



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: _____