



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
 SCHOOL BOARD ADMINISTRATION BUILDING
 Procurement Management Services
 1450 N.E. 2nd Avenue, Room 650
 Miami, FL 33132

Direct All Inquiries To Procurement Management Services Buyer's Name: _____ PHONE: (305) 995-_____ Email: _____ TDD PHONE: (305) 995-2400
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BID/RFP ADDENDUM

Date: _____

Addendum No. _____

BID/RFP No. _____ BID/RFP TITLE: _____

This addendum modifies the conditions of the above-referenced BID/RFP as follows:

All information, specifications terms, and conditions for the above-referenced BID/RFP, are included on the document posted on the Procurement Management website at <http://procurement.dadeschools.net>

The attached pages containing clarifications, additional information and requirements constitute an integral part of the referenced bid.

1. If your bid/proposal has not been submitted, substitute the pages marked REVISED and mail your entire bid/proposal package. **REMEMBER TO SIGN THE BIDDER QUALIFICATION FORM.**

OR

2. If your bid/proposal has been submitted, sign and return this addendum form with the revised pages by the time and date indicated on the Bidder Qualification Form. BY SIGNING THIS ADDENDUM, THE VENDOR AGREES TO THE TERMS AND CONDITIONS CONTAINED IN THE BIDDER QUALIFICATION FORM AND ALL RELATED BID DOCUMENTS.

I acknowledge receipt of Addendum Number _____

PLEASE NOTE: If your firm has forwarded a copy of this bid/proposal to another vendor, it is your responsibility to forward him/her a copy of this addendum.

(PLEASE TYPE OR PRINT BELOW)

LEGAL NAME OF BIDDER: _____

MAILING ADDRESS: _____

CITY, STATE ZIP CODE: _____

TELEPHONE NUMBER: _____ E-MAIL I.D. _____ FAX # _____

BY: SIGNATURE (Manual): _____
 OF AUTHORIZED REPRESENTATIVE

NAME (Typed): _____ TITLE: _____
 OF AUTHORIZED REPRESENTATIVE

ITB-15-067-AC Miscellaneous Stock Items

The information below notes changes to the solicitation as noted:

The term has been changed to One (1) year initial term, with four (4) one year options to renew.

The following paragraph was changed to:

As this is a sheltered market solicitation, each Bidder must provide documentation regarding its SBE/MBE certification with the District, as indicated in Section 1.14, Small/Micro Business Enterprise Program. Failure to provide this documentation will deem the proposal non-responsive.

The following list addresses the questions received regarding the above-referenced solicitation:

1. Can you send me an unlocked spreadsheet so I can work on it internally?

Answer: No. The price proposal provided on our website allows the bidder to populate the price per "Price per Unit" and "Additional Information" fields. If the need arises to provide additional information on your price proposal you may do so on a separate sheet of paper.

2. If we are not a registered MDCPS SBE/MBE certified vendor. Are we still allowed to Quote on the above BID?

Answer: On pages 20 Section 2.1 It states that this ITB is a sheltered market solicitation, each Bidder must provide documentation regarding its SBE/MBE certification with the District, as indicated in Section 1.14, Small/Micro Business Enterprise Program.

3. What has been the actual Spend in Dollars and total quantity of items awarded to firms that currently provide the list of commodities associated with this ITB?

Answer: See the attached spreadsheet containing the information requested.

4. Can you provide me with the numbers of orders that were generated in the past 2 years for all line items for ITB requested products?

Answer: See the attached spreadsheet containing the information requested.

5. Do you provide blanket purchase orders at the beginning of the contract period?

Answer: No. Purchase orders will be email to the awarded bidders as the items are needed.

6. What dimensions do you need for line item #62 Toilet Paper?

Answer: See Miami-Dade County Public School Specification or Paper, Toilet Tissue, 1 ply within this addendum.

7. I have found conflicting information on the specifications for some for the items on your bid for Misc. Stock Items.

Item 68: Is it supposed to be 23" x 24" or 24" x 24"? Is it supposed to be packaged 500/case or 1000/case?

Item 69: Is it supposed to be 30" x 37" or 33" x 38"?

Item 70: Is it supposed to be 36" x 60" or 38" x 58"? Is it supposed to be packaged 50/case or 100/case?

Item 71: Is it supposed to be 40" x 46" or 40(+/-1") x 48"?

Answer: All items must meet the Specifications as provided on the price proposal form.

8. Was there a bid last year for Miscellaneous Stock Items? If so how do I go about getting a bid tabulation with vendors that participated, prices and awarded vendors?

Answer: No. There was not a bid for Miscellaneous Stock Items last year.

9. I am a printer interested in submitting a bid under the Specialty Printing & Miscellaneous Specialty Paper Section (items 72 – 106). In order to accurately quote the printed items, I would need to have physical samples and/or electronic artwork for many, if not all the items. Will samples be available at the pre-bid conference or can you provide the contact information for someone in forms management that I could contact for samples?

Answer: No. Samples were not available at the pre-bid conference. Scanned copies of the items requested are labeled and attached to this addendum. If you should need a sample of any of these items you must contact Adenia Clark via email at alclark@dadeschools.net to schedule an appointment for pick up. Be mindful that a physical sample may not be available for items that contain number sequences, priority information etc.

10. We are interested in bidding on this project; however we can only bid on the First-aid, Safety & Medical Supplies Section. I read the bid document and did not see if we could participate when bidding only on a portion of the project. Please advise.

Answer: Yes. Bidders may submit price proposals with bids for all or part of the items listed.

11. Can the district review its records on underutilized firms that provide the ITB products and apply its Equity and Inclusion policy?

Answer: In the past, the District completed various informal quotations with various companies to obtain the services/commodities. Using this ITB, all Board policies are applicable.

12. Can we get clarity on how joint ventures utilizing SBE firms will be evaluated when it comes to this ITB sheltered market project?

Answer: This ITB is only applicable to SBE certified firms.

13. Can the district commit to mandatory minimums for more accurate pricing so that SBE firms are not financially impacted?

Answer: No, the District cannot commit to mandatory minimums of items to be purchased. As such, the District has included escalation/de-escalation language within this ITB to accommodate price changes, based on the Consumer Price Index (CPI).

14. Can MDCPS utilized 2 years of historic data on the frequency of the orders and the quantities ordered to establish minimum pricing for all line items in the ITB/ RFP?

Answer: Please see the response provided for the Question 13 above.

15. How will this ITB/RFP prevent the School Site Administrators from going off this contract and ordering from non SBE vendors for the same products?

Answer: School Site administrators will be notified, upon award of this ITB, to utilize this ITB to accommodate their needs. No additional quotes will be needed.

16. How can local SBE firms be held to pricing on this RFP while our competitors or non SBE firms are allowed to provide quotes for the same items at a higher price and be awarded orders and opportunities? What can procurement do to ensure that all MDCPS administrators honor and support the SBE's in this Sheltered Market project for those items listed??

Answer: Please see the response provided for the Question 15 above.

17. If there were additional supplies ordered over the past two years that are not listed in the ITB, Can you provide us with what the additional supplies were, the frequency of those orders, and the total dollars spent for items that are not affiliated with the ITB.

Answer: The originating departments have provided all items requested in the past.

18. Do you require these items to be delivered on pallets or can they be floor loaded?

Answer: The items are required to be delivered on pallets.

19. How long of a lead-time does the district provide for delivery once an order is placed?

Answer: The District will provide four (4) to six (6) weeks lead time once an order is placed.

ITB-15-067-AC Miscellaneous Stock Items Order History

Actual order history for items listed on ITB-15-067-AC Miscellaneous Stock Items. The totals reflect purchases made during the 2014-2015- schools year up to April 12, 2016. If N/A appears in the table there were no orders generated for that particular item. Also the Unit of Issue is the same for each item.

Furniture and Miscellaneous Items							
Item Number	Material Group	M-DCPS Item #	Description	Estimated Annual Usage per ITB-15-067-AC	Unit of Issue	Quantity Ordered 2014-4/ 2016	Total Order Value
1	42000	2000278	STOOL, WOOD, 24".	200	EA	285	\$12,512.50
2	42000	2000561	STOOL, WOOD, 30"	200	EA	300	\$13,500.00
3	1004649	518-0031	STOOL,NEW STYLE CAFETERIA SEAT	242	EA	#N/A	#N/A
4	1004647	518-0015	STOOL,4 BOLT CAFETERIA SEAT	6	EA	#N/A	#N/A
5	1004648	518-0023	STOOL,CAFETERIA	6	EA	#N/A	#N/A
6	41500	2000440	BOOKSHELF, MAPLE, 36x13Dx57-1/8H	100	EA	192	\$41,399.60
7	42000	2001050	CHAIR, STACKING, 18", BLACK, ERGONOMIC	480	EA	700	\$15,066.00
8	42000	2001051	DESK, ZUMA, FUSION MAPLE TOP	200	EA	400	\$28,816.00
9	42500	2000542	CABINET, FILE, 2DR LGL, GRAY, W/LOCK	40	EA	42	\$8,292.06
10	42500	2000393	CABINET, FILE, 2DR LGL, PUTTY, W/LOCK	20	EA	30	\$8,304.00
11	42500	2000361	CABINET, FILE, 4DR LGL, GRAY, W/LOCK	70	EA	114	\$30,625.08
12	42500	2000416	CABINET, FILE, 4DR LGL, PUTTY, W/LOCK	30	EA	90	\$26,632.00
13	56000	2000427	TRUCK, HAND, 2 WHEEL	60	EA	120	\$17,683.90
APPAREL- (shirts, boots, gloves, safety belts etc.....)							
Item Number	Material GRP	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
14	20000	2000003	BOOT, OVERSHOE, SIZE 11, BLK, PVC apparel	80	PR	192	\$2,228.64
15	20000	2000362	BOOT, OVERSHOE, SIZE 13, BLK, PVC	51	PR	144	\$1,752.00
16	20000	2000318	BOOT, OVERSHOE, SIZE 9, BLK, PVC	82	PR	192	\$2,228.64
17	20000	2000243	GLOVES,CLEAN,FLOCKLIND,XLGE,1DZ/PK	51	PK	96	\$767.04
18	20000	2000229	GLOVES,CLEAN,FLOCKLINED,LGE,1DZ/PK	88	PK	144	\$1,238.40
19	20000	2000725	GLOVES,CLEAN,FLOCKLINED,MED,1DZ/PK	137	PK	192	\$1,384.32

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20	20000	2000226	GLOVES,CLEAN,KNIT LINED,LGE,1DZ/PK	9	1DZ/PK	179	\$2,309.10
21	20000	2000227	GLOVES,CLEAN,KNIT LINED,MED,1DZ/PK	2	1DZ/PK	179	\$2,309.10
22	20000	2000228	GLOVES,CLEAN,KNITLINED,XLGE,1DZ/PK	16	1DZ/PK	179	\$2,309.10
23	20000	2000216	JACKET, SCH SECURITY, GREEN SMALL	18	EA	50	\$1,095.00
24	20000	2000535	JACKET, SCH SECURITY, GREEN, LARGE	94	EA	260	\$4,114.00
25	20000	2000413	JACKET, SCH SECURITY, GREEN, XLGE	83	EA	175	\$2,567.50
26	20000	2000696	JACKET, SCH SECURITY, GREEN, XXLGE	55	EA	140	\$2,570.00
27	20000	2000217	JACKET, SCH SECURITY, GREEN,MEDIUM	39	EA	120	\$1,975.80
28	20000	2000423	JACKET, SCH SECURITY, GREEN,XXXLGE	23	EA	80	\$1,496.00
29	20000	2001156	RAINCOAT WITH HOOD LARGE, CHEST 44-46	50	EA	210	\$1,454.50
30	20000	2001155	RAINCOAT WITH HOOD MEDIUM, CHEST 40-42	50	EA	100	\$692.00
31	20000	2001154	RAINCOAT WITH HOOD SMALL, CHEST 36-38	50	EA	70	\$486.70
32	20000	2001157	RAINCOAT WITH HOOD XL, CHEST 48-50	50	EA	210	\$1,456.50
33	20000	2001158	RAINCOAT WITH HOOD XXL, CHEST 52-54	50	EA	30	\$217.70
34	20000	2001159	RAINCOAT WITH HOOD XXXL, CHEST 56-58	50	EA	10	\$120.00
35	1005956	929-0176	COAT,RAIN	32	EA	24	\$288.00
36	1005958	929-0192	COAT,RAIN,	32	EA	50	\$1,380.00
37	1005957	929-0184	COAT,RAIN	31	EA	24	\$288.00
38	1005955	929-0168	COAT,RAIN	8	EA	0	\$0.00
39	20000	2000829	SHIRT, SCH SECURITY, GREEN, LARGE	886	EA	1,800	\$11,030.00
40	20000	2000699	SHIRT, SCH SECURITY, GREEN, MEDIUM	722	EA	1,700	\$10,445.00
41	20000	2000336	SHIRT, SCH SECURITY, GREEN, SMALL	180	EA	448	\$2,866.40
42	20000	2000828	SHIRT, SCH SECURITY, GREEN, XLARGE	686	EA	1,500	\$9,505.00
43	20000	2000830	SHIRT, SCH SECURITY, GREEN, XXLGE	479	EA	1,200	\$9,810.00

ITB-15-067-AC Miscellaneous Stock Items Order History

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44	20000	2000414	SHIRT, SCH SECURITY, GREEN, XXXLGE	182	EA	336	\$4,300.80
45	20000	2001060	SHIRT, SCH SECURITY, GREEN, XXXXLGE	51	EA	140	\$1,640.00
46	20000	2001061	SHIRT, SCH SECURITY, GREEN, XXXXXLGE	35	EA	70	\$720.00
47	34500	2001182	BACK SUPPORT BELT, LARGE, WAIST 34-38	50	EA	130	\$1,260.00
48	34500	2001181	BACK SUPPORT BELT, MEDIUM, WAIST 30-34	50	EA	70	\$640.00
49	34500	2001180	BACK SUPPORT BELT, SMALL, WAIST 25-30	50	EA	20	\$200.00
50	34500	2001183	BACK SUPPORT BELT, XL, WAIST 38-42	50	EA	90	\$820.00
51	34500	2001184	BACK SUPPORT BELT, XXL, WAIST 42-46	50	EA	110	\$1,114.00
52	34500	2001185	BACK SUPPORT BELT, XXXL, WAIST 46-52	50	EA	20	\$276.00
53	1005926	917-0243	BELT, SUPPORT, BACK, BLACK, LARGE WASIT 37"-40" WITH THE DCPS LOGO.	34	EA	72	\$780.00
54	1005927	917-0251	BELT, SUPPORT, BACK, BLACK, X-LARGE WAIST 40"-42" WITH THE DCPS LOGO.	24	EA	48	\$520.00
55	1005925	917-0235	BELT, SUPPORT, BACK, BLACK, MED WAIST 34"-36" WITH THE DCPS LOGO.	18	EA	48	\$520.00
56	1005924	917-0197	BELT, SUPPORT, BACK, BLACK, SMALL WAIST, 29"-32", WITH THE DCPS LOGO.	6	EA	24	\$260.00
57	1005949	929-0079	GLOVE,WHITE-COTTON	1,851	PAIR	4,704	\$2,916.48
58	1005950	929-0087	GLOVE,LEATHER	787	PAIR	1,452	\$2,424.36
59	1005953	929-0141	GLOVE, DTIG,WELDING	490	PAIR	1,080	\$7,323.40
60	1005952	929-0133	GLOVE, DRIVER SPLIT LEATHER	337	PAIR	1,044	\$2,589.12
61	1005951	929-0125	GLOVE,LEATHER	114	PAIR	360	\$101.80

TISSUE PAPER, PAPER TOWELS and DISPENSERS

Item Number	Material Group	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
62	64000	2000768	TISSUE, TOILET, PAPER, 80-96 RL/CS	21,000	CS	23,100	\$696,117.00
63	64000	2000653	TOWELS, PAPER, BATH, 200/CS	3,000	CS	3,840	\$213,523.20
64	64000	2000763	TOWELS, PAPER, HAND, CASE	54,600	CS	68,250	\$842,100.00

ITB-15-067-AC Miscellaneous Stock Items Order History

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65	48500	2000670	DISPENSER, PAPER TOWEL	397	EA	1,512	\$22,579.20
66	48500	2000548	DISPENSER, TOILET TISSUE	369	EA	1,428	\$6,713.64

CAN LINERS and COMPACTOR BAGS

Item Number	Material Group	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
67	66524	2000674	BAG, COMPACTOR, 43 X 47 100/CS	3000	CS	3,164	\$73,586.44
68	66524	2000743	BAG, PLASTIC, 24" X 24", 500/CS	5600	CS	12,240	\$189,836.80
69	66524	2000764	BAG, PLASTIC, 30 X 37" CAN LINERS 250/CS	8100	CS	13,032	\$416,112.72
70	66524	2000685	BAG, PLASTIC, FOR TRASH,36" X 60" 100/CS	1000	CS	3,416	\$65,808.32
71	66524	2000738	BAG, PLASTIC,40 X 46", CN LINER 100/CS	31300	CS	65,375	\$1,125,302.32

SPECIALITY PRINTING and MISCELLENOUS SPECIALITY PAPER

Item Number	Material Group	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
72	78500	2000717	ADMISSION TO CLASS, PK/1000	641	PK	1,000	\$8,720.00
73	78500	2000206	CASH REG CORRECTION REQUEST,PK/100	24	PK	50	\$938.50
74	78500	2000451	CENTRALIZED FEE COLLECTION, PK/250	289	PK	500	\$7,752.00
75	78500	2000712	CHECK REQ FOR AUTOMATED SYS,PK/200	578	PK	1,000	\$5,170.00
76	78500	2000613	CUMULATIVE RECORDS FOLDER, PK/200	271	PK	400	\$15,485.00
77	78500	2000760	FOLDER, EXCEPTIONL STDNT REC,PK/50	276	PK	700	\$17,350.00
78	78500	2000504	INCOMING CONTROLLED EQUIP, PK/100	19	PK	100	\$5,116.00
79	78500	2000756	INTERNAL FUND PURCHASE ORDR,PK/100	168	PK	450	\$4,495.50
80	78500	2000218	MATERIAL TICKETS, \$10.00, PK/100	45	PK	50	\$459.00
81	78500	2000219	MATERIAL TICKETS, \$20.00, PK/100	59	PK	179	\$2,309.10
82	78500	2000825	MATERIAL TICKETS, \$5.00, PK/100	39	PK	50	\$457.00

ITB-15-067-AC Miscellaneous Stock Items Order History

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83	78500	2000277	NOTICE OF WITHDRAW/TRANSFER,PK/200	15	PK	75	\$991.00
84	78500	2000827	NUMBERS, BOOK, RL/500	29	RL	200	\$2,334.00
85	78500	2000367	OFFICIAL TEA RECEIPTS, PK /10 BKS	685	PK	1,400	\$29,392.00
86	78500	2000461	OUTGOING CONTROLLED EQUIP, PK/100	88	PK	200	\$3,466.00
87	78500	2000695	PERSONNEL FILE FOLDER, BX/25	28	BX	30	\$1,480.20
88	78500	2000755	RECAP OF COLLECTIONS, 2-PT, PK/200	1389	PK	3,000	\$14,060.00
89	78500	2000671	STUDENT CASE MGT REF. FORM,CS/1000	453	CS	600	\$36,300.00
90	78500	2000715	STUDENT CASE MGT ST SRVFRM,CS/1000	77	CS	300	\$17,511.00
91	78500	2000200	STUDENT VOL. RECEIPT BOOKS,PK/10BK	20	PK	50	\$2,420.00
92	78500	2000201	WORK ORD/RECEIPT,AUTO-A/C ,PK/5 PD	2	PK	50	\$2,420.00
93	78500	2000202	WORK ORD/RECEIPT,COSMO, PK/ 5 BKS	10	PK	50	\$938.50
94	78500	2000302	YEARBOOK SALES RECEIPTS, PK/300	66	PK	100	\$1,992.00
95	78500	2000611	STUDENT DATA CARD, ENG, PK/250	508	PK	1,980	\$9,625.20
96	78500	2000757	STUDENT DATA CARD, SPANISH, PK/250	317	PK	1,340	\$6,319.00
97	25000	2000173	BOX, FOR COMPUTER RECORDS	#N/A	EA	2,000	\$1,600.00
98	25000	2000177	PAPER, FOR STUDENT DATA CARD, ITS ONLY	500	CS	2,044	\$45,049.76
99	25000	2000478	REPORT CARD FORM, ELEMENTARY	150	CS	308	\$12,241.36
100	25000	2000479	REPORT CARD FORM, MIDDLE	100	CS	200	\$9,140.00
101	25000	2000480	REPORT CARD FORM, SENIOR	100	CS	206	\$8,519.20
102	25000	2000165	SUBJ. SELECTION,(FOR OIT USE ONLY)	1050	CS	200	\$6,970.00
Misc. Paper							
	Material Group	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Net Order Value
103	25000	2000174	CARDS, POST, CONTINOUS FORM FEED	200	CS	2,000	\$1,600.00
104	25000	2000180	PAPER, BLANK CONT FOR LUNCH CARD	100	CS	2,044	\$45,049.76

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105	25000	2000376	PAPER, LASER PRINTER,8-1/2 X 12,OIT ONLY	480	CS	960	\$25,603.20
106	61500	2000752	FILM,LAMINATING,25"W 1"CORE,4RL/CS	450	CS	960	\$69,696.00

FIRST AID, SAFETY and MEDICAL SUPPLIES

Item Number	Material Group	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
107	34500	2000754	ALCOHOL, 16 OZ BOTTLE, 12/CS	434	CS	600	\$7,704.00
108	34500	2000559	ANTISEPTIC CLEANER,24 OZ CAN,12/CS	900	CS	1,600	\$58,488.00
109	34500	2000659	APPLICATOR, WOODEN, 6" X 1000/BX	36	BX	200	\$718.00
110	34500	2000438	BAND-AIDS, 1" X 3" WIDE	1152	BX	3,024	\$3,265.92
111	34500	2000772	BAND-AIDS, 1-1/2" X 1-1/2" BX/100	432	BX	1,000	\$1,975.00
112	34500	2000649	BAND-AIDS, 3/4" X 3" WIDE, BX/100	961	BX	1,000	\$950.00
113	34500	2001186	BIOHAZARD FLUID SOLIDIFIER, 5 OZ, 24/CS	50	BX	50	\$4,560.00
114	34500	2000491	CLEANUP KIT, BIOHAZ, 24/BOX	80	BX	250	\$25,845.00
115	34500	2000753	COLD PACK,INSTANT,DISPOSABLE,24/CS	1483	CS	3,450	\$23,828.00
116	34500	2000000	COTTON, BALLS, BX/4000	16	BX	50	\$1,380.00
117	34500	2000002	CPR KIT, NON-RESEALABLE POLY BAG	17	EA	50	\$1,380.00
118	34500	2000296	GAUZE PADS, 2" X 2" WIDE, BX/25 EA	172	BX	840	\$1,258.80
119	34500	2000301	GAUZE PADS, 4" X 4" WIDE, BX/25 EA	136	BX	400	\$620.00
120	34500	2000288	GOGGLE, SAFETY, GREY LENS	24	PR	144	\$612.00
121	34500	2000238	GOGGLE, SAFETY,CLEAR LENS	130	PR	480	\$972.00
122	34500	2000531	PAPER, EXAM TABLE,24"X260',8 RL/CS	244	CS	500	\$29,757.50
123	34500	2000297	PINS, SAFETY, ASST. SIZES_PK/50	43	PK	840	\$1,258.80
124	34500	2000539	SOAP, LIQ, ANTISEPTIC,8 OZ,12BL/CS	900	CS	1,800	\$52,572.00
125	34500	2000701	TAPE, ADHESIVE, 1" WIDE, 12RL/CT	118	CT	300	\$1,797.00

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126	34500	2000001	THERMOMETER,CLINICL,1-USE,100/BX	19	BX	50	\$1,380.00
127	34500	2000719	TISSUE,WHITE,2 PLY,36 BX/CS,144 Sheets	939	CS	2,268	\$102,060.00
128	34500	2000264	TONGUE DEPRESSORS, WOODEN, 500/BX	16	BX	200	\$764.00
129	48500	2000744	MASK, RESPIRATOR, DUST, 20/BX	1120	BX	2,800	\$20,300.00
130	1005936	926-0048	MASK, RESPIRATOR, DUST, 20/BX	3,600	EA	7,540	\$5,655.00
131	1005937	926-0064	COVERALL - TYVEK SUIT	446	EA	1,225	\$5,843.25
132	1005942	926-0218	GLASSES, SAFETY, STANDARD	443	EA	1,092	\$6,552.00
133	1005939	926-0102	GLOVE,PVC	244	PR	420	\$1,936.20
134	1005944	926-0251	GLASSES - SAFETY ANTI-FOG	163	EA	255	\$349.38
135	1005948	926-0307	GLASSES, PROTECTIVE EYEWEAR	110	EA	158	\$315.48
136	1005930	917-1525	KIT - FIRST AID, INDUSTRIAL/CONTRACTOR	100	EA	195	\$3,217.50
137	1005943	926-0242	GLASSES - SAFETY OVER-THE-GLASS	62	EA	88	\$687.00
138	1005940	926-0196	EARMUFF	60	EA	141	\$225.43
139	1005938	926-0099	GLOVE,NEOPRENE/LATEX	45	DZ	168	\$263.76
140	1005928	917-1509	KIT - FIRST AID TEN (10) PERSON KIT	34	EA	55	\$330.00
141	1005941	926-0200	EARPLUG DISPOSABLE	31	BX	63	\$1,165.50
142	1005929	917-1517	WASH,EYE	30	EA	0	\$0.00
143	1005947	926-0293	FILTER RESPIRATOR	21	PK	10	\$90.00
144	1005931	917-1526	BANDAGE	12	EA	0	\$0.00

PAPER (classroom, art etc.), FOLDERS and BOXES

Item Number	Material Group	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
145	61500	2000387	BOX, RECORD STORAGE, PK/25	100	PK	526	\$15,030.29
146	25000	2000850	BOX, FOR PACKAGING	1000	EA	2,000	\$1,420.00

ITB-15-067-AC Miscellaneous Stock Items Order History

Actual order history for items listed on ITB-15-067-AC Miscellaneous Stock Items. The totals reflect purchases made during the 2014-2015- schools year up to April 12, 2016. If N/A appears in the table there were no orders generated for that particular item. Also the Unit of Issue is the same for each item.

147	61500	2000533	FOLDERS, FILE, LEGAL SIZE, 500/CS MANILA	250	CS	250	\$8,087.50
148	61500	2000546	FOLDERS, FILE, LETTER SIZE 500/CS MANILA	3000	CS	5,000	\$116,370.00
149	64500	2000716	PAPER, LEGAL, 8-1/2 X 14, MULTI-PURPOSE	250	BX	500	\$18,900.00
150	64500	2000720	PAPER, LETTER, 8 1/2 X 11, MULTIPURPOSE	60,000	BX	122,660	\$3,161,841.80
151	66500	2000742	FILM, STRETCH, 18" X 1500' CS/4 RL	180	CS	360	\$17,211.60
152	78500	2000783	BOARD, MAT,4 PLY, 30"X40",25SH/PK	52	PK	100	\$10,400.00
153	78500	2000265	MANUSCRIPT, 1ST GR,RED BASELINE ZB	36	CS	90	\$1,845.60
154	78500	2000526	MANUSCRIPT, 1ST GRADE	20	CS	62	\$1,914.20
155	78500	2000529	MANUSCRIPT, 2ND GR,RED BASELINE ZB	22	CS	30	\$721.90
156	78500	2000532	MANUSCRIPT, K, RED BASELINE ZB	18	CS	120	\$2,726.40
157	78500	2000795	PAPER, ART, ROLL, AQUA 36"X 1000'	147	RL	300	\$12,842.50
158	78500	2000663	PAPER, ART, ROLL, BLACK, 36"X1000'	160	RL	300	\$11,302.00
159	78500	2000751	PAPER, ART, ROLL, GREEN, 36"X1000'	128	RL	250	\$11,333.00
160	78500	2000517	PAPER, ART, ROLL, ORANGE,36"X1000'	105	RL	220	\$9,943.20
161	78500	2000528	PAPER, ART, ROLL, RED, 36" X 1000'	146	RL	300	\$14,498.50
162	78500	2000525	PAPER, ART, ROLL, WHITE, 36"X1000'	154	RL	375	\$13,401.75
163	78500	2000651	PAPER, ART, ROLL, YELLOW, 36"X1000	168	RL	300	\$12,553.50
164	78500	2000597	PAPER, CONST, BLUE, 12X18, 25PK/CS	91	CS	150	\$6,447.50
165	78500	2000648	PAPER, CONST, BLUE, 18X24, 15PK/CS	16	CS	40	\$2,734.20
166	78500	2000643	PAPER, CONST, GOLD, 12X18, 25PK/CS	74	CS	150	\$7,541.00
167	78500	2000455	PAPER, CONST, GRAY, 12X18, 25PK/CS	20	CS	50	\$2,547.75
168	78500	2000418	PAPER, CONST, LIME, 12X18, 25PK/CS	57	CS	120	\$6,581.20
169	78500	2000375	PAPER, CONST, PINK ,18X24, 15PK/CS	18	CS	30	\$1,779.30
170	78500	2000593	PAPER, CONST, TURQ, 12X18, 25PK/CS	59	CS	120	\$6,456.80

ITB-15-067-AC Miscellaneous Stock Items Order History

Actual order history for items listed on ITB-15-067-AC Miscellaneous Stock Items. The totals reflect purchases made during the 2014-2015- schools year up to April 12, 2016. If N/A appears in the table there were no orders generated for that particular item. Also the Unit of Issue is the same for each item.

171	78500	2000499	PAPER, CONST,BLACK, 12X18, 25PK/CS	103	CS	250	\$12,069.50
172	78500	2000456	PAPER, CONST,SH PINK,12X18,25PK/CS	45	CS	130	\$6,885.70
173	78500	2000794	PAPER, CONST,WHITE, 12X18, 25PK/CS	118	CS	230	\$9,800.20
174	78500	2000775	PAPER, DRAWING,MANILA,12X18,4RM/CS	246	CS	400	\$11,207.00
175	78500	2000703	PAPER, DRAWING,MANILA,18X24, CASE	51	CS	260	\$3,569.80
176	78500	2000770	PAPER, DRAWING,WHITE,12X18, 3RM/CS	412	CS	700	\$26,369.00
177	78500	2000498	PAPER, DRAWING,WHITE,18X24, CASE	127	CS	360	\$9,002.10
178	78500	2000731	PAPER, DRAWING,WHITE,24X36, 1RM/CS	34	CS	60	\$1,694.40
179	78500	2000690	PAPER, NEWSPRINT, 12X18, 5RM/CS	68	CS	200	\$3,794.00
180	78500	2000530	PAPER, NEWSPRRT, PICSTORY, 8X10-1/2	43	CS	76	\$1,915.90
181	78500	2000769	PAPER, PENMANSHIP, 3/8" RULED	35	CS	23,100	\$696,117.00
182	78500	2000469	PAPER, RR BOARD, BLACK, CASE	30	CS	23	\$494.27
183	78500	2000258	PAPER, RR BOARD, CANARY, CASE.	8	CS	24	\$515.76
184	78500	2000324	PAPER, RR BOARD, WHITE, CASE.	78	CS	200	\$3,872.50
185	78500	2000406	PAPER, WATER COLOR, WHITE, 25/PK	242	EA	400	\$7,016.00
186	78500	2000510	PAPER, WRAPPING, NATURAL 36" WIDE	65	RL	100	\$2,719.00
187	78500	2000702	PAPER,CONST,ASSORTD,12X18, 25PK/CS	108	CS	150	\$8,259.00
188	78500	2000727	PAPER,CONST,ASSORTD,18X24, 15PK/CS	24	CS	75	\$5,376.00
189	78500	2000771	PAPER,CONST,DKBROWN,12X18, 25PK/CS	56	CS	50	\$2,599.50
190	78500	2000601	PAPER,CONST,FESTGRN,12X18, 25PK/CS	113	CS	180	\$9,469.80
191	78500	2000594	PAPER,CONST,FESTRED,12X18, 25PK/CS	132	CS	250	\$12,895.50
192	78500	2000501	PAPER,CONST,LT RED, 12X18, 25PK/CS	42	CS	100	\$5,116.00
193	78500	2000596	PAPER,CONST,LTYELLOW,12X18,25PK/CS	79	CS	150	\$7,112.75
194	78500	2000457	PAPER,CONST,ORANGE,12X18, 25PK/CS	95	CS	150	\$7,864.50

ITB-15-067-AC Miscellaneous Stock Items Order History

Actual order history for items listed on ITB-15-067-AC Miscellaneous Stock Items. The totals reflect purchases made during the 2014-2015- schools year up to April 12, 2016. If N/A appears in the table there were no orders generated for that particular item. Also the Unit of Issue is the same for each item.

195	78500	2000458	PAPER,CONST,SKYBLUE,12X18, 25PK/CS	69	CS	210	\$9,379.10
196	78500	2000600	PAPER,CONST,VIOLET, 12X18, 25PK/CS	63	CS	70	\$3,550.30
197	78500	2000595	PAPER,TAGBOARD, WHITE,12X18,6PK/CS	149	CS	300	\$7,666.00
198	78500	2000598	PAPER,TAGBOARD,WHITE,18X24, 1PK/CS	114	CS	350	\$2,977.00
199	78500	2000793	PAPER,TISSUE,ASSTCLRS,20X30,6PK/CS	87	CS	200	\$6,651.00

MISCELLANEOUS ELECTRONICS

Item Number	Material GRP	M-DCPS Item #	Description	Estimated Annual Usage	Unit of Issue	Quantity	Order Value
200	1002710	138-0079	SPEAKER	40	EA	84	\$1,479.36
201	1002711	138-0087	SWITCH,	220	EA	49	\$1,149.41
202	1002712	138-1547	SPEAKER	26	EA	55	\$2,345.75
203	1002713	138-2535	SPEAKER	53	EA	74	\$2,131.94
204	1002714	138-2594	SWITCH,	16	EA	0	\$0.00
205	1002715	138-2608	BOARD,	7	EA	0	\$0.00
206	1002716	138-2616	BAFFLE,W/O SPEAKER	9	EA	0	\$0.00

MIAMI-DADE COUNTY PUBLIC SCHOOLS
TO BE FILLED IN BY OFFICE
ADMISSION TO CLASS

(STUDENT ID #) _____
 (LAST NAME) _____ (FIRST NAME) _____
 (DATE) _____
 (H.R. TEACHER'S NAME) _____ (HR) _____

TARDY { TO SCHOOL _____ (TIME)
 TO CLASS _____ (TIME)

Absent _____
 (DATES: IF PART DAY NAME PERIODS) _____

Reason _____

TO BE FILLED IN BY OFFICE CLERK

Permissible _____
 Unsatisfactory _____
 Time _____

2000717

FM-1641 Rev. (05-10)



MIAMI-DADE COUNTY PUBLIC SCHOOLS
ADMISSION TO CLASS

Home Room _____ Date _____ 20 _____

ON MY HONOR I WAS

TARDY { TO SCHOOL _____ (TIME)
 TO CLASS _____ (TIME)

Absent from School _____

(If tardy, indicate time; if absent, date. If part-day, write periods.)

Reason _____

This is my (_____ tardiness) (_____ absence) this year

Pupil's Signature _____

PUPIL WRITES NOTHING BELOW THIS LINE

SIGNATURES OF TEACHERS

This pass is to be signed by teachers for the time covered by the excuse. Home Room teachers must sign all passes. The student must request the last teacher who signs the pass to place it with the absence reports collected at the beginning of the sixth period. DUPLICATE PASSES WILL BE UNSATISFACTORY.

H.R. _____ 6. _____
 Permissible _____ 1. _____ 7. _____
 Unsatisfactory _____ 2. _____ 8. _____
 Time Issued _____ 3. _____ 9. _____
 _____ 4. _____ 10. _____
 _____ 5. _____ 11. _____

(ASST. PRINCIPAL FOR ADMIN.)

FM-1641 Rev. (05-10)



FOOD AND NUTRITION CASH REGISTER CORRECTION REPORT

*A
Check Applicable box:

- First submission
 Correction via CRT

(1) *SCHOOL _____ (2) *LOCATION _____
(3) *DATE ERROR OCCURRED _____ (4) CASHIER _____
(5) REGISTER: _____

(6) MEAL COUNT CORRECTION:

	Breakfast		Lunch			Breakfast		Lunch	
	+	-	+	-		+	-	+	-
Free	_____	_____	_____	_____	Adult	_____	_____	_____	_____
Reduced	_____	_____	_____	_____	One Meal Pass Free	_____	_____	_____	_____
Paid El.	_____	_____	_____	_____	One Meal Pass Redu.	_____	_____	_____	_____
Paid Sec.	_____	_____	_____	_____	Special Program	_____	_____	_____	_____
Non-Res Free	_____	_____	_____	_____	_____	_____	_____	_____	_____
Non-Res Reduced	_____	_____	_____	_____	_____	_____	_____	_____	_____
Non-Res Pd. El.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Non-Res Pd. Sec.	_____	_____	_____	_____	Special Function	\$	\$	\$	\$
Previous Free	_____	_____	_____	_____	Special Receipt	\$	\$	\$	\$
Previous Reduced	_____	_____	_____	_____	Special Activity	\$	\$	\$	\$
No-Res. Prev. Free	_____	_____	_____	_____	Vending	\$	\$	\$	\$
No-Res. Prev. Red.	_____	_____	_____	_____	A la Carte Sales	\$	\$	\$	\$
Any Free	_____	_____	_____	_____	Bank	_____	_____	_____	_____
Any Reduced	_____	_____	_____	_____	DCD	\$	\$	\$	\$
Any Paid El.	_____	_____	_____	_____	Other	\$	\$	\$	\$
Any Paid Sec.	_____	_____	_____	_____					
Employee	_____	_____	_____	_____					

(7) *DOCUMENTATION

- () COMPLETE EVENT LOG
() PORTION OF EVENT LOG RELATED TO CORRECTION (Indicate the area of error and/or correction)
() OTHER

AUTHORIZATION:

(8)* _____ (9)* _____ *Date _____
 Manager _____ Corrections Made By _____ Correction Entered: _____
 (Signature) (Signature)

(10)*
Delayed Signature _____

#73



CENTRALIZED FEE RECEIPT

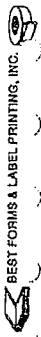
Name	HR Sec.
1. ART	\$
2. MUSIC-BAND FEE	\$
3. INSTRUMENT RENTAL	\$
4. UNIFORM MAINTENACE	\$
5. MUSIC-ORCHESTRA FEE	\$
6. INSTRUMENT RENTAL	\$
7. MUSIC-VOCAL FEE	\$
8. ROBE MAINTENANCE	\$
9. PHYSICAL EDUCATION - TOWELS	\$
10. LOCKS	\$
11. CORRIDOR LOCKS	\$
12.	\$
13.	\$
14.	\$
15.	\$
16.	\$
17.	\$
18.	\$
TOTAL FEES \$	

D 284751

OFFICE USE ONLY

Date	Rec'd By	Amt. Paid \$
2000451		FM-1000 Rev. (03-01)

74



BEST FORMS & LABEL PRINTING, INC.

CALL TO REORDER (954) 490-2287

085971



CHECK REQUISITION / JV TRANSFER

Check No. _____

School _____ Transfer Document No. _____

ACCOUNT NAME	OBJECT	PROGRAM	FUNCTION	SUB-LEDGER	AMOUNT	IN/OUT	DR/CR

Budget Structure for F-9 use only	Object	Program	Function
-----------------------------------	--------	---------	----------

Check Amount \$ _____

*P. O. No. _____

Check payable to: _____

Description of goods/services ordered _____

Originator/Sponsor Signature _____ Secretary/Treasurer Signature _____ Date _____

Date _____ Principal/Delegate Signature _____ Date _____

NOTES: Custodian or requester of goods/services must sign invoices acknowledging receipt.

*P. O. required on purchases for \$100.00 or more.

2000712

FM-0992 Rev. (05-10)

2-712 #75

LD Number	STUDENT'S NAME		BIRTH DATE	SEX	SCHOOL NUMBER
Last	First	Middle			

MIAMI-DADE COUNTY PUBLIC SCHOOLS

CUMULATIVE RECORD FOLDER

Certificate of Immunization Received: Yes No
 Physical Examination Received (MCH 304 B): Yes No

RACIAL/ETHNIC GROUP

American Indian/Native Alaskan Black, Non-Hispanic
 Asian/Pacific Islander White, Non-Hispanic
 Hispanic Multi-Racial

ATTENTION SCHOOL PERSONNEL:

The academic record for each student is maintained electronically in the Integrated Student Information System (ISIS). The documents placed in this folder provide additional information about the student's health, program placement, and support services. A chart distributed annually by the Division of Student Services list documents to be filed.

Prior to the transfer of this folder to another school, the contents should be checked to ensure that all documents pertinent to the student are present. When the folder is received from another school, the contents should be checked to ensure that the student is placed in the proper program and/or receiving necessary support services.

2-6-13 #76 FRONT

SPED/ESE/SECTION 504 FOLDER
(Must be stored within the student's cumulative folder)

Recommended SPED/ESE Folder Organization

- | |
|---|
| 1. The SPED/ESE folder must be stored in the student's cumulative record folder. |
| 2. The left side of the SPED/ESE folder contains the IEP/EP with stapled Notification of Meeting form and additional IEP/EP forms, sequenced from oldest to newest (current on top). |
| 3. The Matrix of Services form is behind the corresponding IEP (not stapled or paper clipped). |
| 4. The right side of the SPED/ESE folder contains all initial documentation (including RtI documents and evaluations) as well as subsequent CST-R/SST-R/RT forms/reevaluations, sequenced from oldest to newest (current on top). |

Section 504 Folder

Section 504 Accommodation Plans, Section 504 Eligibility Determination forms, supporting documentation and the Notification of Meeting forms may be stored in this SPED/ESE/SECTION 504 FOLDER which is filed in the student's cumulative record folder.

2-760

77

MIAMI-DADE COUNTY PUBLIC SCHOOLS

33201

TYPE OR PRINT NEATLY INCOMING CONTROLLED EQUIPMENT - INTERNAL FUNDS, GIFTS, AND RECOVERIES

TO BE COMPLETED BY SCHOOL OR DEPARTMENT	Sec. <input checked="" type="checkbox"/> Cross Out Proper Box <input type="checkbox"/> Complete Sections 2 & 3 Only	Complete Sections 2 thru 5 Only	
	1 <input type="checkbox"/> Purchase From Internal Funds Check Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3A <input type="checkbox"/> Recovery by Audit	
	2 A <input type="checkbox"/> Gift - PTA 2 B <input type="checkbox"/> Gift - Personal 2 C <input type="checkbox"/> Gift - Other	3B <input type="checkbox"/> Recovery by School 3C <input type="checkbox"/> Recovery by S.I.U.	
	Location No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ORIGINATOR'S SCHOOL OR DEPARTMENT NAME <input type="text"/>	ORIGINATOR'S NAME <input type="text"/> TITLE <input type="text"/>
	Property Control No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DESCRIPTION OF PROPERTY Item Name - Mfr. Name <input type="text"/>	Purch. Categ. NO. <input type="text"/> Serial No. (If Any) <input type="text"/>
	Acq'd. Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X out <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/>	COST OR VALUE Dollars & Cents <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Room Location <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	PICK-UP BY ("X" Appropriate Box.) <input type="checkbox"/> S & D <input type="checkbox"/> Maint. <input type="checkbox"/> SIU <input type="checkbox"/> Other	RECEIVED BY ("X" Appropriate Box.) <input type="checkbox"/> S & D <input type="checkbox"/> Maint. <input type="checkbox"/> SIU <input type="checkbox"/> Other	Serialized Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Fill In Loc. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Delivery - Location Name <input type="text"/>	Final Destination - Location Name <input type="text"/>
	Room <input type="text"/> Signature <input type="text"/> Title <input type="text"/> Employee No. <input type="text"/>	Room <input type="text"/> Signature <input type="text"/> Title <input type="text"/> Employee No. <input type="text"/>	Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Has Replacement Equipment Been Requested? No <input type="checkbox"/> Requisition No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Recovery From Outgoing Controlled Equipment Recovery From Plant Security Recovery From Unlocated Property	Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FOR MAINTENANCE & STORES USE ONLY Supv. Code <input type="text"/> Work Order Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reject Code <input type="text"/> Reviewers Initials <input type="text"/>	MAINTENANCE PROGRAM Equip. <input type="checkbox"/> Vehicles <input type="checkbox"/> Port.Mv. <input type="checkbox"/> Oth. <input type="checkbox"/> Other Code <input type="text"/>	1st TRADE Code <input type="text"/> Est. Labor Hrs. Mins. <input type="text"/> <input type="text"/>	
TYPE WORK REQUESTED Rout/no <input type="checkbox"/> Emer. <input type="checkbox"/> Prev. Maint. <input type="checkbox"/> CIF <input type="checkbox"/> Major Point <input type="checkbox"/> Termite <input type="checkbox"/> Port. Moves <input type="checkbox"/> Invent. <input type="checkbox"/> Other Code <input type="text"/>	ORIGIN OF REQUEST School <input type="checkbox"/> Maint. <input type="checkbox"/> Budget Item <input type="checkbox"/> Plant Frs. <input type="checkbox"/> S.I.U. Other <input type="checkbox"/> Bldg. Comm. <input type="checkbox"/> Area List <input type="checkbox"/> S & D <input type="checkbox"/> Other Code <input type="text"/>	2nd TRADE Code <input type="text"/> Est. Labor Hrs. Mins. <input type="text"/> <input type="text"/>	
Cross Out Proper Box <input checked="" type="checkbox"/>	REMARKS <input type="text"/>	Administrator's Signature <input type="text"/>	
<input type="checkbox"/> Not Economical to Hold for Trade/Sale <input type="checkbox"/> Hold for Salvage/Disposal <input type="checkbox"/> Certification of Disposal	Title <input type="text"/>	Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

#78

2-756 #79



MIAMI-DADE COUNTY PUBLIC SCHOOLS
INTERNAL FUND PURCHASE ORDER

Vendor Name _____	Purchase Order No. <u>ZX-</u> _____
Address _____	Issue Date _____
Phone No. _____	Please refer to the above Purchase Order No. on all invoices/correspondence.
Contact Person _____	Sales Tax Exempt No. 85-8013887801C-1
Ship To:	Sales Tax No. may not be used to purchase merchandise for resale.
School _____	FOR SCHOOL USE ONLY
Address _____	Object _____ Program _____
Attn. _____	Function _____ Sub-Ledger _____
Expected Delivery _____	Account Name _____
Send invoices in duplicate to: _____	Date entered in MSAF _____
Secretary/Treasurer	Sponsor Signature _____

The School and the Miami-Dade County School Board will not be liable for goods/services not identified on this Purchase Order. Substitution of merchandise or change in cost is not allowed unless authorized in writing.

Note: A Purchase Order is requested on purchases of \$100.00 or more. School Board Policy 6610 - Internal Accounts, Section E. 2. specifies that purchases of \$ 1,000.00 or more, but less than \$50,000.00, require at least three (3) written quotes to be solicited from vendors, of which at least one must be a certified Minority/Women Business Enterprise (M/WBE). These quotes will be subject to our Internal Funds auditing process.

ITEM DESCRIPTION	QUANTITY (UNITS)	UNIT COST	EXTENDED COST
PURCHASE ORDER TOTAL →			

Funds Available: Yes No Total P.O. not to exceed \$ _____

Secretary/Treasurer Signature _____ Date _____

Principal or Delegate Signature _____ Date _____

Purchase Order must not be authorized unless completely filled out by originator.

No 151801

DATE OF ISSUE _____

STUDENT _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS \$10.00

MATERIAL TICKET

SCHOOL _____

INSTRUCTOR _____

REFUNDED ON _____

REFUNDS MADE ONLY IN THE SCHOOL YEAR PURCHASED

\$5 \$1 \$1 \$1 \$1 \$1

2000218

FM-3741 Rev. (05-10)

#80

DATE OF ISSUE _____

STUDENT _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS \$20.00

114401 MATERIAL TICKET

SCHOOL _____

INSTRUCTOR _____

\$ _____ REFUNDED ON _____

REFUNDS MADE ONLY IN THE SCHOOL YEAR PURCHASED

95 \$4 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1

2000219 FM-3742 Rev. (04-10)

#81

DATE OF ISSUE _____ Nº 907201

STUDENT _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS **\$5.00**

MATERIAL TICKET

SCHOOL _____

INSTRUCTOR _____

\$ _____ REFUNDED ON _____

REFUNDS MADE ONLY IN THE SCHOOL YEAR PURCHASED

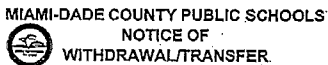
\$1 \$1 \$1 \$1 .50¢ .50¢

2000825 FM-3744 Rev. (05-10)

#82

School No.	I.D. Number	Student's Last Name	App.	First Name	Middle Name	Birth Date	Sex	E	Gr.	Sec.
------------	-------------	---------------------	------	------------	-------------	------------	-----	---	-----	------

WITHDRAWAL DATE _____ WITHDRAWAL CODE _____



PLACE OF BIRTH _____ (City) _____ (State)

PRESENT SCHOOL _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip)

NEW SCHOOL _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip)

STUDENT'S NEW ADDRESS _____

STUDENT'S OLD ADDRESS _____

FATHER'S NAME _____

MOTHER'S NAME _____

STANFORD TEST RESULTS		
%ile	Sta9	n/a
Read. _____	_____	_____
Comp. _____	_____	_____
Conc. _____	_____	_____

Level: Read ___ Math ___
Required Bilingual
Exceptional Student
Reduced Lunch Program
Student Visa

ADDRESS VERIFICATION	
Visiting Teacher	Electric Bill (blue portion)
Warranty Deed/Lease	Re-check Electric Bill (blue) in 40 Days

2000277

Pink Copy To Receiving School - Blue Copy to Student/Parent - Yellow Copy For Processing and File

FM-1621 Rev. (09-09)

83

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127512

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127511

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127510

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127509

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127508

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127507

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127506

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127505

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127504

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127503

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127502

MIAMI-DADE COUNTY
PUBLIC SCHOOLS
M 127501

20-827

#84

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICIAL TEACHERS' RECEIPT

804001 B
CUSTOMER COPY

School _____ Date _____

Received From _____ Amount \$ _____

Cash \$ _____

Checks \$ _____ Purpose _____

Credit Card \$ _____

Signature of M-DCPS Employee

2000367

Receipt only to be issued by M-DCPS employees. FM-0976 Rev. (02-01)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICIAL TEACHERS' RECEIPT

804002 B
CUSTOMER COPY

School _____ Date _____

Received From _____ Amount \$ _____

Cash \$ _____

Checks \$ _____ Purpose _____

Credit Card \$ _____

Signature of M-DCPS Employee

2000367

Receipt only to be issued by M-DCPS employees. FM-0976 Rev. (02-01)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICIAL TEACHERS' RECEIPT

804003 B
CUSTOMER COPY

School _____ Date _____

Received From _____ Amount \$ _____

Cash \$ _____

Checks \$ _____ Purpose _____

Credit Card \$ _____

Signature of M-DCPS Employee

2000367

Receipt only to be issued by M-DCPS employees. FM-0976 Rev. (02-01)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICIAL TEACHERS' RECEIPT

804004 B
CUSTOMER COPY

School _____ Date _____

Received From _____ Amount \$ _____

Cash \$ _____

Checks \$ _____ Purpose _____

Credit Card \$ _____

Signature of M-DCPS Employee

2000367

Receipt only to be issued by M-DCPS employees. FM-0976 Rev. (02-01)

#85



PROPERTY ACCOUNTING
 Mail Code 9999, SBAB, Room 656
 OUTGOING CONTROLLED EQUIPMENT

SEE INSTRUCTIONS ON BACK

17801

TYPE OR PRINT NEATLY

TO BE COMPLETED BY SCHOOL OR DEPARTMENT	Sec. <input checked="" type="checkbox"/> Gross Out Proper Box																																		
	A				B				C																										
	1 Request Disposition and Removal				2 Transfer to Receiving Location# [][][]				3 Off-Campus Receipt																										
	Location No.		ORIGINATOR'S SCHOOL OR DEPARTMENT NAME										Mo.	Day	Yr.																				
	Property Control No.	DESCRIPTION OF PROPERTY Item Name - Mfr. Name					Purch. Categ. No.	Serial No. (If Any)	Acq'd. Mo. Yr.	X out E O A	COST OR VALUE Dollars & Cents		Room Location																						
REASON FOR REQUESTING REMOVAL	D 1											Signature		Title																					
	1 Damaged		2 Vandalized		3 Obsolete		4 Surplus To Be Reissued		5 Trade In/Salvage		6 Other (explain)		D 2 ORIGINATOR																						
	3 Obsolete		4 Surplus To Be Reissued		5 Trade In/Salvage		6 Other (explain)		ADMINISTRATOR																										
REASON FOR DISPOSITION	E 1											Confirmation Signature of Inspector		Mo. Day Yr.																					
	1 Damaged		2 Vandalized		3 Obsolete		4 Surplus To Be Reissued		5 Trade In/Salvage		6 Other (explain)		OUT BOX																						
	3 Obsolete		4 Surplus To Be Reissued		5 Trade In/Salvage		6 Other (explain)		1 Audio-Visual		2 Business Mach.		3 Music		4 Vocational		5 Other																		
PICK-UP BY ("X" Appropriate Box.)	F 1											RECEIVED BY ("X" Appropriate Box.)		Mo. Day Yr.																					
	<input type="checkbox"/> S & D		<input type="checkbox"/> Maint.		<input type="checkbox"/> SIU		<input type="checkbox"/> Other		<input type="checkbox"/> S & D		<input type="checkbox"/> Maint.		<input type="checkbox"/> SIU		<input type="checkbox"/> Other																				
	Fill In Loc. No.		Delivery - Location Name										Fill In Loc. No.		Final Destination - Location Name																				
Room		Signature		Title		Employee No.		Room		Signature		Title		Employee No.																					
OUT BOX	G											Used By		Title		Return Expected Actual		Mo. Day Yr.																	
	<input checked="" type="checkbox"/> OUT BOX		<input type="checkbox"/> A.V.		<input type="checkbox"/> Music		<input type="checkbox"/> Other		Purpose of Equipment Needed (Repair)		School Principal or Administrator's Signature		Title		Mo. Day Yr.																				
	Equipment Will Be Located At																																		
FOR MAINTENANCE & STORES USE ONLY												1st TRADE		2nd TRADE		3rd TRADE		4th TRADE																	
Supv. Code		Work Order Approved?		Reject Code		Reviewers Initials		MAINTENANCE PROGRAM				Code		Est. Labor Hrs. Mins.		Code		Est. Labor Hrs. Mins.		Code		Est. Labor Hrs. Mins.													
Yes		No						Equip. Vehicles		Part Mv. Oth.		Other Code																							
TYPE WORK REQUESTED												ORIGIN OF REQUEST																							
Routine		Emer.		Prev. Maint.		CIF		Major Paint		Termite		Part Moves		Invent.		Other Code		School		Maint.		Budget Item		Plant Fire		S.L.U. Other		Bldg. Comm.		Area List		S & D		Other Code	
1		2		3		4		5		6		7		8				1		2		3		4		5		6		7		8			
J												REMARKS						Administrator's Signature																	
<input type="checkbox"/> Cross Out Proper Box <input checked="" type="checkbox"/>																																			
<input type="checkbox"/> Not Economical to Hold for Trade/Sale																																			
<input type="checkbox"/> Hold for Salvage/Disposal												Mo.		Day		Yr.		Title		Mo.		Day		Yr.											
<input type="checkbox"/> Certification of Disposal												Bld No.																							
<input type="checkbox"/> Satisfactory Repaired & Returned																																			

#86

Miami-Dade County Public Schools

Personnel File

For Official Use Only



Front

#87

2-695

Miami-Dade County Public Schools

Personnel File

For Official Use Only



2695 #87

BACK



RECAP OF COLLECTIONS

DEPOSIT TO ACCOUNT OF: _____ DATE OF COLLECTION _____

Account Name _____

OBJECT	PROGRAM	FUNCTION	SUB-LEDG
SOURCE AND EXPLANATION OF COLLECTIONS			AMOU
TOTAL COLLECTED			

Cash \$ _____
 Checks \$ _____
 Credit Card \$ _____

SIGNED _____
Account Representative

PREPARE THIS FORM IN DUPLICATE.
 Original - Secretary/Treasurer MSAF COMPUTER
 Copy - Depositor RECEIPT NUMBER _____

#88

SCHOOL NO.



MIAMI-DADE COUNTY PUBLIC SCHOOLS STUDENT CASE MANAGEMENT REFERRAL

CHECK BOX BELOW FOR DATA INPUT
 SCM # 712301
 SPAR #

SECTION I: TO BE COMPLETED BY REFERRING

STUDENT NAME _____ STUDENT ID

HOME ROOM _____ GRADE LEVEL _____ PERIOD OF DAY _____ INCIDENT DATE TIME

PARENT CONTACT: (Circle Yes or No)
1. For This Behavior YES NO
2. For Other Misbehavior YES NO
3. Contact Attempted YES NO
4. Contact Made:
4A. Verbal YES NO
4B. Written YES NO

REFERRED BY: _____ REFERRED TO: _____
NARRATIVE: (CLEARLY STATE WHY THE STUDENT IS BEING REFERRED)

SECTION II: FOR ADMINISTRATOR/DESIGNEE USE ONLY

ENTER REASON FOR REFERRAL CODES BELOW:
(ENTER NO MORE THAN 4 CODES)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

OTHER INCIDENT INFO = LOCATION: CONTEXT:

ENTER REFERRAL ACTION INFORMATION BELOW:

DATE _____ TIME _____ EMPLOYEE NO. _____ INITIALS _____ REFERRAL ACTION CODE _____

Mo.	Day	Yr.	TIME (Military)	EMPLOYEE NO.	INITIALS	REFERRAL ACTION CODE

Comments: _____

SECTION III: FOR STUDENT SERVICE PROVIDER USE ONLY

ENTER STUDENT SERVICE INFORMATION BELOW: *

COMPUTER RECORDED _____

DATE _____ TIME _____ EMPLOYEE NO. _____ INITIALS _____ STUDENT SERVICE CODE _____

Mo.	Day	Yr.	TIME (Military)	EMPLOYEE NO.	INITIALS	STUDENT SERVICE CODE

Comments: _____

Agency/Case Number (If Applicable) 2000871

AFTER DATA ENTRY, FILE IN STUDENT'S CUMULATIVE FOLDER

FM-2981 Rev. (05-10)

#89



MIAMI-DADE COUNTY PUBLIC SCHOOLS
**STUDENT CASE MANAGEMENT
STUDENT SERVICES FORM**

COMPUTER
RECORDED

SCHOOL NO.

EMPLOYEE NO.

EMPLOYEE NAME _____

STUDENT ID	STUDENT NAME	GR/SECT	SCM# OR SPAR#	DATE			TIME	SERVICE CODE
				Mo.	Day	Yr.	(Military)	
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>				:	
							:	
							:	
							:	
							:	
							:	
							:	
							:	

COMMENTS:

REFERRED BY: _____
2000715

FOR DATA ENTRY (ATTENDANCE), THEN FILE IN STUDENT CUMULATIVE FOLDER FM-3673 Rev. (04-08)

COMMENTS:

~~#~~ # 90

4-91

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICIAL STUDENT RECEIPT

RECEIPT NO.
624001

(School's Name) (Date)

Received from _____ \$ _____
Total (Amount)

Cash \$ _____

Checks \$ _____

For _____

(Name of Sponsoring Class/Club) Signature (Student Collecting)

615751 - 615775

615751

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
Office of Curriculum and Instruction
**COSMETOLOGY / BARBERING
WORK ORDER AND RECEIPT**

Name _____

Secondary _____

Address _____

Adult _____

Phone _____

School _____

Date _____

PRICE LIST

HAIR STYLING

Shampoo	2.50
Shampoo and Style	3.50
Shampoo, Blow Dry and Style	6.00
Shampoo, Thermal Press and Style	8.00

HAIR TREATMENTS

Dandruff Rinses	2.00
Conditioning-Cream-Balsam, etc.	2.25
Conditioning Setting Lotion	2.50
Hair and Scalp Treatment	7.00
Hair Color Removal Treatment	8.50

HAIR COLOR TREATMENTS

Color Rinses	6.00
Semi-Permanent Color	7.00
Semi-Permanent Color (Long Hair) ..	9.00
Single Process Virgin Color	10.00
Single Process Virgin Color (Long Hair)	12.00
Single Process Retouch Color	9.00
Single Process Retouch Color (Long Hair)	10.50
Two Process Virgin Bleach & Toner	15.00
Two Process Virgin Bleach & Toner (Long Hair)	16.00
Two Process Bleach & Toner Retouch ..	12.00
Two Process Bleach & Toner Retouch (Long Hair)	14.00
CAP Frosting	12.50
CAP Frosting (Long Hair)	14.00
Foil Frosting	16.00
Foil Frosting (Long Hair)	18.50
Lash and Brow Tint	3.50
Beard and Mustache Tint	4.00

HAIR SHAPING

Hair Cutting	5.00
Beard Trim	3.50
Mustache Trim	3.50

PERMANENT WAVING

Cold Wave	14.00
Cold Wave (Long Hair)	15.00
Reconstruction Wave	25.00
Reconstruction Wave (Long Hair)	26.50
Spiral Curl	25.00
Spiral Curl (Long Hair)	30.00

CHEMICAL HAIR RELAXING

Virgin Treatment	16.00
Virgin Treatment (Long Hair)	18.50
Retouch Treatment	14.00
Retouch Treatment (Long Hair)	16.00

MANICURES AND PEDICURES

Manicure	4.00
Lactol Manicure	5.00
Pedicure	6.50
Built on Artificial Nails (Per Nail) ..	2.50
Nail Art (Per Nail)	1.50

SKIN CARE TREATMENTS

Plain Facial	4.50
Scientific Facial Treatment	9.50
Makeup Application	4.00
Eyebrow Arch	3.00
Waxing or Depilatory (Face)	3.50
Waxing or Depilatory (Legs)	9.00
Shave	3.50
Other Services	_____

TOTAL DUE \$ _____

I, the undersigned, understand that the school assumes no responsibility for fire, theft, accidental damage, or bodily injury to patrons and/or goods left for work to be done by the students, and relieve the school from any and all liability occasioned by such occurrences. All services are supervised by qualified, licensed instructors.

(CUSTOMER'S SIGNATURE)

(INSTRUCTOR'S SIGNATURE)

2000202

FM-0483 Rev. (05-10)

#93



CALL TO REORDER (954) 430-2287

083488

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
YEARBOOK SALES RECEIPT**

RECEIPT NO.
117750 Q

Sold to _____
(Last Name) (First Name)

Homeroom _____ School _____

Price of 20 _____ Yearbook \$ _____
(Total Price)

Partial Payment _____ \$ _____
(Date) (Partial Amount)

_____ Balance Due \$ _____
(Received By)

Cash \$ _____

Checks \$ _____

Credit Card \$ _____ Final Payment _____
(Received By)

2000302 **FIRST PAYMENT RECEIPT** FM-1001 Rev. (02-00)

BEST FORMS & LABEL PRINTING, INC.
 CALL TO REORDER (854) 430-2287 12/7/04

#94

EMERGENCY STUDENT DATA FORM

School No./Name _____		I.D. No. _____	Grade _____	Section _____
Student's Last Name _____	APP _____	First Name _____	Middle Name _____	
Address _____				
Indicate primary contact phone number to be used for emergencies and automated messaging: _____				
_____ Last Name	_____ First Name	_____ Relation	_____ Place of Employment	
_____ Telephone	_____ Cellphone	_____ Email		
_____ Last Name	_____ First 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: Additional data is requested in the event of an emergency illness of your 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.

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 Parent Name: _____

Parent's Signature Verification: _____

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 person who signs/verifies this form 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.

#95

FORMULARIO DE DATOS DEL ESTUDIANTE PARA UTILIZAR DURANTE EMERGENCIAS

Numero/Nombre de la Escuela _____		Número de Identificación. _____	
Grado _____ Sección _____			
Apellido del estudiante _____	APP _____	Nombre propio _____	Segundo nombre _____
Dirección _____			
Indique el número de teléfono principal para ser utilizado en caso de emergencias y mensajes automáticos:			
Apellido _____	Nombre propio _____	Parentesco _____	Lugar de empleo _____
Teléfono _____	Teléfono celular _____	Correo electrónico _____	
Apellido _____	Nombre propio _____	Parentesco _____	Lugar de empleo _____
Teléfono _____	Teléfono Celular _____	Correo electrónico _____	

¿Está alguno de los padres en las fuerzas armadas? Sí _____ No _____ Rama _____

Sólo para estudiantes del Kindergarten: ¿Asistió el niño a una escuela preescolar o a una guardería? Sí _____ No _____

¿Pagó usted todos los gastos? Sí _____ No _____ ¿Qué programa? *Head Start* _____ *ESE* _____ Migratorio _____ Otro _____ Lo desconozco _____

INFORMACION DE CONTACTOS DE EMERGENCIA: Solicitamos información adicional para utilizar en caso de que su hijo tenga una enfermedad que sea de emergencia. Es la responsabilidad legal de los padres asumir los gastos médicos y de transporte proporcionados a su hijo. En el caso de que no se pudiese localizar a ninguno de los padres del niño por favor, proporcione información de contacto de dos personas, por orden de prioridad, en los espacios que aparecen a continuación.

_____ (Nombre)	_____ Parentesco	_____ (Dirección)	_____ Teléfono del trabajo
_____ (Nombre)	_____ Parentesco	_____ (Dirección)	_____ Teléfono del trabajo
_____ Doctor de cabecera	_____ Teléfono	_____ Preferencia de hospital	_____ Teléfono

Informes acerca de la salud/alergias del estudiante que tienen que ser conocidas en caso de emergencia:

PERMISO PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA: Por favor, proporcione los nombres de las personas que están autorizadas o que no están autorizadas para recoger a su hijo durante la jornada escolar. Tome en cuenta que las personas que aparecen como contactos de emergencia, no están autorizadas para recoger a sus hijos, si sus nombres no aparecen en la lista que se encuentra a continuación:

Autorizados: _____

Autorizados: _____

No autorizados: _____

No autorizados: _____

ES LA RESPONSABILIDAD DE LOS PADRES informar personalmente a la escuela de cualquier cambio respecto a la información que se encuentra en este formulario. Declaro bajo pena de perjurio, que he leído lo anterior en este [documento] y que la información que ahí aparece es verdadera.

Fecha: _____ Nombre en letra de molde del padre, madre o tutor: _____

El padre, la madre, tutor da su consentimiento con su firma: _____

Los padres de familia/tutores tienen el derecho de revisar las cualificaciones profesionales de los maestros de sus hijos, incluyendo el estatus de la licencia, la especialidad, maestría, títulos postgrado y el campo de la certificación. La información respecto a este "derecho a saber", está disponible en la escuela de sus hijos, que incluye si sus hijos están recibiendo servicios prestados por los ayudantes de maestro y de ser así, sus cualificaciones.

El que a sabiendas hace una declaración falsa por escrito con la intención de engañar a un funcionario público en el ejercicio de sus funciones oficiales será culpable de un delito menor de segundo grado según el Estatuto de la Florida § 837.06, o quien hace una declaración que se verifica que es falsa es culpable del delito de perjurio, un delito grave de tercer grado, según el Estatuto de la Florida § 92.525, punible conforme a lo dispuesto en los Estatutos de la Florida, §§ 775.082, 775.083 y 775.084.

El Formulario de Datos del Estudiante Para Utilizar Durante Emergencias, rige quién ha de recoger al estudiante de la escuela. La persona que firma y da fe de la información que aparece en este formulario, es responsable de proporcionar información veraz y precisa. Si los padres del estudiante están divorciados o separados, el padre que matricula al estudiante, es responsable de proporcionar información que sea consistente con la orden judicial más reciente que gobierna asuntos tales como el divorcio, la separación o la custodia.

2000757 # 96 FM-2733S Rev. (01-15)

#98

2017

EXPLANATION OF TERMS AND CODES

- GRD - ACADEMIC GRADE
- E - EFFORT GRADE
- C - CONDUCT GRADE
- ABS - ABSENCES
- TD - TARDIES
- CM - COMMENTS

GRADING SCALE

- ACADEMIC GRADE-----
- A - EXCELLENT
- B - GOOD
- C - SATISFACTORY
- D - IMPROVEMENT NEEDED
- I - INCOMPLETE
- F - UNSATISFACTORY
- NC - NO CREDIT
- NG - GRADE WITHHELD DUE TO UNRESOLVED ABSENC
- E - EXCELLENT
- G - GOOD
- S - SATISFACTORY
- M - MINIMAL
- U - UNSATISFACTORY
- EFFORT-----
- 1 - OUTSTANDING
- 2 - SATISFACTORY
- 3 - INSUFFICIENT
- CONDUCT-----
- A - EXCELLENT
- B - GOOD
- C - SATISFACTORY
- D - IMPROVEMENT NEEDED
- F - UNSATISFACTORY

@SOME STUDENTS WITH DISABILITIES TAKE AN ALTERNATE ASSESSMENT INSTEAD OF STANDARDIZED TESTS IN COMPLIANCE WITH FLORIDA STATUTE SECTION 1008.22 AND STATE BOARD OF EDUCATION ADMINISTRATIVE RULE GA-10943, AS DESIGNATED ON THEIR INDIVIDUAL EDUCATION PLAN (IEP).

PARA AYUDA EN ESPAÑOL, POR FAVOR, COMUNÍQUESE CON LA ESCUELA DE SU HIJO/HUJA O LEA ESA INFORMACIÓN EN EL SITIO "WEB" WWW.DADESCHOOLS.NET.
 POU ASISTANS AN KREYÒL, SILVOUPLÈ KONTAKTE LEKÒL OU OUBYEN GADE ENFÒMASYON SA A NAN WWW.DADESCHOOLS.NET.

118
6699 #

FLORIDA LAW PROVIDES FOR PARENT INPUT ON TEACHER/ADMINISTRATOR PERFORMANCE, WHEN APPROPRIATE. FOR MORE INFORMATION CONTACT THE SCHOOL PRINCIPAL OR THE REGION CENTER.

LA LEY DE LA FLORIDA PERMITE A LOS PADRES, SI DESEAN, OPINAR SOBRE EL TRABAJO DE MAESTROS/ADMINISTRADORES, PARA MAS INFORME LLAME A LA ESCUELA O CENTRO REGIONAL.

LWA FLORID LA MANDE POU PARAN BAY LIDE YO SOU PÈFÒMANS PWOFESE/ADMINISTRATE, LE LI APWOPRIYE. POU PLIS ENFÒMASYON, KONTAKTE DIREKTÈ LEKÒL LA OUBYEN SANT REJYON AN.

EXPLANATION OF TERMS AND CODES

- GRD - ACADEMIC GRADE
- E - EFFORT GRADE
- C - CONDUCT GRADE
- ABS - ABSENCES
- TD - TARDIES
- CM - COMMENTS

100

- GRADING CODE
- ACADEMIC GRADE-----
 - A - EXCELLENT
 - B - GOOD
 - C - SATISFACTORY
 - D - IMPROVEMENT NEEDED
 - I - INCOMPLETE
 - F - UNSATISFACTORY
 - NC - NO CREDIT
 - NG - GRADE WITHHELD DUE TO UNRESOLVED ABSENCES

- EFFORT-----
- 1 - OUTSTANDING
- 2 - SATISFACTORY
- 3 - INSUFFICIENT

- CONDUCT-----
- A - EXCELLENT
- B - GOOD
- C - SATISFACTORY
- D - IMPROVEMENT NEEDED
- F - UNSATISFACTORY

CREDITS EARNED - TOTAL CREDITS EARNED FOR HIGH SCHOOL GRADUATION

GRADUATION REQUIREMENT

IN ORDER TO OBTAIN A STANDARD HIGH SCHOOL DIPLOMA, STUDENTS MUST COMPLETE THE 24 CREDIT COURSE REQUIREMENTS LISTED ABOVE. ADDITIONALLY, STUDENTS MUST ALSO PASS BOTH SECTIONS OF THE GRADE 10 FCAT, ACHIEVE A CUMULATIVE UNWEIGHTED GRADE POINT AVERAGE OF 2.0 ON A 4.0 SCALE, DEMONSTRATE MASTERY OF BASIC COMPUTER LITERACY SKILLS AND COMPLETE A COMMUNITY SERVICE PROJECT. FOR INFORMATION REGARDING OTHER DIPLOMA TYPES AND COMPLETION CERTIFICATES, PLEASE SEE YOUR CHILD'S SCHOOL GUIDANCE COUNSELOR, CHOICE SCHOOLS, MAGNETS, AND SPECIAL PROGRAMS MAY HAVE ADDITIONAL REQUIREMENTS.

STUDENTS MAY ALSO PURSUE (WITH PARENTAL PERMISSION) ONE OF THE TWO ACCELERATED 18-CREDIT GRADUATION OPTIONS, COLLEGE PREP OR CAREER PREP, BY THE END OF THEIR NINTH GRADE YEAR. SPECIFIC COURSE REQUIREMENTS FOR THE 18-CREDIT GRADUATION OPTIONS ARE DETAILED IN THE STUDENT PROGRESSION PLAN.

#MIDDLE SCHOOL STUDENTS MAY ENROLL (WITH PARENTAL PERMISSION) IN SELECTED SENIOR HIGH SCHOOL COURSES FOR THE PURPOSE OF PURSUING A MORE CHALLENGING PROGRAM OF STUDY OR FOR ACADEMIC ACCELERATION. THESE COURSES ARE SPECIFICALLY LISTED AND IDENTIFIED IN THE STUDENT PROGRESSION PLAN. A MAXIMUM OF SIX HIGH SCHOOL CREDITS TAKEN IN GRADES 6-8 MAY BE APPLIED TOWARD THE TOTAL CREDITS NEEDED FOR GRADUATION. CREDITS TAKEN PRIOR TO 2007-2008 MUST BE ACCEPTED OR REJECTED IN WRITING BY THE STUDENT AND THEIR PARENT BY SEPTEMBER OF THE STUDENT'S NINTH GRADE YEAR. CREDITS TAKEN IN 2007-2008 AND THEREAFTER WILL TRANSFER INTO THE STUDENT'S HIGH SCHOOL RECORDS AND BE COMPUTED INTO THE HIGH SCHOOL GRADE POINT AVERAGE. THESE CREDITS MAY BE FORGIVEN UNDER THE STATE'S FORGIVENESS POLICY. FOR QUESTIONS REGARDING THIS POLICY, PLEASE CONTACT THE SCHOOL COUNSELOR.

@SOME STUDENTS WITH DISABILITIES TAKE AN ALTERNATE ASSESSMENT INSTEAD OF STANDARDIZED TESTS IN COMPLIANCE WITH FLORIDA STATUTE SECTION 1008.22 AND STATE BOARD OF EDUCATION ADMINISTRATIVE RULE GA-10943, AS DESIGNATED ON THEIR INDIVIDUAL EDUCATION PLAN (IEP).

PARA AYUDA EN ESPAÑOL, POR FAVOR, COMUNÍQUESE CON LA ESCUELA DE SU HIJO/HUJA O LEA ESA INFORMACIÓN EN EL SITIO "WEB" WWW.DADESCHOOLS.NET.
POU ASISTANS AN KREVÒL, SILVOUPLÈ KONTAKTE LEKÒL OUBYEN GADE ENFOMASYON SA A NAN WWW.DADESCHOOLS.NET.

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LA LEY DE LA FLORIDA PERMITE A LOS PADRES, SI DESEAN, OPINAR SOBRE EL TRABAJO DE MAESTROS/ADMINISTRADORES, PARA MAS INFORME LLAME A LA ESCUELA O CENTRO REGIONAL.

LWA FLORID LA MANDE POU PARAN BAY LIDE YO SOU PEFOMANS PWOFESÈ/ADMINISTRATÈ, LÈ LI APWOPRIYE. POU PLUS ENFOMASYON, KONTAKTE DIFREKTE LEKÒL LA OUBYEN SAINT REJYON AN.

EXPLANATION OF TERMS AND CODES

- GRD - ACADEMIC GRADE
- E - EFFORT GRADE
- C - CONDUCT GRADE
- ABS - ABSENCES
- TD - TARDIES
- CM - COMMENTS

GPA - GRADE POINT AVERAGE

WEIGHTED GPA - TOTAL GRADE POINT AVERAGE EARNED IN HIGH SCHOOL WHICH INCLUDES ADDITIONAL DISTRICT WEIGHTS, I.E., HONORS, AP, IB IN HIGH SCHOOL CALCULATED ON AN UNWEIGHTED SCALE (4.0)

NOTE: GPAs ARE RE-CALCULATED AT THE END OF EACH SEMESTER, AND AT THE END OF THE SUMMER SESSION; THE GPA SHOWN ON THIS REPORT CARD MAY NOT INCLUDE YOUR MOST RECENT GRADES. CONTACT YOUR GUIDANCE COUNSELOR IF YOU HAVE ANY QUESTIONS.

CREDITS EARNED - TOTAL CREDITS EARNED FOR HIGH SCHOOL GRADUATION

GRADUATION REQUIREMENT

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GRADING CODE

- A - EXCELLENT
- B - GOOD
- C - SATISFACTORY
- D - IMPROVEMENT NEEDED
- I - INCOMPLETE
- F - UNSATISFACTORY
- NC - NO CREDIT
- NG - GRADE WITHHELD DUE TO UNRESOLVED ABSENCES

- 1 - OUTSTANDING
- 2 - SATISFACTORY
- 3 - INSUFFICIENT

- A - EXCELLENT
- B - GOOD
- C - SATISFACTORY
- D - IMPROVEMENT NEEDED
- F - UNSATISFACTORY

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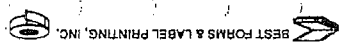
LWA FLORID LA MANDE POU PARAN BAY LIDE YO SOU PÈFÒMANS PWOFÈSÈ/ADMINISTRATÈ, LÈ LI APWOPRIYE. POU PLUS ENFÒMASYON, KONTAKTE DIREKTE LEKÒL LA OUBYEN SANT REJYON AN.

COMMENTS

Four horizontal lines for writing comments.

Two small square checkboxes.

CALL TO REORDER (954) 430-2287



THE PROPOSED SUBJECTS LISTED ON REVERSE SIDE HAVE BEEN AGREED UPON BY STUDENT AND COUNSELOR AFTER CONSIDERATION OF INTERESTS, ACADEMIC RECORD, STANDARDIZED TEST SCORES, REQUIRED COURSES, AND EDUCATIONAL PLANS, UNLESS OTHERWISE STATED.

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