



MIAMI-DADE COUNTY PUBLIC SCHOOLS

ADMINISTRATIVE ASSIGNMENT REQUEST TO AN ALTERNATIVE EDUCATION PROGRAM

TO: Division of Educational Opportunity and Access Date _____

FROM: School Name _____ School Number _____

SUBJECT: ALTERNATIVE EDUCATION 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: _____

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