

School Year: _____

HIGH SCHOOL REGISTRATION FORM

ST LUCIE PUBLIC SCHOOLS

501 NW UNIVERSITY BLVD, PORT ST. LUCIE, FL 34986 Tel. (772) 429-3930

Official Use Only
OOZ Choice <input type="checkbox"/>

Please complete ONE application per child. If 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.

***Full and Complete Move to New Residence.** The student moves to a new home address due to a full and complete move by the student and the persons with whom he/she has been living for at least one calendar year that make it necessary for the student to attend a different school. A student and his/her parents cannot occupy a residence at more than one address, and only the student's current residence may be used for eligibility purposes. **Full and Complete Move Defined.** The following items are evidence a move is full and complete:

- ____ (a) The former residence is not occupied for any purpose at any time by the student or any of the persons with whom the student has been living; and
- ____ (b) All personal belongings are moved from the former residence; and
- ____ (c) Mail is received at the new residence; and
- ____ (d) All utilities are transferred to the new residence; and
- ____ (e) Driver's license, voter registration and other forms of legal identification are changed to the new residence.

I. STUDENT PROFILE: ID#				
Grade:	STUDENT NAME: Last	Appendage	First	Middle
		__Jr__II__III		
Home Address:		City and Zip Code		
Mailing Address:		City and Zip Code		
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: 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:	
Home Phone:	Work Phone:	Emergency Phone:		

II. GUARDIAN INFORMATION: Residential/Custodial Parent: Both Mother Father Other: _____

<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 / /

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. ATHLETIC INFORMATION:

A. Has your child engaged in athletic activities affiliated with any school in St. Lucie County? Yes No

V. 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?

Please check any of the following that apply to this student:

Active Military Family Court Ordered Custody Change

VI. 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.

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

SCHOOL CHOICE PREFERENCE ** (NOT REQUIRED) ******

Only complete if the preferred school is outside of your regional zone.

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

A student who changes schools after initially attending another school is subject to FHSAA Bylaw 9.3 Transfer Regulations. The student may be ineligible for the remainder of the sport season during which the transfer occurs.

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 VERIFIED BY _____	SCHOOL ASSIGNMENT _____
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