



**Eligibility Requirements:**

- \*Must maintain a cumulative 2.0 GPA or higher in core subjects
- \*Conduct grade of B or higher in all subject areas
- \*Effort scores of 1 and 2 only, no 3's
- \*Students who have 10 or more absences/tardies may be excluded- absences will be reviewed on an individual basis.

**GLADES MIDDLE SCHOOL PROGRAM APPLICATION**

Cambridge and/or DREAMS

**STUDENT INFORMATION**

**Program of interest** (indicate one or both depending on academic record and interests):

- DREAMS
- Cambridge

Please use student's legal name as indicated on birth certificate. Do not use nicknames, assumed names, etc.

**Student Full Name:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Gender: Male/Female (circle one)**

**Current Grade Level:** \_\_\_\_\_

**MDCPS Student ID#:** \_\_\_\_\_

**FSA Score Information**

ELA LEVEL \_\_\_\_\_

MATH LEVEL \_\_\_\_\_

Public School: **Yes or No**

Is Glades Middle School your Home School for 2019-2020?: **Yes or No**

Name of Home Middle School: \_\_\_\_\_

**PARENT/GUARDIAN #1 INFORMATION**

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

**PARENT/GUARDIAN #2 INFORMATION**

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

**AGREEMENT OF UNDERSTANDING**

I, hereby give permission for my child to be screened for admission to the selected program designated on this application. If accepted, he/she will be enrolled as a full-time student at the school of acceptance. Transportation availability is limited and may not be available to all students. My child must demonstrate acceptable performance, attendance, and conduct (as determined by school-site policy) in order to remain in the program.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**APPLICATION FORM DEADLINE:**

**January 15, 2019**

**Please submit application along with most recent report card and a copy of the students ELA and Math FSA Score Report**

**Submit Original Completed Application to:**

Glades Middle School  
9451 Southwest 64 Street  
Miami, FL 33173  
305.271.3342 or 305.271.0402 (fax)

**OFFICE USE ONLY:**

Date of Receipt \_\_\_\_\_

**LA:**

- SPED
- REG
- ADV
- GIFTED

**MATH:**

- SPED
- REG
- ADV
- GIFTED

Accepted

Denied

Reason: \_\_\_\_\_