

The School Board of St. Lucie County, Florida
Pupil Identification

I.D. # _____ D.O.E. _____
Pupil's Name: Last _____ First _____ Middle _____
Date of Birth _____ Place of Birth _____ Race _____ Sex _____
Address of Home _____ Zip _____ Home Phone _____
Lives with: Father _____ Mother _____ Both _____ Guardian _____
Father's Name _____ Mother's Name _____
Father's Employer _____ Mother's Employer _____
Phone _____ Phone _____

School Student Last Attended _____ Address _____ Zip _____
Brothers: # Older ____ #Younger ____ #In School ____ Sisters: #Older ____ #Younger ____ #In School ____

Emergency Numbers—people that could pick up your child in case he/she would get sick. We would try to call both parents before we would call these numbers:

1. Name _____ 2. Name _____
Relationship to Child _____ Relationship to Child _____
Phone _____ Phone _____

Teacher _____ Grade _____ Bus # _____

White: Tag:

ELE0056 5/96

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