

Special Education Option

APPLICATION



2017-2018

Academy of Arts and Innovation at Blue Lakes

Criteria for Admission

Students must meet all of the following criteria for the middle school academy:

- Eligible under *Intellectual Disabilities (InD)*
- Eligible for Florida Standards Alternate Assessment (modified curriculum)

Parents are required to sign a contract agreeing to:

- Consent for videotaping the student for educational purposes
- Participate in parent education workshops
- Use technology at home to support their child
- Provide transportation, if the student resides outside of the established transportation boundaries

Applicants may require an observation and recommendation from the ESE District office to determine if the Academy can meet the needs of the applicant. Students' application materials will be reviewed to insure that admission criteria are met.

Following admission based upon meeting criteria, an IEP meeting must be held to assure all services provided on the IEP can be fully implemented in the Academy. Admission is also based on space availability.

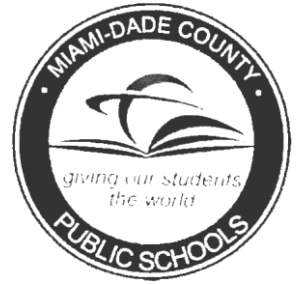
How to Apply

1. Please complete all required areas. Failure to sign and/or complete all sections may result in the application not being processed.
2. All applications will be processed only at the District office. Please send your application directly to the office on the last page of the application.
3. You must attach a copy of the most recent IEP and evaluations (including psychological, speech and language, adaptive), and any medical documentation, if applicable.

Applications are valid only for one school year.

Continued participation in the Academy is dependent upon student need and parent participation and will be reviewed on an annual basis.

**Special Education Option Program Application
FOR THE 2017-2018 SCHOOL YEAR**



DIRECTIONS:

1. Use black or blue ink to fully complete the application.
2. Read and sign the Agreement of Understanding.

PLEASE PRINT STUDENT'S INFORMATION CLEARLY:

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

MDCPS Student ID: _____ Student Birthdate (MM/DD/YYYY): ____/____/____

Student Address: _____

Current School: _____ Current Grade: _____

If private school, list a contact person and phone number: _____

Parent/Guardian Contact Information:

Parent Last Name	Parent First Name	Home Phone	Work Phone

Agreement of Understanding

By signing below, I acknowledge my understanding of the following conditions for this application:

I hereby give my permission for my child to be screened and/or observed for admission to the selected option program designated in this application. If accepted, a seat is available, and the IEP can be fully implemented, 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.

Parent Signature

Date

*All applications must have current IEP and evaluations attached.
Application Deadline: March 10, 2017

Mail Completed Applications to:
Ms. Vivian Nunez, Instructional Supervisor
Division of Exceptional Student Education
Miami-Dade County Public Schools
6521 SW 62nd Avenue
Miami, FL 33143