

# NEW STUDENT PACKET

*Please return completed packet along with documentation listed below.*

***Parent must provide –***

- School Assignment Card/Letter
- Birth Certificate
- Social Security Card
- Florida State Immunization & Physical
- Prior School Information - Include address and phone #
- Legal Documents, if necessary
- Proof of Address (2)
  - \***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

If the Proof of Address is not in the parent's name, we must have a *notarized letter* from the person on the bill stating that the *parent and child* reside in their home. This must accompany the Proof of Address.

**Packets will not be accepted unless all documents are included.**

## Family Access

Parents can now access student information such as grades and attendance via the Parent Portal. For access to the Parent Portal:

- go to the School Board website at [www.stlucie.k12.fl.us](http://www.stlucie.k12.fl.us)
- look for the "Family Access" button
- download and complete the School Family Access Form and bring it into the office.

As you will see on the instructions, you **must** bring in picture id with the form to have your account activated, as well as an email address on the form for us to email your account information to you.

**Saint Lucie Public Schools Pupil Identification Data**

(Please Print)

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"/> Asian		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White			
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
<b>Parent/Guardian Contact Information - Please number your contacts in the order they should be called in case of emergency (circle 1-5)</b>							
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 ( ) - -	
<b>Other Emergency Contact Information - Any persons listed below will be identified as being able to pick up your child from school</b>							
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 ( ) - -	
<b>Military Activity</b>							
<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)							
<b>Release of Information</b> 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)							
<small>Note: A limited release of information is required for participation in student athletics as described on the Parent/Player Agreement, Permission, and Release form.</small>							
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		
<b>If you wish to receive communication by email, provide email address:</b>							
<small>OFFICE USE ONLY</small>							
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	<input type="checkbox"/> FASTER Request: ____/____/____	<input type="checkbox"/> Legal Papers		
Homeroom # and Teacher		DATE entered by School Data Specialist			Initials		

## Migrant Family Survey

Dear Parents,

In order to better serve your children, St. Lucie Public Schools is helping the state of Florida identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school. (If you receive more than one of these surveys, only complete one and list below the names of all your children.)

Name of your child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Have you or your family moved from one town or school district to another within the state or out-of-state within the past three years?  Yes  No  
If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue.
2. Did the children in your family go with you or join you at a later date?  Yes  No  
If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue.
3. Were any of these moves made with the intent to find temporary or seasonal work in agricultural or fishing-related activities?  Yes  No

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue and circle all that apply:

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| a. working on a farm            | g. working on a poultry farm         |
| b. working on a ranch           | h. working in a plant nursery        |
| c. working in a cannery         | i. tree growing or harvesting        |
| d. working in a dairy           | j. cotton farming/ginning            |
| e. working in a fishery         | k. picking fruit, nuts or vegetables |
| f. working in a slaughter house | l. other similar work: _____         |

Please complete the information below. (Please print)

Name of Parent/Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Number of children in your family: \_\_\_\_\_

St. Lucie County School District  
School Family Access Form

After filling out this form, you must go to your child's school to have your account activated by showing a picture id for verification. We assure you that your child's privacy is very important to us. Access to information is restricted by a secure parent log-on and password, and state-of-the-art technology for encryption that scrambles the information as it is transferred to your computer via the internet. If you have any questions, concerns, or suggestions to make this portal better, please contact your child's school between the hours of 8:00am and 3:00pm.

Home Address:	City and Zip Code
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PARENT/GUARDIAN NAME: Last			Appendage __Jr__II__III	First	Middle
Residential Guardian: Y/N	Email Address:	Primary Phone Number			

PARENT/GUARDIAN NAME: Last			Appendage __Jr__II__III	First	Middle
Residential Guardian: Y/N	Email Address:	Primary Phone Number			

CHILD NAME: Last			Appendage __Jr__II__III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage __Jr__II__III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage __Jr__II__III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage __Jr__II__III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage __Jr__II__III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			