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

_____
(STUDENT ID #)

_____
(LAST NAME) (FIRST NAME)

_____
(DATE)

_____
(H.R. TEACHER'S NAME) (HR)

TARDY { TO SCHOOL _____ (TIME)
TARDY { 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)

#12

MIAMI-DADE COUNTY PUBLIC SCHOOLS

ADMISSION TO CLASS

Home Room _____ Date _____ 20 ____

ON MY HONOR I WAS

TARDY { TO SCHOOL _____ (TIME)
TARDY { 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 to be collected at the beginning of the sixth period. DUPLICATE PASSES WILL BE UNSATISFACTORY.

Permissible _____
Unsatisfactory _____
Time Issued _____

_____
(ASST. PRINCIPAL FOR ADMIN.)

H.R.	_____	6.	_____
1.	_____	7.	_____
2.	_____	8.	_____
3.	_____	9.	_____
4.	_____	10.	_____
5.	_____	11.	_____

FM-1641 Rev. (05-10)

BEST FORMS & LABEL PRINTING INC.
CALL TO REORDER (954) 430-2267

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 +	Breakfast -	Lunch +	Lunch -
Free				
Reduced				
Paid El.				
Paid Sec.				
Non-Res Free				
Non-Res Reduced				
Non-Res Pd. El.				
Non-Res Pd. Sec.				
Previous Free				
Previous Reduced				
No-Res. Prev. Free				
No-Res. Prev. Red.				
Any Free				
Any Reduced				
Any Paid El.				
Any Paid Sec.				
Employee				

	Breakfast +	Breakfast -	Lunch +	Lunch -
Adult				
One Meal Pass Free				
One Meal Pass Redu.				
Special Program				
Special Function	$	$	$	$
Special Receipt	$	$	$	$
Special Activity	$	$	$	$
Vending	$	$	$	$
A la Carte Sales	$	$	$	$
Bank				
DCD	$	$	$	$
Other	$	$	$	$

(7) *DOCUMENTATION

( ) COMPLETE EVENT LOG

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

( ) OTHER

AUTHORIZATION:

(8)* Manager _____ (Signature)

(9)* Corrections Made By _____ (Signature)

*Date Correction Entered: _____

(10)* Delayed Signature _____

#13

BEST FORMS & LABEL PRINTING, INC.
CALL TO REORDER (954) 430-2267
094918

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	$

OFFICE USE ONLY

Date	Rec'd By	Amt. Paid $

2000451 FM-1000 Rev. (03-01)

D 284751

#14

BEST FORMS & LABEL PRINTING, INC.
CALL TO REORDER (954) 430-2207
035971

CHECK REQUISITION / JV TRANSFER

Check No. _____

School _____ Transfer Document No. _____

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

	Object	Program	Function
Budget Structure for F-9 use only			

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 #15

I.D. Number	STUDENT'S NAME Last	First	Middle	BIRTH DATE	SEX	SCHOOL NUMBER

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.

2-613 #16 FRONT

2-613 #16 COMMENTS (optional) BACK

Please indicate significant information which might affect the learning of the student as well as observations of the student's adjustment. Recommendations for follow-up should also be included. DATE AND SIGN EACH ENTRY.

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 additonal IEP/EP forms, sequenced from oldest to newesr (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 #17

MIAMI-DADE COUNTY PUBLIC SCHOOLS 332U1

TYPE OR PRINT NEATLY

INCOMING CONTROLLED EQUIPMENT - INTERNAL FUNDS, GIFTS, AND RECOVERIES

TO BE COMPLETED BY SCHOOL OR DEPARTMENT

Sec. 1 — Cross Out Proper Box ☒

Complete Sections 2 & 3 Only

- [1] Purchase From Internal Funds — Check Number
- [2 A] Gift - PTA
- [2 B] Gift - Personal
- [2 C] Gift - Other

Complete Sections 2 thru 5 Only

- [3A] Recovery by Audit
- [3B] Recovery by School
- [3C] Recovery by S.I.U.

Sec. 2

Location No.	ORIGINATOR'S SCHOOL OR DEPARTMENT NAME	ORIGINATOR'S NAME	TITLE	Mo.	Day	Yr.

Sec. 3

Property Control No.	DESCRIPTION OF PROPERTY Item Name - Mfr. Name	Purch. Categ. No.	Serial No. (If Any)	Acq'd. Mo.	Acq'd. Yr.	X out E O / D H	COST OR VALUE Dollars & Cents	Room Location

Sec. 4A — PICK-UP BY ("X" Appropriate Box.)

☐ S & D ☐ Maint. ☐ SIU ☐ Other

Fill In Loc. No	Delivery - Location Name	Mo.	Day	Yr.

Room	Signature	Title	Employee No.

Sec. 4B — RECEIVED BY ("X" Appropriate Box.)

☐ S & D ☐ Maint. ☐ SIU ☐ Other

Fill In Loc. No	Final Destination - Location Name	Mo.	Day	Yr.

Room	Signature	Title	Employee No.

Sec. 5

Has Replacement Equipment Been Requested?

No ☐ Yes ☐

Requisition No.	Mo.	Day	Yr.

	Serialized Number	Mo.	Day	Yr.
Recovery From Outgoing Controlled Equipment				
Recovery From Plant Security				
Recovery From Unlocated Property				

Sec. 6 — FOR MAINTENANCE & STORES USE ONLY

Supv. Code	Work Order Approved?	Reject Code	Reviewers Initials	MAINTENANCE PROGRAM	Other Code
	Yes ☐ No ☐			Equip. ☐ 3 Vehicles ☐ 4 Pest Mv. ☐ 5 Oth. ☐ 8	

1st TRADE Code	Est. Labor Hrs. Mins.	2nd TRADE Code	Est. Labor Hrs. Mins.	3rd TRADE Code	Est. Labor Hrs. Mins.	4th TRADE Code	Est. Labor Hrs. Mins.

Sec. 7 — TYPE WORK REQUESTED

Routine	Emer.	Prev. Maint.	CIF	Major Paint	Termite	Pest Moves	Invent.	Other Code
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	

ORIGIN OF REQUEST

School	Maint.	Budget Item	Plant Fire	S.I.U. Other	Bldg. Comm.	Area List	S & D	Other Code
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	

Sec. 8

Cross Out Proper Box ☒

- ☐ Not Economical to Hold for Trade/Sale
- ☐ Hold for Salvage/Disposal
- ☐ Certification of Disposal

REMARKS

Administrator's Signature

Title | Mo. | Day | Yr.

2000504

PROPERTY ACCOUNTING

#18

FM-1669 Rev. (09-03)

2-756 #19

MIAMI-DADE COUNTY PUBLIC SCHOOLS

INTERNAL FUND PURCHASE ORDER

Vendor Name _____

Address _____

_____

Phone No. _____

Contact Person _____

Ship To:

School _____

Address _____

_____

Attn. _____

Expected Delivery _____
Date

Send invoices in duplicate to:

_____
Secretary/Treasurer

Purchase Order No. ZX-_____

Issue Date _____

Please refer to the above Purchase Order No. on all invoices/correspondence.

Sales Tax Exempt No. 85-8013887801C-1

Sales Tax No. may not be used to purchase merchandise for resale.

FOR SCHOOL USE ONLY

Object _____ Program _____

Function _____ Sub-Ledger _____

Account Name _____

Date entered in MSAF _____

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.

№ 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

$6 $1 $1 $1 $1 $1

2000218

EM-3741 Rev. (05-10)

#20

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

$5 $4 $1 $1 $1 $1 $1 $1 $1 $1 $1 $1 $1 $1 $1

2000219 FM-3742 Rev. (04-10)

#21

№ 907201

DATE OF ISSUE

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)

#22

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

WITHDRAWAL DATE _____ WITHDRAWAL CODE _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
NOTICE OF WITHDRAWAL/TRANSFER

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.

PARENT'S SIGNATURE _____

2000277 Pink Copy To Receiving School - Blue Copy to Student/Parent - Yellow Copy For Processing and File FM-1621 Rev. (09-09)

23

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

#24

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICIAL TEACHERS' RECEIPT

804001 B
CUSTOMER COPY

School _____ Date _____

Received From _____ Amount $ _____

☐ Cash $_____
☐ Checks $_____
☐ Credit Card $_____

Purpose _____

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 $_____
☐ Credit Card $_____

Purpose _____

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 $_____
☐ Credit Card $_____

Purpose _____

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 $_____
☐ Credit Card $_____

Purpose _____

Signature of M-DCPS Employee _____

2000367 Receipt only to be issued by M-DCPS employees. FM-0976 Rev. (02-01)

#25

BEST FORMS & LABEL PRINTING, INC.
CALL TO REORDER (954) 430-2267
109295

SEE INSTRUCTIONS ON BACK

17801

Miami-Dade County Public Schools
giving our students the world

PROPERTY ACCOUNTING
Mail Code 9999, SBAB, Room 656

OUTGOING CONTROLLED EQUIPMENT

TYPE OR PRINT NEATLY

TO BE COMPLETED BY SCHOOL OR DEPARTMENT

Sec. A — Cross Out Proper Box [X]

[1] Request Dispositon and Removal | [2] Transfer to Receiving Location# | [3] Off-Campus Receipt

Sec. B — Location No. | ORIGINATOR'S-SCHOOL OR DEPARTMENT NAME | Mo. Day Yr.

Sec. C

Property Control No.	DESCRIPTION OF PROPERTY Item Name - Mfr. Name	Purch. Categ. No.	Serial No. (If Any)	Acq'd. Mo. Yr.	X out E D	COST OR VALUE Dollars & Cents	Room Location

Sec. D1 — REASON FOR REQUESTING REMOVAL

[1] Damaged [2] Vandalized
[3] Obsolete [4] Surplus To Be Reissued
[5] Trade In/Salvage [6] Other (explain) _____

Sec. D2 — Signature | Title

ORIGINATOR

ADMINISTRATOR

INSPECTOR

Sec. E — REASON FOR DISPOSITION

[1] Damaged [2] Vandalized
[3] Obsolete [4] Surplus To Be Reissued
[5] Trade In/Salvage [6] Other (explain) _____

[X] OUT BOX
[1] Audio-Visual
[2] Business Mach.
[3] Music
[4] Vocational
[5] Other

Confirmation Signature of Inspector | Mo. Day Yr.

Sec. F1 — PICK-UP BY ("X" Appropriate Box.)

[ ] S & D [ ] Maint. [ ] SIU [ ] Other

Fill In Loc. No | Delivery - Location Name | Mo. Day Yr.

Room | Signature | Title | Employee No.

Sec. F2 — RECEIVED BY ("X" Appropriate Box.)

[ ] S & D [ ] Maint. [ ] SIU [ ] Other

Fill In Loc. No | Final Destination - Location Name | Mo. Day Yr.

Room | Signature | Title | Employee No.

Sec. G — OFF CAMPUS

[X] OUT BOX
[ ] A.V.
[ ] Music
[ ] Other

Purpose of Equipment Needed (Repair) | Used By | Title | Return Expected Actual | Mo. Day Yr.

Equipment Will Be Located At | School Principal or Administrator's Signature | Title | Mo. Day Yr.

Sec. H — FOR MAINTENANCE & STORES USE ONLY

Supv. Code	Work Order Approved? Yes / No	Reject Code	Reviewers Initials	MAINTENANCE PROGRAM Equip. [3] Vehicles [4] Port Mv. [5] Oth. [6]	Other Code	1st TRADE Code / Est. Labor Hrs. Mins.	2nd TRADE Code / Est. Labor Hrs. Mins.	3rd TRADE Code / Est. Labor Hrs. Mins.	4th TRADE Code / Est. Labor Hrs. Mins.

Sec. I — TYPE WORK REQUESTED

Routine [1] Emer. [2] Prev. Maint. [3] CIF [4] Major Paint [5] Termite [6] Port Moves [7] Invent. [8] | Other Code

ORIGIN OF REQUEST

School [1] Maint. [2] Budget Item [3] Plant Fix [4] S.I.U. Other [5] Bldg. Comm. [6] Area List [7] S & D [8] | Other Code

Sec. J

Cross Out Proper Box [X]
[ ] Not Economical to Hold for Trade/Sale
[ ] Hold for Salvage/Disposal
[ ] Certification of Disposal
[ ] Satisfactory Repaired & Returned

REMARKS | Bid No. _____ | Mo. Day Yr.

Administrator's Signature | Title | Mo. Day Yr.

2000461

FM-1670 Rev. (03-01)

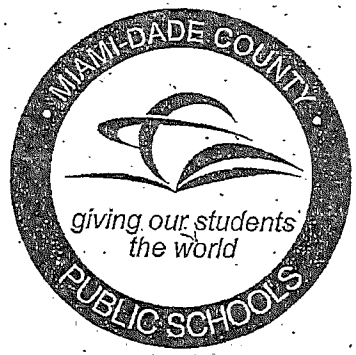
PROPERTY ACCOUNTING
#1

#26

Miami-Dade County Public Schools

Personnel File

For Official Use Only



Front

#21 2-695

Miami-Dade County Public Schools

Personnel File

For Official Use Only

MIAMI-DADE COUNTY PUBLIC SCHOOLS

giving our students the world

Z 695 #27

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
Copy - Depositor

MSAF COMPUTER RECEIPT NUMBER _____

2000755

FM-1004 Rev. (

#28

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 (Mo. Day Yr.) ☐☐☐ TIME ☐:☐ (Military)

REFERRED BY: _____ REFERRED TO: _____

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

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

SECTION II: FOR ADMINISTRATOR/DESIGNEE USE ONLY

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

☐☐ ☐☐ ☐☐ ☐☐

☐ COMPUTER RECORDED

OTHER INCIDENT INFO = LOCATION: ☐ CONTEXT: ☐

ENTER REFERRAL ACTION INFORMATION BELOW:

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

Comments: _____

Agency/Case Number *(If Applicable)* _____

2000671

SECTION III: FOR STUDENT SERVICE PROVIDER USE ONLY

ENTER STUDENT SERVICE INFORMATION BELOW:

☐ COMPUTER RECORDED

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

Comments: _____

AFTER DATA ENTRY, FILE IN STUDENT'S CUMULATIVE FOLDER

FM-2981 Rev. (05-10)

BFL Printing 954-430-2267

5a
#

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 Mo. Day Yr.	TIME (Military)	SERVICE CODE
					:	
					:	
					:	
					:	
					:	
					:	
					:	
					:	
					:	

COMMENTS:

REFERRED BY: _____

2000715

FOR DATA ENTRY (ATTENDANCE), THEN FILE IN STUDENT CUMULATIVE FOLDER

FM-3673 Rev. (04-08)

COMMENTS: _____

30

#31

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)

2000200 Receipt only to be issued by M-DCPS students. FM-1002 Rev. (10

15001

Bureau of Community Services and Career Preparation

INDUSTRIAL EDUCATION PROGRAMS EXCEPT COSMETOLOGY

WORK ORDER AND RECEIPT

NAME OF SCHOOL	VOCATIONAL PROGRAM	DATE RECEIVED	DATE COMPLETED
		WRITTEN BY	MAKE
		YEAR	LICENSE
CUSTOMER NAME AND EMPLOYEE NUMBER		PHONE	MILEAGE
CUSTOMER ADDRESS		PARTS INVOICE NO.	

Secondary _____

Post-Secondary _____

INSTRUCTIONS / JOB DESCRIPTION	Instructor's Initials	Student's Initials

TERMS: PAYMENT DUE IN FULL UPON RECEIPT OF ITEM BEING REPAIRED

DISCLAIMER CLAUSE - KNOW ALL MEN BY THESE PRESENTS, That I, undersigned, having this day delivered to the Bureau of Community Services and Career Preparation of Dade County, Florida, hereafter referred to as "The School," the articles set forth and described for repair and/or maintenance do hereby agree and certify that I have been informed and fully understand that the said vocational school is not engaged in commercial enterprises for profit and that said school shall not, nor shall the students, instructional personnel thereof, nor the Board of Public Instruction of Dade County, Florida, be held liable or responsible for delay in completion; damage to or loss of the or any machine, appliance, material, or other object whatsoever so left to be repaired or maintained. I further understand that neither worksmanship nor materials are guaranteed but that work is to be done and materials furnished solely at my risk; that I will pay all such reasonable or agreed charges for operational cost and/or materials furnished. That payment must be made within 10 instructional days after receipt of notification of completion of said project, such notification to be made by U.S. Registered or Certified Mail and the recorded date of such U.S. Registered or Certified Mail notification construed as the official date of beginning of the 10 day period within which such payment is to be made. It is hereby understood, stipulated, and agreed that failure to make payment, in full, within 10 instructional days next following notification, as set forth herein, shall be and hereby is sufficient justification, authority, and consent for "The School" as and for liquidated and agreed damages, to keep and retain the article or articles herein involved as the sole and exclusive property thereof; or, at the option of "The School" to sell the said article or articles to the highest bidder at public sale and to retain the proceeds thereof as liquidated damages by reason of the failure of the undersigned to make payment as herein agreed upon. That, in the event of public sale and disposal of said article or articles for failure of the undersigned to pay costs therefore, the undersigned specifically hereby releases "The School" from all claims or demands whatsoever.

CHECK ONE: ☐ ESTIMATE REQUIRED $_____ APPROVED _____

☐ NO ESTIMATE REQUIRED

CUSTOMER'S SIGNATURE

QTY.	PART NO./DESCRIPTION	PRICE
		$

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	6.00	
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)

#33

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MIAMI-DADE COUNTY PUBLIC SCHOOLS
YEARBOOK SALES RECEIPT

RECEIPT NO: 117750Q

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)

#34

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 [illegible] information that is consistent with the most recent court order governing such matters as divorce, separation or custody.

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

36

FM-2733S Rev. (01-15)

37

EXPLANATION OF TERMS AND CODES

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

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 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/HIJA 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.

#39

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

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FM-6890 (09-(

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2 - SATISFACTORY
3 - INSUFFICIENT

-----CONDUCT-----
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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.

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EXPLANATION OF TERMS AND CODES

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GPA - GRADE POINT AVERAGE

WEIGHTED GPA - TOTAL GRADE POINT AVERAGE EARNED IN HIGH SCHOOL WHICH INCLUDES ADDITIONAL DISTRICT WEIGHTS, I.E., HONORS, AP, IB

UNWEIGHTED GPA - TOTAL GRADE POINT AVERAGE EARNED IN HIGH SCHOOL CALCULATED ON AN UNWEIGHTED SCALE (4.0)

NOTE: GPA'S 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

GRADING CODE

-----ACADEMIC GRADE-----
A - EXCELLENT
B - GOOD
C - SATISFACTORY
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GRADUATION REQUIREMENT

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COMMENTS

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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FM-2493 Rev. (02-92)

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