

Please complete ONE application per child. If kindergartner or new to the county, you MUST provide all of the following documents to complete the registration process. Return application to any school or Student Assignment. TWO (2) Proof of address is required for all applicants. Parent/Guardian's name and address must be showing on the proof of address. Acceptable proof include: One (1) Primary and One (1) Secondary or Two (2) Primary Proof of Address. Two (2) secondary proof 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
3. Current mortgage deed
4. Signed lease agreement

*Proof of address is required for all applicants.

- 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

Note: IF PROOFS OF ADDRESS ARE NOT IN THE CUSTODIAL PARENTS/GUARDIANS NAME A NOTARIZED RESIDENTIAL AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION.

I. STUDENT PROFILE: ID#
Grade: 2019-20 STUDENT NAME: Last Appendage First Middle
Gender: F M **Race: American Indian/Alaskan Native, Asian, Black, Hawaiian/Pacific Islander, White **Ethnicity: Hispanic/Latino, Not Hispanic/Latino
Birth Date: month/day/year Place of Birth: City, State, and Country Primary Language Spoken at Home:
Please check any of the following that apply to this student: Active Military Family, Court Ordered Custody Change
Social Security Number: (Student social security numbers are collected in order to identify students within the District's computer system and will be used only for that purpose.) Previous School 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.

PARENT/GUARDIAN NAME: Last First and Middle Names Birth Date: month/day/year
PARENT/GUARDIAN NAME: Last First and Middle Names Birth Date: month/day/year

III. PREVIOUS PROGRAM INFORMATION:

- A. Has your child been participating in an exceptional education program(s)? Yes No
Example: Gifted, Development Delayed, Speech or Visually Impaired, Specific Learning Disability, etc.
B. State legislation requires at the time of initial registration in the school district to indicate if any apply to your child:
Expulsions: Date Arrests resulting in a charge: Date Juvenile Justice Actions: Date
Child has been referred to mental health services: Date

IV. DIVERSITY INFORMATION

Yes No Does your family receive Foods Stamps, Medicaid, TANF, WIC or receive Free or Reduced meals at a St. Lucie County school?

V. 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 your first choice school.

S1 <input type="checkbox"/>	SIBLING NAME: <i>Last-First-Middle</i>	School	Grade 19/20
	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 19/20:
	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 19/20:
	Birth Date: <i>month/day/year</i>	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	

Note: Every effort will be made to assign siblings together. However, siblings who attend elementary and middle school are NOT guaranteed to attend the same school.

- A** I have a child attending _____ school and my other child/ren are attending a different school or need a new school assignment. I would like all my students at _____ (my first choice). If not possible at this time, assign other child/ren together to a school and place them on the wait list for my first choice with sibling preference.
- B** All my children need a school assignment and I want them assigned to the same school.

VI. SCHOOL SELECTIONS:

ALL schools within your **TSA (Transportation Service Area) 1 or 2 must be selected in the order of your preference.**

Proximity disclaimer: If you live within two (2) miles of your assigned school, you may not be eligible for bus transportation.

Green Zone	Red Zone	Blue Zone
TSA Green1: (34946, 34949, 34950, 34951) ___ Dan McCarty School (0072) ___ Forest Grove Middle (0371)	TSA Red1: (34953) ___ Allapattah Flats K8 (0151) ___ Manatee K8 (0361) ___ Oak Hammock K8 (0351) ___ St Lucie West K8 (0131)	TSA Blue1: (34981, 34982, 34983) ___ Northport K8 (0261) ___ Southern Oaks Middle (0391)
TSA Green2: (34945, 34947, 34981, 34982) ___ Allapattah Flats K8 (0151) ___ Dan McCarty School (0072) ___ Forest Grove Middle (0371)	TSA Red2: (34972, 34986, 34987, 34988) ___ Allapattah Flats K8 (0151) ___ Manatee K8 (0361) ___ St Lucie West K8 (0131) ___ West Gate K8 (0421)	TSA Blue2: (34952, 34957, 34984) ___ Northport K8 (0261) ___ Southport Middle (0331)

OUT OF ZONE SCHOOL CHOICE *(NOT REQUIRED)*****

Please write in only one school outside of your regional zone. This option is only available during Open Enrollment.

Note: Magnet schools are not eligible for an out of zone school choice application. A separate application is required.

Out of Zone School Name:

Please list siblings currently attending or applying for your out of zone choice school.

Name of Sibling	School	Birth Date	Current Grade

If an application is completed for a currently enrolled student, the current seat will no longer be available.

I have read and understand the directions for applying for my child's assignment. I agree to abide by the policies of St. Lucie County Public Schools. I testify that all of 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 _____

DATE _____	INTAKE LOCATION _____	FOR OFFICE USE ONLY	SAO0002ARev.02/19
		VERIFIED BY _____	SCHOOL ASSIGNMENT _____