

VOLUNTARY PREKINDERGARTEN/TITLE I PROGRAM APPLICATION

ST. LUCIE PUBLIC SCHOOLS

9461 Brandywine Lane, Port St. Lucie, FL 34986 Tel. (772) 429-3945

Please complete **ONE** application per child. You **MUST** provide all the following documents to complete the registration process.

TWO (2) Proofs of address are required for all applicants. Parent/Guardian's name and address must be showing on the proof of address. Acceptable proofs include: One (1) Primary and One (1) Secondary or Two (2) Primary proofs of address. Two (2) secondary proofs of address will not be accepted.

Original Birth Certificate

Social Security Card (If available)

***Proof of Address**

***One** of the following documents is required as Primary proof of address:

- 1. Current utility bill - **within the last 30 days**
- 2. Official rent receipt - **within the last 30 days**
- 3. Current mortgage deed
- 4. Signed lease agreement

- 5. Mortgage payment coupon
- 6. Builder's contract (6-month completion)

***ONE** of the following documents is required as Secondary Proof of address:

- 1. Cable bill – **within the last 30 days**
- 2. Voter's Registration
- 3. Driver's license
- 4. Cell phone bill- **within the last 30 days**

I. STUDENT PROFILE:

Student ID#			
Grade: VPK	STUDENT NAME: <i>Last</i>	<i>Appendage</i> ____Jr____II____III	STUDENT NAME: <i>First</i>
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Race: Please mark one or more races to indicate what this person considers himself/herself to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Birth Date: <i>month/day/year</i> / /	Place of Birth: <i>City, State, and Country</i>		Primary Language Spoken at Home:
Please check any of the following that apply to this student: <input type="checkbox"/> Active Military Family <input type="checkbox"/> Court Ordered Custody Change			
Social Security Number: / /	(Student social security numbers are collected to identify students within the District's computer system and will be used only for that purpose.)		Previous Preschool Name, City and State:
Home Address:		City and Zip Code	
Mailing Address:		City and Zip Code	
Home Phone:	Cell Phone:	Emergency Phone:	

II. GUARDIAN INFORMATION: Residential/Custodial Parent: Both Mother Father Other: _____
 Note: If there is a change in custody, appropriate documentation must be provided.

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN NAME: <i>Last</i>	STUDENT NAME: <i>First and Middle Names</i>	Birth Date: <i>month/day/year</i> / /
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN NAME: <i>Last</i>	STUDENT NAME: <i>First and Middle Names</i>	Birth Date: <i>month/day/year</i> / /

III. SIBLINGS: (*Siblings are defined as brother, sister, half-brother, half-sister, stepbrother or stepsister living in the same household.*)
 Please list all siblings. Of the siblings listed, please check which are currently **attending** or **applying** for first choice school.

S1	<input type="checkbox"/>	SIBLING NAME: <i>Last-First-Middle</i>	School	Grade: 20-21
		Birth Date: <i>month/day/year</i>	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
S2	<input type="checkbox"/>	SIBLING NAME: <i>Last-First-Middle</i>	School	Grade: 20-21
		Birth Date: <i>month/day/year</i>	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
S3	<input type="checkbox"/>	SIBLING NAME: <i>Last-First-Middle</i>	School	Grade: 20-21
		Birth Date: <i>month/day/year</i>	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	

IV. PREVIOUS PROGRAM INFORMATION:

- Yes No
 Is your child currently participating in an exceptional education program(s)? If yes: _____
School Name / Program
 Example: Developmentally Delayed, Speech, Language, Visually Impaired, Specific Learning Disability, etc.
- Yes No
 Has your child participated Head Start in the prior two years? If yes: _____
Head Start Site
- Yes No
 Has your child received services under Title I Part C or Migrant Education in the prior two years? **If yes, circle program.**

V. SOCIAL-EMOTIONAL INFORMATION:

- Yes No
 Is your child currently receiving mental health counseling or behavioral services? **If yes, please list the name of the provider:** _____

VI. DIVERSITY INFORMATION:

- Yes No
 Does your family receive Food Stamps, Medicaid, TANF, WIC or does your child receive Free or Reduced meals at a St. Lucie County school? **If yes, circle program and indicate recipient on the line below.**
- Recipient:** _____

VII. SCHOOL SELECTIONS:

Proximity disclaimer: If you live within two (2) miles of your assigned school, you may not be eligible for bus transportation.
Note: Every effort will be made to assign siblings together. However, this cannot be guaranteed.

Number all the schools within **your school zone.**

Green Zone	Red Zone	Blue Zone
(34946, 34949, 34950, 34951, 34945, 34947, <u>34981</u> , <u>34982</u>)	(34953, 34972, 34986, 34987, 34988)	(<u>34981</u> , <u>34982</u> , 34983, 34952, 34957, 34984)
___ C.A. Moore Elementary (0111)	___ Allapattah Flats K8 (0151)	___ Mariposa Elementary (0341)
___ Lakewood Park Elementary (0231)	___ Bayshore Elementary (0251)	___ Northport K8 (0261)
___ Lawnwood Elementary (0061)	___ Windmill Point Elem. (0271)	___ Parkway Elementary (0311)
___ St. Lucie Elementary (0071)		___ Rivers Edge Elementary (0381)
___ Weatherbee Elementary (0040)		___ Savanna Ridge Elementary (0091)
___ White City Elementary (0031)		___ Village Green Elementary (0281)

I have read and understand the directions for applying for my child's VPK/Title I assignment. I agree to abide by the policies of St. Lucie Public Schools. I testify that all the information on this form and the documentation submitted with my request are true and accurate. I understand that failure to comply with these conditions, or falsification of any portion of this application may result in the revocation of my assignment.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY				
S & E	D	KSEALS	TOTAL	STICKER (IF APPLICABLE): ESE, REFERRAL, SIBLING, MIGRANT, HOMELESS
		_____, _____ = _____ L A COMP.		