



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REQUEST FOR NON-DISCIPLINARY ASSIGNMENT TO OPPORTUNITY SCHOOL

(Please complete both sides of this form in order for your request to be processed)

Date: _____

School Name _____ Work Location # _____

Student Name _____ ID# _____ Grade _____

Student Address (including zip code) _____

Parent's Name _____ Parent's Telephone Number _____

Student's Date of Birth _____ SCM# for Referral Action _____

SWD Y N Section 504 Y N GIFTED Y N SEX F M ETH _____

Reason for referral (INCLUDE STRATEGIES UTILIZED): _____

Date of Region approval: _____

Name of Region Superintendent/Designee giving approval: _____

Date of conference with parent re: recommendation: _____

Please note the following:

- *A Behavior Intervention Plan (BIP) may be requested in order to process this request.*
- *Students must complete a minimum of two successful grading periods at the alternative school in order to be considered for return to regular school.*
- *Requests for non-disciplinary assignments will **NOT** be processed during the fourth grading period of the school year.*

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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. **Additionally, my child must complete a minimum of two successful grading periods in order to be considered for return to regular school.** In the event that my child violates the School Board's Code of Student Conduct, I understand that it may be necessary to review my child's status and change his/her assignment to a disciplinary/administrative assignment.

Parent's/Guardian's Signature *Date*

Counselor's Signature *Date*

Principal's Signature *Date*