



**DOCTORS CHARTER SCHOOL OF MIAMI SHORES**  
11301 N.W. 5<sup>th</sup> Avenue  
Miami Shores, FL 33138  
(305)754-2381  
[www.doctorscharterschool.org](http://www.doctorscharterschool.org)

*Dear Parents,*

*It is really important that you complete the following information so we can update our registration information for next school year.*

Student Name \_\_\_\_\_

Future Grade \_\_\_\_\_ Student ID number \_\_\_\_\_

*Will your daughter/son return to Doctors Charter School of Miami Shores for the school year 2010-2011?*

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Please, return this form to the student's Homeroom Teacher by:  
Friday, March 5, 2010

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



*A college preparatory school dedicated to developing each student's full potential*