

Mater Academy Charter Middle High

7901 NW 103 St
Hialeah Gardens, FL 33016
Phone 305 828 1886 / Fax 305 828 6175
<http://materacademyhigh.dadeschools.net>



Admission Application 2009-2010

1. Student's Last Name : _____
2. First Name : _____
3. Middle Name : _____
4. Student's Birthdate (MM/DD/YYYY) : _____
5. Current Grade: _____
6. **MDCPS** Student ID Number : _____
7. Siblings currently attending Mater Academy: _____
(First and Last Name & ID Number)

8. Student's Address - Number & Street: _____
9. Apt. # : _____
10. City: _____
11. Zip Code : _____
12. State : _____
13. School Student Currently Attends: _____
14. Parent's / Guardian's First & Last Name: _____
15. Relationship to student: _____
16. Parent's / Guardian's Home Phone # (with area code) _____
17. Parent's / Guardian's Work Phone # (with area code) _____
18. Parent's / Guardian's email address: _____
19. Is your child receiving Exceptional Student Education Services ? _____
If the answer is yes please provide the type of exceptionality: _____
20. Is your child attending a private school? : _____
If the answer is "YES" please fax or email the most recent report card to:
Silvia Trincerì --> fax # : 305 828 6175 or stincerì@dadeschools.net
21. Is your child interested in applying to our Performing Arts Academy? _____
If the answer is yes, you will receive a second application by mail

Agreement of Understanding

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

- 1.- Only applications received from November 1, 2008, through April 1, 2009, will be considered for enrollment in the next school year 2009-2010,
- 2.- THE DEADLINE FOR RECEIPT OF THIS APPLICATION IS APRIL 1st, 2009.
- 3.- Priority is given to applicants with siblings who are currently enrolled at the school.
4. -A random selection process will be utilized to admit eligible applicants.
- 5.- Failure to respond by the date specified on the acceptance letter will be interpreted as a parent guardian decline of acceptance.
- 6.- This application becomes void at the end of the current school year.
- 7.- If accepted , you will be invited to a mandatory orientation meeting where he/she will be enrolled as a full time student at Mater Academy Charter Middle High School
- 8.- I understand that transportation is not available and therefore I must provide his/her transportation
- 9.- My child must demonstrate acceptable performance (as determined by school-site policy) in order to remain as a full time student at your school

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (PLEASE PRINT) _____