

WAIT LIST APPLICATION

St. Lucie Public Schools
9461 Brandywine Lane, Port St. Lucie, FL 34986

FOR OFFICE USE ONLY
DATE _____
ZONE _____
VERIFIED BY _____

Please read the following information carefully:

By completing this application, you will be placing your child on a wait list for a school within your zone. This will not affect your child's current school assignment unless a seat becomes and is accepted for the wait list school. However, if a seat becomes available and you do not respond, this wait list application will be voided.

Note: This wait list application is active from the date listed below until the end of the first nine weeks. **ONLY CURRENTLY ENROLLED STUDENTS CAN BE PLACED ON A WAIT LIST FOR A SCHOOL IN THEIR ZONE.**

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.

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

- | | | |
|--|---------------------------|--|
| 1. Current utility bill – within the last 30 days | 3. Current mortgage deed | 5. Mortgage payment coupon |
| 2. Official rent receipt | 4. Signed lease agreement | 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 |
|--|-------------------------|---------------------|---------------|

I. STUDENT PROFILE: ID#			
Grade:	STUDENT NAME: Last <i>Appendage</i> First <i>Middle</i>		
	_ Jr _ II _ III		
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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Birth Date: month/day/year / /	Place of Birth: City, State, and Country		Primary Language Spoken at Home:
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:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN NAME: Last	First and Middle Names	Birth Date: month/day/year / /
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN NAME: Last	First and Middle Names	Birth Date: month/day/year / /
Home Address:		City and Zip Code	
Mailing Address:		City and Zip Code	
Home Phone:	Cell Phone:	Emergency Phone:	

WAIT LIST CHOICE

Please write in only one school within your regional zone that you would like your child to be on a wait list for.

Wait List School Name:

Note: Magnet schools (Fairlawn Elem.-Green & Blue Zones, F.K. Sweet Elem.-Green & Red Zones) require a special application and are filled on a first-come, first-served basis as seats are available. You can be on a choice school wait list and a magnet school wait list.

Please list siblings* currently attending or applying for your wait list choice school.

Name of Sibling	School	Birth Date	Current Grade

*Siblings are defined as brother, sister, half-brother, half-sister, stepbrother or stepsister, living in the same household.

Parent/Guardian Signature _____ Date _____

Return application with current proof of address to Student Assignment (772) 429-3930