

**St. Lucie Public Schools**  
**Request for Adjustment/Correction**

<b>STUDENT ID#:</b>				
STUDENT NAME: Last		Appendage    __ Jr __ II __ III	<b>First</b>	<b>Middle</b>
Gender: <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>	<b>**Race:</b> 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		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
<b>Birth Date:</b> month/day/year /   /		<b>***Social Security Number:</b> (***)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.) /   /		
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		<b>PARENT/GUARDIAN NAME:</b> Last		First and Middle Names
<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Other:</b> _____		<b>PARENT/GUARDIAN NAME:</b> Last		First and Middle Names
Home Address:		City and Zip Code		
Mailing Address:		City and Zip Code		
Home Phone:		Cell Phone:		Emergency Phone:

**Adjustment/Correction Requested**

Change of Address (please provide proof of new address)

Old    Address: \_\_\_\_\_  
 \_\_\_\_\_

New    Address: \_\_\_\_\_  
 \_\_\_\_\_

Child grade level change. Current grade level \_\_\_\_\_

Change of Custody (Attach Family/Residential Custody Form and/or Legal Documentation)

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Assignment (772) 429-3930

<b>FOR OFFICE USE ONLY</b>	
VERIFIED BY _____	DATE _____
Action/disposition _____	
_____	
_____	