

School Year: \_\_\_\_\_

9<sup>th</sup> GRADE TRANSITION  
SIBLING TRANSFER REQUEST

Official Use Only  
SCHL ASSIGNMENT

ST LUCIE PUBLIC SCHOOLS  
9461 Brandywine Lane, Port St. Lucie, FL 34986 Tel. (772) 429-3930

Please complete ONE application per child. Return application Student Assignment. **TWO (2) Proofs 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 Proofs 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**
- 2. Official rent receipt
- 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

<b>I. STUDENT PROFILE:</b> ID#			
<b>Grade:</b>	STUDENT NAME: Last <i>Appendage</i> First Middle ____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:
<b>GUARDIAN INFORMATION: Residential/Custodial Parent:</b> <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 / /
Home Address:		City and Zip Code	
Mailing Address:		City and Zip Code	
Home Phone:		Cell Phone:	Emergency Phone:

**II. ATHLETIC INFORMATION:**

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

**III. CURRENTLY ENROLLED SIBLING: (Siblings are defined as brother, sister, half-brother, half-sister, step-brother or step-sister living in the same household.)**

Please list sibling.

SIBLING NAME: Last-First-Middle		School		Grade:
Birth Date: month/day/year / /	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

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 WILL result in the revocation of my assignment.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only:</b>	
Code _____ From _____ To _____ Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Administration Signature: _____ Conditions: _____	