

HIGH SCHOOL APPLICATION

SCHOOL BOARD OF ST LUCIE COUNTY, FLORIDA

4204 OKEECHOBEE ROAD, FORT PIERCE, FL 34947 Tel. (772) 429-3930

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 | 3. Current mortgage deed | 5. Mortgage payment coupon |
| 2. Official rent receipt | 4. Signed lease agreement | 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: 2009-10	STUDENT NAME: Last	Appendage	First
		Jr _II_ _III	Middle
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:	
Residential/Custodial Parent: <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		Parent(s) or Legal Guardian(s):	
Parent(s) or Legal Guardian(s):		Parent(s) or Legal Guardian(s):	

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

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.**

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.

II. 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 _____

III. 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? |

IV. SIBLINGS

Please list siblings**** currently attending or applying for your first choice school.

Name of Sibling	School	Birth Date	Grade: 2009-10
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

****Siblings are defined as brother, sister, half-brother, half-sister, stepbrother or stepsister living in the same household.

V. SCHOOL SELECTIONS:

Number all the schools within **your Regional Zone**. *Make choices within current regional zone only.*

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 ___ Fort Pierce Westwood High (0201)	Red1 ___ Treasure Coast High (0411)	Blue1 ___ St. Lucie West Centennial (0401)
Green2 ___ Fort Pierce Central High (0161)	Red2 ___ St Lucie West Centennial (0401)	Blue2 ___ Port St. Lucie High (0301)

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 _____



Family Application

Home Address:	City and Zip Code
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P1

PARENT/GUARDIAN NAME: Last		Appendage __Jr__II__III	First	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: 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:	

P2

PARENT/GUARDIAN NAME: Last		Appendage __Jr__II__III	First	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: 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:	

C1

CHILD NAME: Last		Appendage __Jr__II__III	First	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: 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:	

C2

CHILD NAME: Last		Appendage __Jr__II__III	First	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: 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:	

C3

CHILD NAME: Last		Appendage __Jr__II__III	First	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: 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:	

C4

CHILD NAME: Last		Appendage __Jr__II__III	First	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: 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:	

Parent/Guardian Signature _____ Date _____



**REGISTRATION REQUIREMENTS
FOR STUDENTS ENROLLING INTO A FLORIDA SCHOOL FOR THE VERY FIRST TIME
OR**

***RETURNING TO THE ST LUCIE COUNTY SCHOOL DISTRICT**

****COMING FROM ANOTHER FLORIDA PUBLIC OR PRIVATE SCHOOL**

**AT THE TIME OF REGISTRATION YOU MUST PROVIDE ALL OF THE FOLLOWING
DOCUMENTS TO COMPLETE THE REGISTRATION PROCESS.**

- [Original Birth Certificate](#)
- [Social Security Card](#) (If available)
- [Proof of Address](#) – Only **ONE** of the following documents with [address name and address printed on it](#) is required:
 - ◆ [Electric, Water, or Land Line Telephone Bill](#) – within 30 days
 - ◆ [Signed Lease Agreement](#) – within 60 days
 - ◆ [Official Rent Receipt](#) – within 30 days
 - ◆ [Current Mortgage Deed](#) – within 60 days
 - ◆ [Mortgage Payment Coupon](#) – within 30 days
 - ◆ [Sales/Builder’s Contract](#) – (with Completion within 6 months)
 - ◆ [If Living with Relatives or Friends](#) – Please contact Student Assignment at (772) 429-3930

WE DO NOT ACCEPT DRIVER’S LICENSE, CABLE BILLS, CELL PHONE BILLS, BANK STATEMENTS, CHECKBOOKS, CHILD SUPPORT CHECKS, PAY STUBS as proof of address.

- **Copy of IEP (Individual Education Plan)** If your child is in an Exceptional Student Education (ESE) Program.

*** IF RETURNING** to St Lucie County you only need to provide [Proof of address, proof of custody, and an IEP if your child has one.](#)

**** IF ENTERING ST LUCIE COUNTY SCHOOL DISTRICT FROM ANOTHER PUBLIC OR PRIVATE SCHOOL IN FLORIDA** please provide the documentation listed above.

FOR ENROLLMENT AT THE ASSIGNED SCHOOL

FOR ENROLLMENT after assignment is given you must provide the school with the above documents along with:

- [Health Examination \(Physical\)](#) The exam must be dated within 12 months prior to registration. A physical is NOT REQUIRED if student is entering from any **Florida Public or Private School**
- [Florida Certificate of Immunization \(Original Blue Card\)](#) can be obtained by taking your former state’s immunization record to the St Lucie County Health Department, 5150 NW Milner Drive, Port St Lucie, FL 34983, (772) 873-4909.

New Enrollment Application Format

During the 2009-2010 school year, parents have the flexibility to limit their school choices within their regional school zone utilizing Transportation Service Areas (TSA's). TSA's are zip code specific. Schools within the TSA's will streamline the transportation process and may be closer to family residences.

Parents have the option to rank:

- 1) all the schools within their regional school zone, or
- 2) schools according to their TSA.

Below you will find zip codes listed under the appropriated regional zones, and numbers 1 or 2 which identify TSA's 1 or 2 for that zone.

GREEN			RED			BLUE					
Green1	Green2	Red1	Red2	Blue1	Blue2	Zip Codes Green1	Zip Codes Green2	Zip Codes Red1	Zip Codes Red2	Zip Codes Blue1	Zip Codes Blue2
Dan McCarty 3-8 Garden City Learning Lakewood Park Elem. Lawnwood Elem. Samuel Gaines Acad. K8 St. Lucie Elem. Ft Pierce Westwood HS	C.A.Moore Elem. Lawnwood Elem. Samuel Gaines Acad. K8 Weatherbee Elem. White City Elem. Forest Grove Middle Ft Pierce Central HS	Bayshore Elem. Manatee Acad. K8 Oak Hammock K8 St Lucie West K8 Windmill Point Elem. Treasure Coast HS	Allapattah Flats K8 Manatee Acad. K8 St Lucie West K8 West Gate K8 Southbend K7** St Lucie West Centennial HS	Floresta Elem. Northport K8 Parkway Elem. Port St Lucie Elem.** Rivers Edge Elem. Savanna Ridge Elem. Southern Oaks Middle St Lucie West Centennial HS	Mariposa Elem. Morningside Elem. Northport K8 Savanna Ridge Elem. Southport Middle Port St Lucie HS	34951 34946 34949 34950	34945 34947 34981 34982	34953	34987 34986 34972 34988	34983 34981 34982	34984 34952 34994 34990 34957