



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

English Secondary 1 Program of Study and/or DREAMS

STUDENT INFORMATION

<p>Program of interest (<i>indicate one or both depending on academic record and interests</i>):</p> <p><input type="checkbox"/> DREAMS</p> <p><input type="checkbox"/> Cambridge</p>	<p><i>Please use student's legal name as indicated on birth certificate. Do not use nicknames, assumed names, etc.</i></p> <p>Student Full Name: _____</p>
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Student Address: _____	Apt: _____
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City: _____	State: _____	Zip Code: _____
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Date of birth: _____	Gender: Male/Female (circle one)
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Current Grade Level: _____	MDCPS Student ID#: _____
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<p>FSA Score Information</p> <p>ELA LEVEL _____</p> <p>MATH LEVEL _____</p>	<p>Public School: Yes or No</p> <p>Is Glades Middle School your Home School for 2017-2018?: Yes or No</p> <p>Name of Home Middle School: _____</p> <p>If applicable, Name of Sibling(s) Currently Attending Glades _____</p>
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PARENT/GUARDIAN #1 INFORMATION

Is parent presently serving in the active military or full-time Reserves? Yes or No (circle one) If so, please attach documentation as verification.

Full Name: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
EMAIL Address: _____	Relation to Student: _____	

PARENT/GUARDIAN #2 INFORMATION

Is parent presently serving in the active military or full-time Reserves? Yes or No (circle one) If so, please attach documentation as verification.

Full Name: _____		
Home Phone: _____	Work Phone: _____	Cell 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: _____
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Parent/Guardian Signature: _____

APPLICATION FORM DEADLINE:

January 15, 2017

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 305.274.0402 (fax)

OFFICE USE ONLY:

Date of Receipt _____

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| <p>LA:</p> <p><input type="checkbox"/> SPED</p> <p><input type="checkbox"/> REG</p> <p><input type="checkbox"/> ADV</p> <p><input type="checkbox"/> GIFTED</p> | <p>MATH:</p> <p><input type="checkbox"/> SPED</p> <p><input type="checkbox"/> REG</p> <p><input type="checkbox"/> ADV</p> <p><input type="checkbox"/> GIFTED</p> |
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<p><input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Denied</p>	<p>Reason: _____</p>
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