Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS

NON-DISCIPLINARY TRANSFER TO THE OPPORTUNITY SCHOOL PROGRAM

WRITTEN PARENTAL PERMISSION

I acknowledge that I have participated in my child's performance assessment review in this school and request a transfer to an Opportunity School Program which may better serve my child's needs. I understand that if School Operations/Division of Educational Opportunity and Access accepts my child, it is expected that my child will comply with all School Board rules and regulations. In the event that my child violates the School Board's Code of Student Conduct, I understand that an administrative referral may be required.

Name of Student: _____ Date: _____

Student ID# _____

Name of School: _____

_____ _____

Parent's/Guardian's Signature *Date* *Student's Counselor* *Date*

_____

(Parent's/Guardian's student, counselor, etc.)

_____

Principal's Signature *Date*

Witness: _____

Date