

**MIAMI SPRINGS SENIOR HIGH SCHOOL MAGNET APPLICATION FOR THE 2013-14 SCHOOL YEAR**

**DIRECTIONS:**

- 1. Use blue ink to fully complete this application.
- 2. No DUPLICATE or REVISED applications will be accepted.
- 3. Read and sign the Agreement of Understanding.
- 4. Mail to: Miami Springs Senior High School Magnet Applications  
751 Dove Avenue, Miami Springs, FL 33166

Please select the Academy you are applying for:

ITECH                       AOHT

Please use the student's legal name as indicated on the birth certificate. Do not use nicknames, assumes names, etc.

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Student Birthdate (MM/DD/YYYY) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Address \_\_\_\_\_ Apt. \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ M-DCPS Student ID or NO ID \_\_\_\_\_

School Student Currently Attends \_\_\_\_\_ Public School? (Y/N) \_\_\_\_\_ Current Grade \_\_\_\_\_

1. Is parent presently serving in the active military or full-time services? (Documentation Required - Send to School).....(Y/N) \_\_\_\_\_
2. Are you applying as a Foreign National? (Documentation Required - Contact School).....(Y/N) \_\_\_\_\_
3. Is the student applying as a twin or triplet to the same magnet?..... (Y/N) \_\_\_\_\_  
If you answer "Yes" to Question 3, provide the following required information:  
Twin Last Name \_\_\_\_\_ Twin First Name \_\_\_\_\_ Twin M-DCPS ID \_\_\_\_\_  
Triplet Last Name \_\_\_\_\_ Triplet First Name \_\_\_\_\_ Triplet M-DCPS ID \_\_\_\_\_
4. Do you have another child already in attendance at one of the magnet programs to which you are applying?.....(Y/N) \_\_\_\_\_  
If you answer YES to question 4, provide the following required information for the sibling:  
Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ Sibling M-DCPS ID \_\_\_\_\_
5. Request for special accommodations fro students with Disabilities (*Applicable for Visual & Performing Arts*)..... (Y/N) \_\_\_\_\_  
Yes, I would like for a School Representative to call me about arrangements for disabilities and/or accommodations needed,  
Please Describe any special needs your child may have \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

- The deadline for receipt of this application is immediate.
- Failure to complete all requested information may cause this application to be rejected.
- Additional information may be required by individual schools and must be submitted to those schools by the application deadline as part of the application process.
- Eligibility may be determined by such factors such as skill, talent, academic performance, conduct, written essay, and interest.
- Preference is given to eligible applicants with siblings currently attending and who will be in attendance at the gave magnet school during the school year for which the student is applying.
- Siblings will be accepted based upon the availability of open seats in the grade level for which the student is applying. Sibling preference does not apply to students applying for Visual & Performing Arts Programs.
- When the number of eligible student applicants , other than Visual & Performing Arts, exceeds the number of seats available, a random selection process will be utilized to admit eligible applicants.
- Failure to respond to an offer of acceptance by a specified deadline will be interpreted as a parent/guardian decline of program acceptance.
- Applications do not guarantee placement.

I, hereby, give permission for my child to be screened for admission to the selected magnet program(s) designated in this application. If accepted, 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. My child must demonstrate acceptable performance (as determined by school-site policy) in order to remain in magnet program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Middle  
First Name  
Last Name  
M-DCPS Student ID