LEGACY HIGH SCHOOL

REGISTRATION PACKET

After registering at the District Office-Student Assignment, any parent or guardian registering students in Saint Lucie Public Schools for the first time must upload or present the following documents when registering for Legacy High School. Legacy High School cannot process a registration without these documents.

Please fill out ALL forms and attach documents below:

○ Original Birth Certificate **(MANDATORY)**

○ Health Examination (physical) – the exam must be dated within 12 months prior to enrollment. **(MANDATORY)**

○ Florida Certificate of Immunization – If you have moved from another state, you will need to take your current immunization record to the Saint Lucie County Health Department (5150 NW Milner Drive, Port Saint Lucie, FL 772-462-3800), to your doctor, or to a clinic to have immunizations transferred on FL-680 Form. **(MANDATORY)**

○ Social Security Card (if available)

○ Proof of custody (if the child is not living with both natural parents).

○ Copy of Individual Education Plan (IEP) if your child is in an Exceptional Education Program. **(MANDATORY)**

○ Picture ID of parent/guardian **(MANDATORY)**

○ Transcripts/Grades from previous school **(MANDATORY)**

○ 2 Primary Proofs of Address (NAME and ADDRESS must be printed on document): **(MANDATORY)**

- 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)

OR

1 Primary Proof of Address (listed above)

AND 1 Secondary Proof of Address (NAME and ADDRESS must be printed on document):

- Cable Bill or Cell Phone Bill – within 30 days
- Driver's License
- Voter's Registration

If living with relatives or friends: contact Student Assignment at (772) 429-3930

You will be contacted by your counselor once all information/documents have been completed.

14505 SW Crosstown Parkway
Port Saint Lucie, FL 34987
Ph. 772-429-3608
Email: alexandra.sanders@stlucieschools.org

LEGACY HIGH SCHOOL

14505 SW Crosstown Parkway
Port Saint Lucie, FL 34987
(772) 429-3608

Records Release Form

The following student enrolled at Legacy High School on _____.

1st Request_____2nd Request_____3rd Request_____

Student Name:_____DOB:_____/_____/_____

Parent/Guardian/Student Signature:_____

Previous School Information

Name of School:_____

Circle one: ☐ Public School ☐ Private School ☐ Alternative School ☐ Home School

City:_____State:_____County:_____

Phone #:_____Fax:_____

Records may be sent by mail or via email to alexandra.sanders@stlucieschools.org

"Pursuant to Florida Administrative Code Rule 6A-1.0955-Education Records, it is a violation to withhold records, and you are required to send records within records within three days of the request."

Please send ALL records applicable below:

- ○ Official Transcript
- ○ Withdrawal Grades – current incoming grades
- ○ Test Scores – EOC grades/waivers
- ○ Copy of Health/Immunization Records – Shots and Physical
- ○ 504 Plan
- ○ ESE – Psychological Data, current IEP, current Re-Eval, Behavior Plan
- ○ ESOL
- ○ Disciplinary Records
- ○ Birth Certificate
- ○ Social Security card
- ○ Applicable Legal/Court Documents

(PLEASE PRINT) Saint Lucie Public Schools Pupil Identification Data

Student ID#	School Year	School Name LEGACY HIGH SCHOOL	Grade	Enrollment Date ___/___/____
Student Last Name	Student First Name	Student Middle Name		☐ Male ☐ 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)? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

What is the student's ethnicity? ◯ Hispanic or Latino ◯ Not Hispanic or Latino

Street Address	Street #, Name, Apt/Lot#	City, State, Zip	Home Phone (___)___-____
Mailing Address	☐ 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		Last Name, First Name	Relation	Lives With: ☐ Yes ☐ No Custody/Shared Custody: ☐ Yes ☐ No If custody is "NO," legal documentation is required
Street Address (if different)		Home Phone ( ) -	Work Phone ( ) -	Cell Phone ( ) -

5		Last Name, First Name	Relation	Lives With: ☐ Yes ☐ No Custody/Shared Custody: ☐ Yes ☐ No If custody is "NO," legal documentation is required
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

5		Last Name	First Name	Relation
Street Address		Home Phone ( ) -	Work Phone ( ) -	Cell Phone ( ) -

5		Last Name	First Name	Relation
Street Address		Home Phone ( ) -	Work Phone ( ) -	Cell Phone ( ) -

5		Last Name	First Name	Relation
Street Address		Home Phone ( ) -	Work Phone ( ) -	Cell Phone ( ) -

Military Activity

☐ Yes ☐ 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):

☐ Yes ☐ No My child's name and contact information to Military Recruiters. (High School Student's Only)
☐ Yes ☐ No My child's name and contact information to Higher Education Institutions. (High School Student's Only)
☐ Yes ☐ No My child's name, photo, voice & video to the press for recognition or news purposes. (Applicable to All Students)
☐ Yes ☐ No My child's name, photo, voice & video for publicly assessable school or district websites or broadcast. (Applicable to All Students)
☐ Yes ☐ No My child's name, photo, and contact information to the yearbook photographers'. (Applicable to AllStudents)
☐ Yes ☐ 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:

☐ Expulsions: Date_____ ☐ Arrests resulting in a charge: Date_____ ☐ Juvenile Justice Actions: Date_____ ☐ 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.**

☐ Yes ☐ 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_____ ☐ Proof of Address ☐ Immunizations or 30-day letter ☐ Physical

☐ Home Language Survey ☐ Internet Survey ☐ Emergency Card ☐ Birth Certificate ☐ FASTER Request:___/___/___ ☐ Legal Papers

Homeroom # and Teacher_____ DATE entered by School Data Specialist___/___/___ Initials _____

The School Board of St. Lucie County

Record of Prior School Programs

Student's Name _____ Date of Birth _____ Current Grade ____

To enable us to place your child appropriately, please answer the following questions:

Has your child ever been enrolled in St. Lucie County Schools in the past?

☐ Yes ☐ No

Has your child ever been enrolled in a FLORIDA school other than St. Lucie County?

☐ Yes ☐ No If yes, what school district? _____

Is your child expelled or pending expulsion in this or any other county/state?

☐ Yes ☐ No If yes, what school district? _____

Does your child receive any of the following services?

☐ **Exceptional Student Education If yes, Check program (s)**

- ☐ Learning Disability (SLD/LD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Emotional Behavioral Disorder (EBD)
- ☐ Intellectually Disabled (IND)
- ☐ Traumatic Brain Injury (TBI)
- ☐ Speech
- ☐ Language
- ☐ Orthopedically Impaired
- ☐ Other Health Impaired
- ☐ Visually Impaired
- ☐ Hearing Impaired
- ☐ Occupational Therapy
- ☐ Physical Therapy

☐ **Gifted/Talented**

☐ **Section 504**

☐ **English Speakers of Other Languages (ELL/ESOL)**

☐ **Other** _____

What school did your child last attend? (public, homeschooled, private, virtual, alternative)

Name of School _____

City and State _____

Phone (if known) _____

Parent/Guardian Signature _____ **Date** _____

Printed Name _____

FOR OFFICE USE ONLY:

Provided to School ESE Specialist and School Counselor by (please print) _____

Position _____ Date _____

White: Cumulative Record Yellow: School ESE Specialist Pink: School Counselor

STS0139 Created 9-28-11

You must complete both sides of this card and return to the school as soon as possible.

Primary phone _____

St. Lucie Public Schools

Emergency Information

ID # _____
AM Bus _____
PM Bus _____

Date _____ Student's Name _____ Grade _____ Homeroom _____

* Social Security # _____ Student's Date of Birth _____

* SS# is collected in order to identify students within the district computer system, Medicaid billing, if eligible, and program follow-up.

Street Address:

Street _____ City _____ Zip Code _____

Mailing Address if Different:

Street or P.O. Box _____ City _____ Zip Code _____

Parent/Guardian Information

Father/Male Guardian's Name _____ Home Phone _____ Cell Phone _____

Work Phone _____ E-mail Address _____

Mother/Female Guardian's Name _____ Home Phone _____ Cell Phone _____

Work Phone _____ E-mail Address _____

Other adults who can be contacted if your child becomes ill and we are unable to reach you at your home or work:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

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 emergency 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 a Legitimate Educational Purpose for accessing such treatment records. I certify that I have read all of the information on this form, front and back, and that it is all true and correct.

☐ yes ☐ 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 eligibile.

Parent/Guardian's Signature _____ **Date** _____

My Child's Doctor is _____ Medicaid ☐ Yes ☐ No Number _____

Insurance Provider _____ Number _____

Medical Information:

Condition	Currently Being Treated Y or N	Medication for Condition	Condition	Currently Being Treated Y or N	Medication for Condition
☐ ADHD			☐ Tourette's		
☐ Epilepsy/Seizures			☐ Cerebral Palsy		
☐ Asthma			☐ Wears Glasses/Contacts		
☐ Diabetes			☐ Cancer		
☐ Heart Condition			☐ Sickle Cell Anemia		
☐ Kidney/Bladder			☐ Bleeding Disorder		
☐ Headaches			☐ Mental Health Condition		
☐ Other, please specify					

Please indicate any allergies your child has: ☐ Medications _____ ☐ Insect stings/bites _____

☐ Food _____ ☐ Other _____

Does your child have emergency medications for allergies? ☐ Yes ☐ No

What symptoms does your child have if they have an allergic reaction to the above? ☐ Rash ☐ Hives ☐ Trouble breathing or swallowing

☐ Swelling all over ☐ Swelling at the site of the sting/bite ☐ Other _____

Name(s) of Brothers and Sisters:	DOB	School

STS0028.2 Rev. 4/14

St. Lucie Public Schools

Home Language Survey

In accordance with Rule 6A-1.0955, FAC: Each student, upon initial enrollment in a school district, shall be surveyed at the time of enrollment by being asked the questions identified below.

Student Name_____Date_____Grade_____

School Name _____Parent/Guardian Name_____

Date of Birth_____Birthplace_____

Date Student 1st enrolled in a school in ANY of the USA 50 states in grades K-12_____(month/day/year)

Has the student previously attended any school in Florida? ☐ No ☐ Yes
If "Yes" please complete: Last date attended _____City_____ School Name_____

You must answer ALL of the following questions by checking Yes or No and answering the questions

A. **Does** the **student** most frequently speak a language **other than** English? ☐ YES What language_____	☐ NO
B. **Did** the **student** have a first language **other than** English? ☐ YES What language_____	☐ NO
C. **Is** a language **other than** English used in the **home**? ☐ YES What language_____	☐ NO
D. What **language** would you prefer for **home/school communication**? ☐ Spanish ☐ Haitian-Creole ☐ English	

Read the following statements for Notification of Testing Procedure and Initial on the line provided

_____If you answer "yes" to **any** of the above questions your child will be tested for English proficiency so that the teacher(s) can better serve him/her. The St. Lucie County School District administers an oral language test in all grades to determine listening and speaking proficiency, as well as, an English reading/writing proficiency test for grades 3-12.

____ If you answer "yes" to questions A & B, your child will receive services from the ESOL program until completion of the eligibility assessment.

____ A letter of explanation will be sent if the testing cannot be administered within 20 school days of the date above. You will be notified regarding your son's/daughter's eligibility for ESOL services once testing is complete.
The ESOL program provides services to Limited English Proficient students by placing students with classroom teachers who have had training in strategies to make English and subject area content understandable to them.

If you have questions concerning the ESOL services of assessment of English proficiency, please call the school and ask to speak to the ESOL contact.

Relationship to student
☐ Mother ☐ Father ☐ Guardian ☐ Self ☐ Other (specify): _____

_____ _____
Signature of person completing survey Date

Distrito Escolar de St. Lucie

Cuestionario del Idioma que se Habla en el Hogar

De acuerdo a la regla 6A-1.0955, FAC: Cada estudiante desde el momento inicial de su matrícula en la escuela del distrito, debe ser contestar las preguntas que aparecen más adelante, en este formulario.

Nombre del estudiante_____Date_____Grade_____

Escuela_____ Nombre del Padre/Madre o Encargado _____

Fecha de Nacimiento_____ Lugar de Nacimiento_____

Fecha en la cual el estudiante fue registrado **por primera vez** en alguna escuela de cualquier distrito escolar de los 50 estados en los grados de K-12 _____(mes/día/año)

¿El estudiante ha asistido a otra escuela en Florida? No ☐ Yes ☐
Si la contestación es "Sí": Ultimo Año _____Ciudad_____ Escuela_____

Usted debe contestar las siguientes preguntas marcando el encasillado "SI" o el "NO" y terminando de contestar el resto de la pregunta:

A. ¿**El estudiante** habla con frecuencia otro idioma **además** del inglés? ☐ SI ¿Qué idioma? _____	☐ NO
B. ¿**El estudiante** tiene como primer lenguaje otro idioma **además** del inglés? ☐ SI ¿Qué idioma? _____	☐ NO
C. ¿**En el hogar** se habla otro idioma **además** del inglés? ☐ SI ¿Qué idioma? _____	☐ NO
¿Qué idioma usted prefiere para comunicación entre el hogar y en la escuela? ☐ Español ☐ Inglés	

Después que lea esta información, asegúrese de escribir sus iniciales sobre la línea que se encuentra al comienzo de la oración.

_____Si usted contestó "SI" a **alguna** de las preguntas anteriores, a su hijo(a) se le suministrará un examen para probar las destrezas adquiridas en el idioma inglés, para que el (la) maestro(a) pueda ayudarlo más. El distrito escolar de St. Lucie suministra un examen oral del leguaje, para todos los grados con el propósito de identificar las destrezas adquiridas para escuchar y hablar bien el idioma inglés, como también exámenes para los grados de 3-12 para identificar las destrezas de lectura y escritura el inglés.

____ Si usted contestó "SI" a las preguntas A & B, su hijo (a) recibirá servicios del programa ESOL hasta que se complete la elegibilidad de su evaluación.

____ Una carta será enviada si el examen no puede ser administrado dentro de los 20 días después de la fecha que aparece arriba de este documento. Usted será notificado sobre la elegibilidad de su hijo (a) una vez se complete la prueba.
El programa de ESOL provee servicios para estudiante con destrezas limitadas en el idioma inglés, colocándolo en un salón de clases con maestros que han sido adiestrados en como proveer una enseñanza comprensible para su hijo (a).

Si tiene alguna pregunta acerca de los servicios del Programa ESOL o del examen de identificación de las destrezas en el idioma ingles, por favor llame a la escuela de su hijo(a) y comuníquese con la persona encargada del programa ESOL.

Relación con el estudiante
☐ Madre ☐ Padre ☐ Guardián ☐ Si Mismo ☐ Otro (especifique): _____

_____ _____
Firma de la persona que llenó el formulario Fecha

Distrik Lekòl nan Kanton St. Lucie

Sondaj Sou Ki Lang Ou Pale Lakay

An akò avèk Regleman 6A-1.0955, FAC: Chak elèv, apati de anwolman inisyal nan yon distrik lekòl, pral patisipe nan yon sondaj nan moman enskripsyon-an pa mande kesyon sa-yo ki idantifye anba-a.

Non Elèv-la_____Dat_____Grad_____

Non Lekòl-la_____ Non Paran/Gadyen _____

Dat de Nesans_____ Kote li te fèt_____

Dat elèv-la te premye anrole nan yon lekòl nan NENPÒT 50 Eta de Etazini-yo ki nan klas K-12_____(mwa/jou/ane)

Èske elèv-la te ale avan nan nenpòt ki lekòl nan Eta Florid? ☐ Non ☐ Wi
Si ou di "Wi" tanpri ranpli: Dènye dat li te ale nan lekòl _____ Vil _____ Non Lekòl-la_____

Ou dwe reponn TOUT kesyon sa-yo pa tcheke Wi oubyen Non nan reponn kesyon-yo

A. **Èske elèv-la pale pi souvan yon lang otreman ke Anglè**? ☐ WI Ki lang li-ye_____	☐ NON
B. **Èske elèv-la genyen yon premye lang otreman ke Anglè**? ☐ WI Ki lang li-ye _____	☐ NON
C. **Èske yo itilize yon lang otreman ke Anglè nan kay-la**? ☐ WI Ki lang li-ye _____	☐ NON
D. **Ki lang ou ta pi prefere pou kominikasyon ant lakay ak lekòl?** ☐ Kreyòl ☐ Anglè	

Tanpri li deklarasyon sa-yo pou Notifikasyon de Pwosedi Tès-yo epi mete inisyal ou sou liy yo founi pou ou

_____Si ou reponn "wi" a **nenpòt** nan kesyon-yo ki anwo yo pral teste pitit ou-a pou konpetans nan Anglè pou ke pwofesè pitit ou-a kapab sèvi-l pi byen. Distrik Lekòl nan Kanton St. Lucie administre yon tès oral sou langaj nan tout grad-yo pou detèmine konpetans nan tande ak pale lang Anglè, osibyen ke, yon tès sou konpetans nan lekti ak ekriti pou grad 3-12.

____ Si ou reponn "wi" nan kesyon A & B, pitit ou-a pral resevwa sèvis-yo de Pwogram ESOL jiska konplesyon evalyasyon de elijibilite-a.

____ Yo pral voye ba-ou yon lèt ki bay eksplikasyon si tès-la pa kapab administre nan lespas de 20 jou lekòl de dat ki endike anwo-a. Yo pral notifye-ou konsènan elijibilite de pitit gason oswa pitit fi-ou pou sèvis ESOL yon fwa ke yo konplete tès-la.
Pwogram ESOL-la founi sèvis a elèv ke Konpetans-yo Limite nan Anglè pa plase elèv-yo avèk pwofesè sal de klas ki gen fòmasyon nan estrateji pou fè Anglè ak kontni lòt matyè-yo konpreansif a elèv-yo.

Si ou genyen kesyon konsènan sèvis ESOL nan evalyasyon Konpetans nan Lang Anglè, tanpri rele lekòl-la epi mande pou pale avèk kontak pou Pwogram ESOL-la.

Relasyon-ou avèk elèv-la
☐ Manman ☐ Papa ☐ Gadyen ☐ Oumenm ☐ Lòt moun (espesifye): _____

_____ _____
Siyati de moun k-ap konplete fòm-nan Dat

LEGACY HIGH SCHOOL

14505 SW Crosstown Parkway
Port Saint Lucie, FL 34987
(772) 429-3608

PARENT ACKNOWLEDGMENT TO RETRIEVE STUDENT RECORDS

Parent/Guardian:

Please be advised that it is your responsibility to ensure that Legacy High School receives all necessary student records from your child's previous school.

Failure to provide these records in a timely manner may adversely affect your child's GPA and credits.

Student Name:_____

Parent/Guardian Signature:_____Date:_____/_____/_____

St. Lucie PUBLIC SCHOOLS

FLORIDA MIGRANT EDUCATION PROGRAM
OCCUPATIONAL SURVEY

DISTRICT Saint Lucie

SCHOOL Legacy High School CHILD NAME_____

PARENT NAME_____ PRESENT OCCUPATION_____

We are interested in providing help to children and families that have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding whom we may be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

YES	NO	
☐	☐	FARMING (plowing, planting, cultivating, harvesting, processing of farm crops)
☐	☐	DAIRY WORK (feeding, milking, rounding up)
☐	☐	POULTRY OR EGG WORK
☐	☐	TREES (planting, growing, harvesting)
☐	☐	NURSERY WORK (planting, potting, pruning)
☐	☐	COMMERCIAL FISHING (fresh/saltwater, crabbing, shrimping, clamming)
☐	☐	WORKING ON A FISH FARM
☐	☐	PROCESSING FISH PRODUCTS

If you checked YES in any category above, please answer questions 2 & 3.
If you check NO to all categories, you may stop at this point.

2. Do you have children under the age of 22? ☐ Yes ☐ No

3. Are you or your spouse under the age of 22? ☐ Yes ☐ No

Parent's Signature_____ Date_____

Address_____ Phone Number_____

CAP0065A

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

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

PARENT/GUARDIAN NAME: *Last*	*Appendage* __Jr__II__III	*First*	*Middle*
Residential Guardian: NO	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:		