

M 2010-11 OPEN ENROLLMENT MIDDLE SCHOOL APPLICATION

March 1-26, 2010

SCHOOL BOARD OF ST LUCIE COUNTY, FLORIDA
4204 OKEECHOBEE ROAD, FORT PIERCE, FL 34947 Tel. (772) 429-3930

Official Use Only
SCHL ASSIGNMENT

Please complete ONE application per child. If kindergartner or 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. **Proof of address is required for all applicants.**

Original Birth Certificate

****Social Security Card (If available)**

***Proof of Address**

*Only **ONE** of the following documents is required as 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)

*Proof of address is required for all applicants.

Parent/Guardian's name and address must be showing on the proof of address. Not acceptable: driver's license, voter's registration card, or cable bill.

I. STUDENT PROFILE: ID#			
Grade: 2010-11	STUDENT NAME: Last	Appendage	First
		Jr _II_ _III	Middle
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
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 Address:		City and Zip Code	
Mailing Address:		City and Zip Code	
Home Phone:	Work Phone:	Emergency Phone:	

****Note: RACE/ETHNICITY Definitions:**

Race:

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity:

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Not Hispanic or Latino.**

II. GUARDIAN INFORMATION: Residential/Custodial Parent

<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

- | | | |
|--|---|--|
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Emotionally/Behaviorally Disabled |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Hospital/Homebound | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Intellectually Disabled | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Dual Sensory Impaired |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Language Impaired |

B. Indicate if any apply to your child:

- Expulsions: Date _____ Arrests: Date _____ Juvenile Justice Actions: Date _____

IV. MCKINNEY VINTO: Why are you requesting a change of assignment? _____

V. DIVERSITY INFORMATION

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the student (or sibling in the same household) received free or reduced-price meals at school in St. Lucie County in the last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you receive Food Stamps or TANF for the student (or sibling in the same household)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student (or sibling in the same household) eligible for Medicaid? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student (or sibling in the same household) receive benefits from the Women, Infants and Children (WIC) program? |

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 10/11:
	Birth Date: <i>month/day/year</i> / /	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"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	**Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/>	S2 SIBLING NAME: <i>Last-First-Middle</i>		School		Grade 10/11:
	Birth Date: <i>month/day/year</i> / /	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"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	**Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/>	S3 SIBLING NAME: <i>Last-First-Middle</i>		School		Grade 10/11:
	Birth Date: <i>month/day/year</i> / /	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"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	**Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino

Note: Every effort will be made to assign siblings together. However, siblings who attend elementary and middle school are **NOT** guaranteed to attend the same school.

- A I have a child attending _____ school and my other child/ren are attending a different school or need a new school assignment. I would like all my students at _____ (my first choice). If not possible at this time, assign other child/ren together to a school and place them on the wait list for my first choice with sibling preference.
- B All my children need a school assignment and I want them assigned to the same school.

VI. SCHOOL SELECTIONS:

Number **all** the schools within your TSA (Transportation Service Area) 1 or 2. You may include schools from your regional zone.
Proximity disclaimer: If you live within two (2) miles of your assigned school, you may not be eligible for bus transportation.

Green Zone	Red Zone	Blue Zone
Green1: (34946, 34949, 34950, 34951) ___ Dan McCarty 3-8 (0072) ___ Samuel S. Gaines Academy K8 (0141)	Red1: (34953) ___ Manatee K8 (0361) ___ Oak Hammock K8 (0351) ___ St Lucie West K8 (0131)	Blue1: (34981, 34982, 34983) ___ Northport K8 (0261) ___ Southern Oaks Middle (0391)
Green2: (34945, 34947, 34981, 34982) ___ Forest Grove Middle (0371) ___ Samuel S. Gaines Academy K8 (0141)	Red2: (34972, 34986, 34987, 34988) ___ Allapattah Flats K8 (0151) ___ Manatee K8 (0361) ___ St Lucie West K8 (0131) ___ West Gate K8 (0421)	Blue2: (34952, 34957, 34984, 34990, 34994) ___ Northport K8 (0261) ___ Southport Middle (0331)

If an application is completed for a currently enrolled student, the current seat will no longer be available.

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 _____

FOR OFFICE USE ONLY			
DATE _____	INTAKE LOCATION _____	VERIFIED BY _____	SCHOOL ASSIGNMENT _____