



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

**ADMINISTRATIVE ASSIGNMENT REQUEST FOR OPPORTUNITY SCHOOL**

TO: Division of Educational Opportunity and Access Date \_\_\_\_\_

FROM: School Name \_\_\_\_\_ School Number \_\_\_\_\_

**SUBJECT: OPPORTUNITY SCHOOL ASSIGNMENT - ADMINISTRATIVE**

Student Name \_\_\_\_\_ ID # \_\_\_\_\_ Grade \_\_\_\_\_

SWD Y  N  504 A.P. Y  N  GIFTED Y  N  SEX \_\_\_\_ ETH \_\_\_\_

Student Address (Including Zip Code) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Telephone Number \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ SCM # or SPAR # for this referral action \_\_\_\_\_

\_\_\_\_\_ Date of conference with parent re: recommendation

Briefly describe the incident(s) leading to the recommendation: \_\_\_\_\_

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This is an official request for the administrative assignment of the above captioned student to the opportunity school program. The school has complied with all school board procedures/directives relative to the assignment.