yellow form) physical examination performed one year prior to enrollment
 2. Florida Certificate of Immunization – DH680 (blue card) from a private doctor or local health provider
- D. SCHOOL RECORDS
- Verification of credits earned for grade placement
 - Interpretation of foreign records at no cost available from the Federal & State Compliance Office

II. TRANSFERS FROM ANOTHER MIAMI-DADE COUNTY PUBLIC SCHOOL

- Parent or legal guardian must bring a withdrawal slip from sending school
- Proof of address with name of parent/guardian (See Verification of Address listed above).

Miami-Dade County Public Schools
Federal and State Compliance Office

Student Cumulative Record
Registrar's Checklist

_____ **Emergency Student Data Form – FM-2733**

- Completed by the parent

_____ **Home Language Survey Form – FM-5196**

- Date of entry into the US School (DEUSS) must be entered
- Ensure Y and N are completed with both student and parent language

_____ **Verification of Age and Legal Name** – Authenticate age and legal name of student by affixing birth verification stamp on the copy of one of the original documents below:

- ___ Duly attested original birth certificate, hospital certificate not acceptable
- ___ Duly attested Certificate of Baptism with a parent affidavit
- ___ Insurance policy on the child's life in force for the past 2 years
- ___ Bonafide religious record with parent affidavit
- ___ Complete Verification of Student information on a passport or Certificate of Arrival Form – FM-6670 – authenticating legal name, date of birth and place of birth. **THESE DOCUMENTS CANNOT BE PHOTOCOPIED.**
- ___ Transcript of school records of at least 4 years prior, stating the date of birth
- ___ Affidavit of age Sworn by the parent and Certificate of Age signed by public health officer – FM-4681

_____ **Verification of Address** – Must provide two of the following:

- ___ Broker's or Attorney's statement of parents' purchase of residence or property executed lease agreement
- ___ Current Homestead Exception Card
- ___ Electric deposit receipt or electric bill, showing parent name and service address
- ___ Miami-Dade County Public Schools Statement of Bonafide Residence

_____ **Disclosure at Time of Registration**

- FM-5740

_____ **Health Requirements**

- ___ Student Health Examination – DH3040 (yellow form) physical examination performed one year prior to enrollment; Clinical TB screening/results
- ___ Florida Certificate of Immunization – DH680 (blue card) from a private doctor or local health provider

*****If assistance is needed regarding these documents, please call Comprehensive Health Services at 305-805-4600.***

Important Message to Parents

- Health Requirements for School Entrance

Prior Resident Entry code

____ County Name
____ District Number
____ Enrollment Type

Student School Records

- For grade placement and verification of credits earned
- Interpretation of foreign records available from Federal and State Compliance Office

Parent Handbook / Student Handbook

School Insurance

Free and Reduced Lunch Applications

Student Code of Conduct

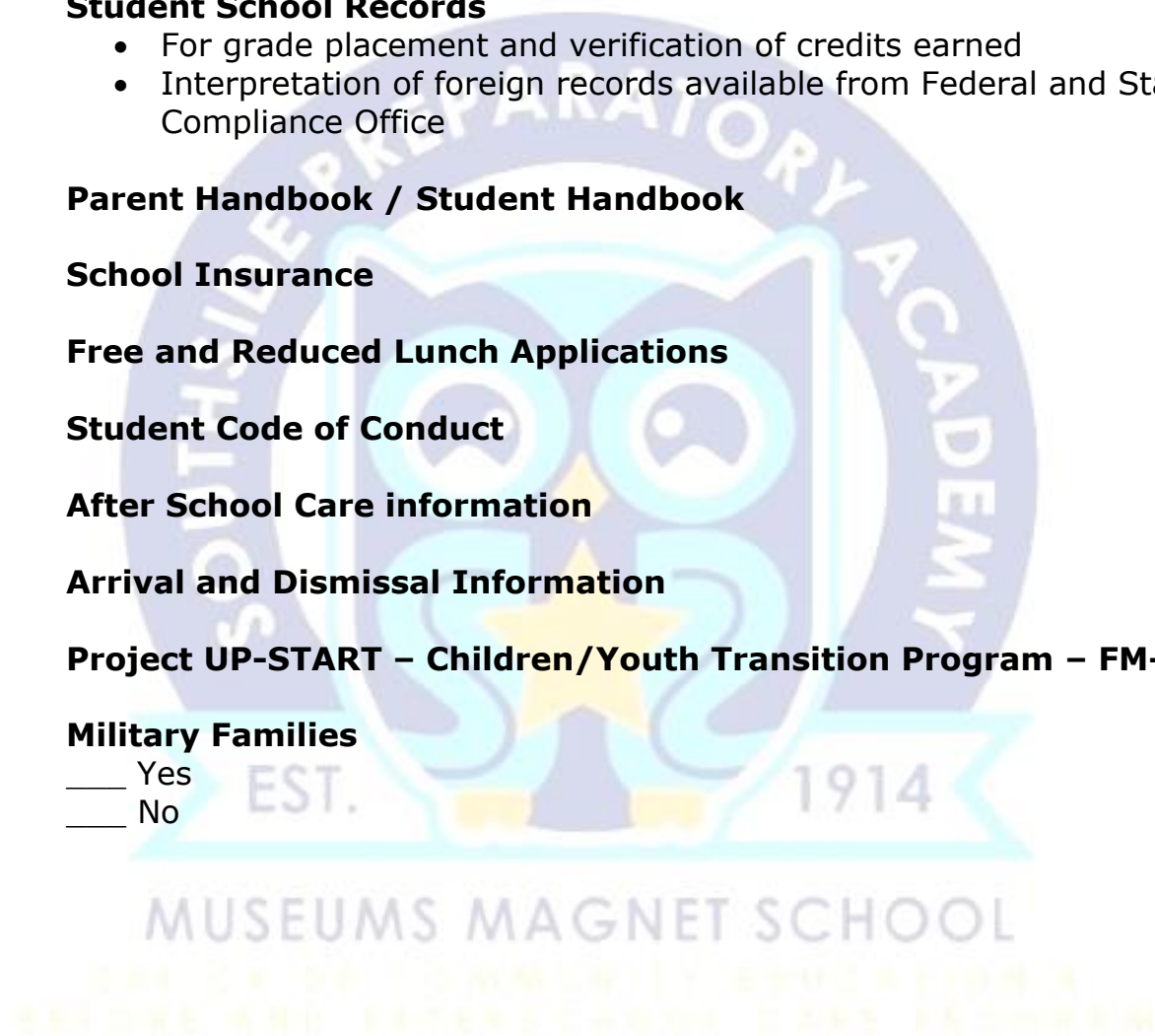
After School Care information

Arrival and Dismissal Information

Project UP-START – Children/Youth Transition Program – FM-7378

Military Families

____ Yes
____ No



STUDENT INFORMATION DATA SHEET

Requesting School: _____
Location Number: _____
Contact Person: _____

Student Name: _____
Last (Apellido) First (Nombre) Middle (Segundo)

Birth Date: _____ Place of Birth: _____ Sex: _____
MM/DD/YYYY City/State/Country Male/Female
Mes/Dia/Ano Lugar de Nacimiento

Address (Dirección): _____

Phone (Teléfono): _____

Parent Information (Información de Padres):

Mother Name: _____ Phone: _____
(Nombre de madre) (teléfono)

Place of Employment: _____ Email: _____
(Lugar de empleo) (Correo electrónico)

Father Name: _____ Phone: _____
(Nombre de padre) (teléfono)

Place of Employment: _____ Email: _____
(Lugar de empleo) (Correo electrónico)

CURRENT/PREVIOUS SCHOOL INFORMATION

Name of School (Nombre del Ultimo colegio): _____

Address (Dirección): _____

Grade (Grado): _____ DEUSS Date: _____
(Date entered US School/Fecha de entrada en colegio del US)

Health Requirements Information & Allergies: _____
(Información de salud/alergias)

_____ Form DH 680-Certificate of Immunization

_____ Form DH 3040-Health Exam

EMERGENCY CONTACT

In the event I cannot be contacted, I authorize the appropriate school official to take the necessary steps to seek medical attention and permission to use emergency contacts.

En caso de que no pueda ser contactado, autorizo al funcionario escolar correspondiente a tomar las medidas necesarias para buscar atención médica y permiso para usar contactos de emergencia.

Parent/Guardian Name: _____
(Nombre del Padre)

Signature: _____
(Firma del padre)

Date: _____
(Fecha)

HEALTH AND IMMUNIZATION REQUIREMENTS

NO STUDENT WILL BE ADMITTED TO SCHOOL WITHOUT PRESENTING TANGIBLE DOCUMENTATION THAT IMMUNIZATION AND HEALTH REQUIREMENTS HAVE BEEN MET:

- 1. FLORIDA CERTIFICATION OF IMMUNIZATION DH-680**
- 2. STATE OF FLORIDA SCHOOL ENTRY HEALTH EXAM DH-3040 including proof of tuberculin screening, reading of the test and appropriate follow-up.**

Parents/guardians are encouraged to contact their medical provider for information regarding the required school entry vaccines. If parents/guardians are experiencing financial difficulties or if a parent/guardian does not have a private medical provider, they can contact the Florida Department of Health in Miami-Dade County Special Immunization Unit at 786-845-0550 to schedule an appointment to receive FREE school entry vaccines. Parents/guardians can also contact "The Children's Trust" Helpline at 211 to obtain a list of medical facilities that will provide immunizations at a reduced price.

Exceptions may be made for a period of 30 days for students currently in transition (Project Up-Start Program), under the Juvenile Justice System and children of Military families.

State of Florida Entry Health Exam (DH-3040)

Parents/guardians of ALL students are required to present evidence of a health examination performed within twelve (12) months by a medical provider prior to initial entry into a Miami-Dade County Public School. The school health exam MUST include a tuberculosis clinical screening. If the screening indicates a follow-up skin test is needed, the student may enroll ONLY with a medical provider's statement that the student is free of communicable tuberculosis and can attend school.

Students transferring from within the state of Florida or within the county are NOT required to be re-examined. However, ALL students' initially entering Miami-Dade County Public Schools health screening must include a tuberculosis clinical screening, and evidence of appropriate follow-up if necessary.

The school entry health exam should be completed on the State of Florida School Entry Health Exam form (DH-3040). When using this form, parents/guardians must complete page one (1). A health care provider may complete page two (2) or submit their own documentation of the medical information detailed on the form.

Florida Certification of Immunization (DH-680)

Florida Statute 1003.22, states that the Florida Department of Health requires the school board of each district shall require each student prior to admittance or attendance in a Florida public or private school in PK-12th grade, to present or have on file a Florida Certificate of Immunization (DH-680).

The following vaccinations are needed for students attending kindergarten through twelfth grade:

Grade Levels	Immunization Requirements
Kinder – 12 th grade	<p>Four or Five doses of diphtheria-tetanus-pertussis (DTap) vaccine The fifth dose of DTap vaccine is not necessary if the fourth dose was administered at age 4 or older.</p> <p>Three doses of hepatitis B (Hep B) vaccine</p> <p>Three, four or five doses of polio (IPV) vaccine If four or more doses are administered before age 4, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous one.</p> <p>Two doses of measles-mumps-rubella (MMR) vaccine</p> <p>Two doses of varicella (chicken pox) vaccine Varicella (chicken pox) vaccine is not required if the child has a documented history of the varicella (chicken pox) disease.</p>
7 th grade	<p>One dose of tetanus-diphtheria-pertussis (Tdap) vaccine</p>

Students enrolling in school for the first time or transferring into Miami-Dade County Public School from out-of-state **MUST** present one of the following:

1. Florida Certificate of Immunization Form

Complete Florida Certificate of Immunization form should be marked only when **ALL** kindergarten or seventh grade immunization requirements are met.

2. Temporary Medical Exemption

Temporary Medical Exemptions should only be marked when a medical provider indicates that the child has received as many immunizations as are medically indicated at this time. An additional *Florida Certificate of Immunization* form **MUST** be presented on or before the expiration date. If the additional certificate is not presented on or before the expiration date, the student must be excluded from school.

3. Permanent Medical Exemption

A Permanent Medical Exemption is provided when a child cannot receive one or more vaccines due to medical reasons. The medical provider **MUST** list the vaccine(s) that are contraindicated on the *Florida Certificate of Immunization* form.

4. Religious Exemption

A request for a religious exemption from immunization requirements is issued **ONLY** by the Florida Department of Health in Miami-Dade County for a child who is not immunized because of his/her family's religious tenets or practices.

The *Religious Exemption From Immunization* form (DH-681) **MUST** be kept on file at the school to facilitate identification of unimmunized/susceptible children needing exclusion during an outbreak of a vaccine-preventable disease.