

(PLEASE PRINT)

Saint Lucie Public Schools Pupil Identification Data

Student ID#		School Year		School Name		Grade	Enrollment Date ___/___/___
Student Last Name			Student First Name		Student Middle Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	**Social Security # ___-___-____	Birth Date ___/___/___	Birth City		Birth State	Birth Country	Date entered US ___/___/___
** SS# is collected in order to identify students within the District's computer system, Medicaid billing if eligible, and program follow-up.							
What is the student's Race (choose all that apply)?				What is the student's ethnicity?			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Street Address	Street #, Name, Apt/Lot#			City, State, Zip		Home Phone () -	
Mailing Address	<input type="checkbox"/> Check if same as above			City, State, Zip			
Name of school student last attended:				What Grade?		School Phone () -	
Address of School (if not in St. Lucie County)			City, State, Zip		County		Country
Parent/Guardian Contact Information – Please number your contacts in the order they should be called in case of emergency (circle 1-5)							
1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name, First Name		Relation	Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody/Shared Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If custody is "NO," legal documentation is required</small>		
Street Address (if different)				Home Phone () -	Work Phone () -	Cell Phone () -	
1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name, First Name		Relation	Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody/Shared Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If custody is "NO," legal documentation is required</small>		
Street Address (if different)				Home Phone () -	Work Phone () -	Cell Phone () -	
Other Emergency Contact Information - Any persons listed below will be identified as being able to pick up your child from school							
1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name	First Name		Relation		
Street Address				Home Phone () -	Work Phone () -	Cell Phone () -	
1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name	First Name		Relation		
Street Address				Home Phone () -	Work Phone () -	Cell Phone () -	
1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name	First Name		Relation		
Street Address				Home Phone () -	Work Phone () -	Cell Phone () -	
Military Activity							
<input type="checkbox"/> Yes <input type="checkbox"/> No A parent* of this child is an Active Member of our Armed Forces. (* For this question, parent is defined as natural parent or appointed legal guardian). Release of Information I agree that the following information may be released for my child (Failure to check "NO" may result in the release of information): <input type="checkbox"/> Yes <input type="checkbox"/> No My child's name and contact information to Military Recruiters. (High School Student's Only) <input type="checkbox"/> Yes <input type="checkbox"/> No My child's name and contact information to Higher Education Institutions. (High School Student's Only) <input type="checkbox"/> Yes <input type="checkbox"/> No My child's name, photo, voice & video to the press for recognition or news purposes. (Applicable to All Students) <input type="checkbox"/> Yes <input type="checkbox"/> No My child's name, photo, voice & video for publicly assessable school or district websites or broadcast. (Applicable to All Students) <input type="checkbox"/> Yes <input type="checkbox"/> No My child's name, photo, and contact information to the yearbook photographers'. (Applicable to All Students) <input type="checkbox"/> Yes <input type="checkbox"/> No My child's directory information (student's name and grade) (Applicable to All Students) Note: A limited release of information is required for participation in student athletics as described on the Parent/Player Agreement, Permission, and Release form.							
State legislation requires at the time of initial registration in the school district to indicate if any apply to your child:							
<input type="checkbox"/> Expulsions: Date _____ <input type="checkbox"/> Arrests resulting in a charge: Date _____ <input type="checkbox"/> Juvenile Justice Actions: Date _____ <input type="checkbox"/> Referrals to mental health services: Date _____							
I understand that in case of emergency, my child will be taken to a hospital and given the necessary treatment. I understand that I am to pay the bill, including transport. I understand that certain educational records of my child will be shared with the District Health Care Partners as needed to provide and evaluate health services to students. I also understand that my child's medical treatment records created by health care personnel at school may be shared with school officials who have Legitimate Educational Purpose for accessing such treatment records. I certify that I have read all of the information on this form, and it is true and correct. <input type="checkbox"/> Yes <input type="checkbox"/> No I give my consent to allow the school district and their health care partners the ability to determine Medicaid eligibility, using my child's DOB and SS#, and if eligible, to bill Medicaid for any services for which my child is eligible.							
Name (Please Print) _____				Signature _____		Date ___/___/___	
If you wish to receive communication by email, provide email address:							
OFFICE USE ONLY							
Entry Code _____ AM BUS _____ PM BUS _____		<input type="checkbox"/> Proof of Address		<input type="checkbox"/> Immunizations or 30-day letter		<input type="checkbox"/> Physical	
<input type="checkbox"/> Home Language Survey		<input type="checkbox"/> Internet Survey		<input type="checkbox"/> Emergency Card		<input type="checkbox"/> Birth Certificate	
Homeroom # and Teacher _____		DATE entered by School Data Specialist ___/___/___		<input type="checkbox"/> FASTER Request: ___/___/___		<input type="checkbox"/> Legal Papers Initials _____	