



Application Number: _____
 Time and Date: _____ / _____
 Office Use Only

NORTH GARDENS HIGH SCHOOL

Tuition Free Public Charter School

Florida High School for Accelerated Learning, North Gardens High School, is dedicated to helping at-risk students earn a standard high school diploma and prepare for post-secondary success.

Pursuant to Florida Statute 1002.31, enrollment in this school is open to students residing in any Florida school district who are not subject to a current expulsion or suspension unless the school has reached its enrollment capacity.

Enrollment Application

Student's Name (Last, First, Middle) **Date**

All students enrolled in North Gardens High School are students of Miami-Dade County Public Schools, subject to applicable policies and entitled to same rights.

Please check your preference on which session you would like to attend?

- Morning Session: 7:00 a.m. – 12:00 p.m. Afternoon Session: 12:30 p.m. – 5:30 p.m.

Please check how did you hear about us?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> My Current School | <input type="checkbox"/> Radio/Streaming Audio | <input type="checkbox"/> Brochure/Postcard |
| <input type="checkbox"/> FinishSchool Website | <input type="checkbox"/> Church | <input type="checkbox"/> Google Search/Google Ad | <input type="checkbox"/> Community Event |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> School Sign | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> A Current or Former Student: _____ | | | |

Student Workplace: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Permission Granted to be Contacted:
 Yes _____ No _____

Do you volunteer?
 Yes _____ No _____

Where: _____

Office Use Only:

___ Date Packet Rec'd

___ Entered STARS

___ Birth Certificate/ Passport*

___ Parent or Student Picture ID*

___ Immunizations*

___ Physical, as applicable*

___ Proof of Address*

___ Withdrawal Form

___ Transcript

___ Student Detail Report

___ IEP ___ 504 Plan

___ ESOL

___ Health Insurance Card

___ Map Quest

*Required

Student Registration Packet

PART 1: Demographic Information

Date: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Student ID #: _____ Grade: _____

Race: _____ Gender: M or F

Student's Home Address: _____ Apt #: _____

City: _____ State: FL Zip Code: _____ Student Cell #:(_____) _____

Student's Email address: _____

Transferring from (home school): _____

Other schools attended outside of Miami-Dade Co: _____ School District: _____

Native Language: _____

PARENT/GUARDIAN CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Child: _____ Email address: _____

Address: _____ Apt. # _____ City: _____ State: ____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Cellular #: (____) _____

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Child: _____ Email address: _____

Address: _____ Apt. # _____ City: _____ State: ____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Cellular #: (____) _____

PARENTAL AUTHORIZATION

In addition to the guardian information, only the following persons will be authorized to drop off and pick up the student:

1. Name: _____ Relationship: _____ Telephone: _____
2. Name: _____ Relationship: _____ Telephone: _____
3. Name: _____ Relationship: _____ Telephone: _____

Please list the name of any individual who is legally restrained or not authorized to contact the student:

1. Name(s): _____ Relationship: _____
2. Name(s): _____ Relationship: _____

CONSENT TO ENROLL

I do hereby grant permission for enrollment into North Gardens High School. I acknowledge that this enrollment is strictly voluntary and this enrollment has not been forced or mandated by the school or any official from Miami-Dade County Public Schools. I further understand that I may terminate enrollment at this school for enrollment into another Miami-Dade County Public school or school choice option so long as my child meets the requirements of compulsory education and is in good standing with the District's code of conduct (i.e. is not presently serving an expulsion). I attest that all the information given in the Student Enrollment Packet is accurate and truthful.

Parent/Guardian Signature: _____ Student Signature (over age 18): _____

I have reviewed the information on this page _____
(Please initial)

MEDIA RELEASE

I do hereby grant permission for ALS Education, and North Gardens High School to reproduce, release and publish all media announcements, success stories to include academic and personal progress achieved, including photographs, interviews, audio/visual, or sound recordings of this student, while attending North Gardens High School.

Parent/Guardian Signature: _____ **Student Signature (over age 18):** _____

PERMISSION FOR EMERGENCY CARE

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: _____ Phone Number: _____

Is there any medical condition or illness we should be aware of: _____

Are you taking prescription medication (daily or occasionally)? Yes/ No If yes, name of the prescription: _____

How does this condition impact the student? _____

Parent/Legal Guardian Name (print): _____ Parent/Legal Guardian Name (signature): _____

Eligible Student's Name (print): _____ Eligible Student's Name (signature): _____

CONSENT FOR RELEASE OF RECORDS

I hereby grant consent for my child to enroll in North Gardens High School and do hereby grant permission to and direct the School District of Miami-Dade County to release any and all of this student's education records, including all academic, discipline, and health records to North Gardens High School. North Gardens High School is an educational alternative that emphasizes parental partnership in a voluntary placement for academic service to my child's progress and achievement in school. I also understand that as a parent I have the right to request a review of placement and request a review for evaluation for services offered in other North Gardens High School: advanced placement, vocational education, exceptional education, school-to-work offerings and alternative placements.

The school maintains all student education records in accordance with the Family Educational and Privacy Rights Act, 20 (U.S.C. § 1232g; 34 CFR Part 99) and releases such records only as provided therein. Certain information about North Gardens High School students is considered directory information and will be released to anyone who follows procedures for requesting it, unless the parent objects in writing to the release of any or all directory information about the student. Directory information includes: a student's name, address, telephone number, date and place of birth, photograph, and participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, awards received in school, and most recent school attended. The undersigned understands and acknowledges that any objection to release of directory information must be made in writing to the school within ten school days after the parent receives this notice.

Additionally, North Gardens High School may from time to time have approved visitors at school such as local community leaders or education officials who are not employees of North Gardens or ALS. During such visits, students are sometimes asked about their school experience and may choose to share information such as courses, credits, attendance or other information from their dashboard. I agree that my child may participate in such visits including sharing student record information upon request.

Parent/Guardian Signature: _____ **Student Signature (over age 18):** _____

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF STUDENT / PARENT HANDBOOK

We understand and consent to the responsibilities outlined in North Gardens High School *Student /Parent Handbook* and the *District Code of Student Conduct*. We also understand and agree that the student shall be held accountable for the behavior and consequences as outlined in the *Student /Parent Handbook* and *District Code of Student Conduct* at school and at school-sponsored and school-related activities (including school-sponsored travel) and for any school-related misconduct, regardless of time or locations.

We have received, read, and understand North Gardens High School *Student /Parent Handbook* and the *District Code of Student Conduct*.

Parent/Guardian Signature: _____ **Student Signature (over age 18):** _____

PART 3: Search Consent Form, Bus Policy and NCAA

Search Consent Form

It is the policy of North Gardens High School to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition, and/or stolen property, while entering, on, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of North Gardens High School, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student’s person, personal effects, vehicle, and/or other belongings or items.

Parent/Guardian Signature: _____ **Student Signature (over age 18):** _____

Bus Policy Form

Eligible students that are enrolled in the school will be issued a bus pass upon and throughout the entire enrollment period. A student is eligible for transportation services/ bus passes who reside two or more miles from the school. Bus passes will be purchased from the local Transportation Authority for all eligible students.

The student will receive assistance, if needed, during the Orientation session to identify the closest bus stop to and the number of busses the student will have to ride to get to and from the school. The student will be solely responsible for his/her bus passes at all times. The school will not reissue bus passes due to loss, damage or inappropriate use.

Bus route (public transportation) times do not always align perfectly with school schedules. Students are expected to be present in class for the duration of their assigned session for a total of 5 hours. Students should remain on campus and in class while waiting for the next bus. If students choose to leave school prematurely, please be aware that excessive early dismissal can jeopardize academic progress and continuation in the program.

My student has permission to take public transportation to and / or from school: Yes / No

My student has permission to walk to and / or from school, if applicable: Yes / No

How will your student get to / from school? Bus Pass Bus Pass / Driver Bus Pass / Parent Pick Up

Bus Pass / Rail Driver Parent Pick Up Parent Pick Up / Driver Walk – Ride a Bike

Parent/Guardian Signature: _____ **Student Signature:** _____

NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

North Gardens HS is accredited by AdvancED Corporation Systems Accreditation, Southern Association of Colleges and Schools, and is currently seeking NCAA eligibility. This document is to notify the parent/ guardian and student that although North Gardens HS is in the process of applying for NCAA eligibility, the School does not currently have such status. Therefore, students that may seek Division I, Division II, or Division III scholarships may not be eligible at this time. Note: Failure to disclose student’s intention to seek college athletic scholarship opportunities may negatively impact future athletic scholarship opportunities.

_____ Student WILL NOT be seeking college athletic scholarship opportunities.

_____ Student may be seeking college athletic scholarship opportunities.

By signing below I certify that I understand the NCAA eligibility implications and still wish to continue with the enrollment process.

Parent/Guardian Signature: _____ **Student Signature:** _____

INTEREST IN COUNSELING AND/OR CASE MANAGEMENT SERVICES

Various service providers partner, including university master's level interns, with North Gardens High School to offer onsite and offsite services to students and families with specific needs. Criteria for services vary for each agency. **Please contact the Family Support Specialist at North Gardens High School to determine what services may be appropriate for your student.** Parents, guardians, students, or school staff may suggest counseling and/or case management services at any time during a student's enrollment.

Student's name: _____

Student DOB: ___/___/___

Is the student a parent or a parent to be? **YES/NO**

Is your child currently receiving counseling services? **YES/NO**

If "yes", what program: _____ Diagnosis/Medication: _____

If no, would you like to request counseling and/or case management services from one of our providers? **YES/NO**

Does the student have Medicaid? **YES/NO** If "yes", what is the Medicaid number: _____ Plan Name: _____

Do you have an open case with DCF? **YES/NO** If "yes" Case Worker/Number: _____

Does the student have an open case with the Juvenile Justice system? **YES/NO**

Probation Officer: _____ Phone number: _____

PLEASE MARK ALL THAT APPLY TO YOUR CHILD'S PRESENT ISSUES/BEHAVIORS:

<input type="checkbox"/> Caregiver of Household Member	<input type="checkbox"/> Hallucinations And/or Delusions	<input type="checkbox"/> Stealing, Lying, Cheating
<input type="checkbox"/> Grief or Loss issues	<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Self-Mutilation
<input type="checkbox"/> Poor Attention Span/Impulsivity Issues	<input type="checkbox"/> Sleeping Difficulties	<input type="checkbox"/> Easily Angered Or Irritable
<input type="checkbox"/> Substance/Alcohol Abuse	<input type="checkbox"/> Fire Setting/Property Destruction	<input type="checkbox"/> Cruelty To Animals
<input type="checkbox"/> ADHD	<input type="checkbox"/> Family/Relationship Issues	<input type="checkbox"/> Withdrawn/Depressed
<input type="checkbox"/> Pregnancy Or Parenting Needs	<input type="checkbox"/> Argumentative/Defiant	<input type="checkbox"/> Poor Anger Management
<input type="checkbox"/> Suicidal/Homicidal Threats Or Thoughts	<input type="checkbox"/> Deteriorating School Behavior	<input type="checkbox"/> Health Issues
<input type="checkbox"/> Gang Activity	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Suicide/Homicidal Attempts	<input type="checkbox"/> Verbally/Physically Abusive	<input type="checkbox"/> Other Mental Health Issues
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Violence in Home or Community
<input type="checkbox"/> Sexual and Gender Identity	<input type="checkbox"/> ESE/IEP-behavioral health needs	<input type="checkbox"/> Current Foster Care/DJJ issues
Other concerns not mentioned (please specify below):		

I understand that submitting this form does not guarantee that services or providers will be available. However, I give permission for North Gardens High School to release my child's name and the information on this form to service providers. Service Providers may conduct an initial meeting with student to determine services needed and will contact the parent/guardian to explain the scope of their services and obtain verbal or written consent for treatment.

Parent/Guardian Signed: _____ Date: ___/___/___

Student Signed: _____ Date: ___/___/___

Contact Number: Home _____ Work _____ Other _____

North Gardens High School

Your child is choosing to attend North Gardens High School and as such, is considered a student of MDCPS. This school is designed to help students develop academic skills, increase attendance, and take responsibility for their own behavior and education while pursuing his/her diploma.

In order to ensure a smooth transition into North Gardens High School, it is important that you and your child review and understand the following information:

- ✓ All cell phones and any other personal electronic devices, including but not limited to music devices, hands-free devices, smart watches, portable games, touch screen devices, will be collected upon entry and held until dismissal. These items are not permitted in the classroom.
- ✓ Since the school is not responsible for loss or damage of these items including cell phones; therefore, it is our strong recommendation that they not be brought on campus.
- ✓ Students must complete a required orientation upon enrollment.
- ✓ When the School reaches capacity, students will be admitted based on the lottery policy regardless of race, gender religion or ethnic origin and our admission and dismissal procedures will be equitable for all students.
- ✓ The School operates in conjunction to the District's calendar. It is an expectation that all students attend school on a regular basis. Failure to attend school throughout the entire school year may result in the student being withdrawn or initiation of truancy procedures. Please refer to the attached School's calendar for further information.
- ✓ Students will wear appropriate attire, which is consistent to the District's dress code.
- ✓ Bus Passes will be offered to eligible students for public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will follow attendance procedures.
- ✓ To ensure safety to all, students will pass through a metal detector upon entry each day.
- ✓ Several School District required forms may need to be completed in addition to this packet.
- ✓ Upon enrollment, every student will be expected to agree to and sign an attendance and behavior contract which reinforces the discipline and dismissal procedures as per School guidelines.
- ✓ Some of our APEX courses may not be accepted by the NCAA with regard to Athletic Scholarships for Division I, II or III schools.
- ✓ Students enrolled in a FLVS course must be reviewed and approved by school.
- ✓ Parents are always welcome at the school – Appointment recommended.

I understand the statements above and have had an opportunity to ask questions about North Gardens High School.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Year: _____

Student Name: _____

INCOME VERIFICATION FORM

E-RATE CALCULATIONS

Name of School / Facility	North Gardens High School
Street Address	4692 NW 183rd Street
City, State Zip Code	Miami Gardens, FL 33055
Telephone Number	786-528-6308
Fax Number	305-621-1611
Email Address	N/A

The following sections **must** be completed by head of household or designee.

1. SIZE OF FAMILY* - Please indicate the total number of individuals in your household, including all adults and children. _____
2. STUDENT INFORMATION* – please complete for each student Pre-K through 12th Grade

Please ensure student's name is written in this section.

	Last Name	First Name
1.		
2.		
3.		
4.		
5.		
6.		

If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.

TOTAL HOUSEHOLD INCOME* – please report for all members of household	Job 1	Job 2	Check if no Income
Type of Income	Job 1	Job 2	Check if no Income
1. Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on savings	\$	\$	<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>



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 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.**

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 _____



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 Pacifico

Si responde "Si" 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 _____ Siyat! Paran _____



**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: _____
 Student ID#: _____



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)
<input type="checkbox"/> In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)	<input type="checkbox"/> Natural Disaster - Hurricane (H)
<input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B)	<input type="checkbox"/> Natural Disaster - Flooding (F)
<input type="checkbox"/> 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)	<input type="checkbox"/> Natural Disaster - Tropical Storm (S)
<input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)	<input type="checkbox"/> Natural Disaster - Tornado (T)
	<input type="checkbox"/> Man-made Disaster/Fire (D)
	<input type="checkbox"/> Mortgage Foreclosure (M)
	<input type="checkbox"/> Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)
	<input type="checkbox"/> Parents/Caregiver is incarcerated
	<input type="checkbox"/> 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 #

Current Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____
Contact Phone: _____ **Email:** _____
Name of Parent/Guardian: _____ **Date:** _____

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.

_____ Date _____
 Signature of Parent/Guardian OR Unaccompanied Student

**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
HOUSEHOLD INCOME SURVEY
20__ - 20__ School Year**

Please complete and return this survey form to the school, even if your income does not meet these Income Eligibility Guidelines below.

School Name: _____

Your Address: _____ City _____ Zip _____

1. Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per	If Paid Every Two Weeks	Weekly Income
1	\$23,107	\$1,926	\$963	\$689	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,548
Each add'l family member add:	\$8,177	\$682	\$341	\$315	\$158

Income Eligibility Guidelines for Reduced Priced Meals. July 1, 2019-June 30, 2020 (Federal Register/ Vol.84, No. 54/Wednesday March 20, 2019/ Notices, pg. 10297)

Is your income equal to or less than any of the amounts listed next to the number you circle? Yes No

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes No

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes No

Does your family qualify for medical assistance under Medicaid? Yes No

Is your family receiving Supplementary Security Income (SSI)? Yes No

Does your family receive housing assistance (Section 8)? Yes No

Does your family receive home energy assistance (LIHEAP)? Yes No

2. Please list all students in your household that attend school. (Enter the grade they will be entering in the Fall, this school year. Write on back to list more than 5 students).

Name	Student ID#	Grade	Date of Birth

3. Certification: I certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

----- For Office Use Only -----

Eligible Not Eligible Date Entered into DSIS: _____

Eligibility Determination Certified by: _____
(Print Name) (Signature)