

School Board of St. Lucie County
Performance-Based Diploma Program
Application/Student-Parent Agreement

(Please Print)

Name: _____ Student ID #: _____

Date of Birth: _____ Age: _____ Home Phone #: _____ Cell Phone #: _____

Student Address: _____ City: _____

Zip: _____ E-Mail: _____

Mother's Name: _____ Work Phone #: _____

Father's Name: _____ Work Phone #: _____

Guardian's Name: _____ Work Phone #: _____

Guardian: Please bring "proof" of guardianship.

The Performance-Based Diploma Program has been explained to me, and I believe it will best meet my educational needs and interests. I understand that if I am enrolled in this program I will have to:

1. Attend school daily; except for excused absences.
2. Pass the Reading and Math Sections of the Florida Comprehensive Assessment Test.
3. Specialize in a vocational education area (3 – 7 credits).
4. Complete the required credits to graduate.
5. Earn a minimum cumulative GPA of 2.0.

I agree to cooperate with the teachers and the school if I am considered for enrollment in this program. I understand that my attendance, performance, and behavior will determine whether I remain in the Program.

This is a voluntary program. As parents, you have the right to an administrative review of any action relating to this placement. You also have the right to request an evaluation of your student for Exceptional Student Education.

Student Signature

Parent Signature

Vocational Program:

You will select a Vocational Program to be completed as part of your electives. This is required to graduate.

Program: _____ Number of Credits: _____

Based upon the review of the student profile I recommend:

- Approval of enrollment into the Performance-Based Diploma Program
- Disapproval of enrollment into the Performance-Based Diploma Program

Signature (Program Specialist)
White: _____ Canary: _____

Date