



# Miami-Dade County Public Schools

*giving our students the world*

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September 19, 2014

Dear Parents/Guardians:

This is to inform you that Devon Aire K-8 Center is offering a free before and after school tutoring/homework help program for all middle school students. The Middle School Enrichment Program has been initiated to provide assistance in Language Arts, Math, Science, and Social Studies. The program has been designed to provide students with help in the areas of homework, basic skills and study skills. The students are **not** required to attend every session. They may attend any session as the need arises. Such reinforcement empowers the academic achievement of your child. The program will begin the week of September 29, 2014. Students must have a completed registration form (on back) on file, in order to participate in this program.

Classes will be held as follows:

**Morning Tutoring 7:20 a.m. – 8:20 a.m.**

Mathematics	Martinez-Gonzalez	Room 1646
Science	Adams	Room 1601
Reading/L. Arts	Aleman	Room 1650

**Afternoon Tutoring 3:05 p.m. – 4:05 p.m.**

Mathematics	Hardy	Room 1621
Reading/L. Arts	Jones	Room 1629
Library/Open Lab	Kunkel	Room 901

Please return completed registration forms by September 24, 2014. If you have any questions or need further information regarding your child's tutoring program, please contact Ms. Pachon-Reboredo or Ms Aleman at 305-274-7100.

Sincerely,

Brian Hamilton, Principal



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

**MIDDLE SCHOOL ENRICHMENT PROGRAM – REGISTRATION FORM**

SCHOOL: Devon Aire K-8 Center SCHOOL YEAR : 20 14 - 20 15

NAME OF CLASS: \_\_\_\_\_ REGISTRATION DATE: \_\_\_\_\_

LAST NAME		FIRST NAME		MI	CLASSROOM TEACHER	GRADE
AGE	DATE OF BIRTH / /	GENDER M F		ETHNICITY A B H I M W		STUDENT ID #
HOME ADDRESS		CITY	ZIP CODE	HOME PHONE ( )		
MOTHER'S NAME		ADDRESS		HOME PHONE ( )	BUSINESS PHONE ( )	CELL PHONE ( )
FATHER'S NAME		ADDRESS		HOME PHONE ( )	BUSINESS PHONE ( )	CELL PHONE ( )
MOTHER'S E-MAIL ADDRESS			FATHER'S E-MAIL ADDRESS			
EMERGENCY CONTACT OTHER THAN PARENT NAME			PHONE # ( )		RELATIONSHIP TO STUDENT	
EMERGENCY CONTACT OTHER THAN PARENT NAME			PHONE # ( )		RELATIONSHIP TO STUDENT	
OTHER PERSONS AUTHORIZED TO PICK-UP STUDENT			DISMISSAL ARRANGEMENTS			
IN THE EVENT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>						
IF "NO" WAS CHECKED IN THE PREVIOUS BOX, PLEASE PROVIDE A PROTOCOL TO FOLLOW:						
SPECIAL NEEDS/INSTRUCTIONS						
SIBLINGS IN THE PROGRAM						
PARENT/GUARDIAN SIGNATURE				DATE		

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED PRIOR TO ADMISSION INTO THE PROGRAM**

FM-6496 Rev. (08-10)

SIGNATURE \_\_\_\_\_  
PRINCIPAL/APCE/PROGRAM MANAGER DATE \_\_\_\_\_