



MAGNETSCHOOLS

GIVING OUR STUDENTS A WORLD OF CHOICES

OFFICIAL OFF-CYCLE MAGNET APPLICATION

DIRECTIONS:

1. Parents must contact the school directly to verify space availability and entrance requirements
2. Please read and fill out the form below (one application per Magnet program, only one program per school)
3. Read and sign the Agreement of Understanding
4. Submit this application **along with required documents** (if needed) **directly to the school(s)** to which you are applying

SELECT MAGNET SCHOOL

Submit Completed Applications to:
 Fax: 305-556-6917
 Email: mandrews@dadeschools.net
 By Mail or in Person:
 5701 W 24 Ave Hialeah 33016

SELECT MAGNET PROGRAM

MAGNET SCHOOL PROGRAM (OFF-CYCLE) AVAILABILITY This is an official school application for select Magnet schools and programs. Parents must contact the school(s) directly for seat availability and eligibility requirements. Students **MUST** meet entrance requirements for acceptance. Seats may be available and will be filled on a first-come, first-serve basis.

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

| | | |
|-------------------------------------|---|---|
| Student Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Student Birthdate (MM/DD/YYYY) | Gender | Current Grade |
| <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> |
| M-DCPS Student ID Number | | IMPORTANT! Students not currently attending a Miami-Dade Public school must submit grades at time of application to be considered. |
| <input type="text"/> | | |
| Student Address - Number and Street | Apt. # | City |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ZIP | State | School Student Currently Attends |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Public School? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

1. Is parent presently serving in the active military or full-time Reserves? *(Documentation Required - Send to School)* Yes No

2. Is the student applying as a twin or triplet to the **same** magnet? Yes No

If you answer YES to question 2, provide the following required information:

| | | |
|----------------------|----------------------|----------------------------------|
| Last Name | First Name | Twin M-DCPS ID Number (REQUIRED) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|---------------------------|------------------------|------------------------|
| Parent/Guardian Last Name | First Name | |
| <input type="text"/> | <input type="text"/> | |
| Relationship to Student | (Area Code) Home Phone | (Area Code) Work Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-Mail Address | <input type="text"/> | |

SIGNATURE REQUIRED

AGREEMENT OF UNDERSTANDING - I, hereby, give permission for my child to be screened for admission to the selected magnet 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 (as determined by school-site policy) in order to remain in the magnet program. Acceptance may be provisional and contingent upon the individual school's eligibility requirements and/or the successful completion of exams, courses, etc.

Parent/Guardian Name (PLEASE PRINT) _____

Parent/Guardian Signature _____ Date _____