

# New Student Packet

Parents must return a **completed** packet, along with the documentation listed below.

*Packets will not be accepted unless all documents are included. Parents must provide:*

- School Assignment Information
- Birth Certificate
- Social Security Card
- Florida State Immunization & Physical
- Prior School Information – Address, phone number and fax number
- Last report card
- Legal Custody Documents, if necessary
- Proof of Address – District requires two (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 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 bill

If the Proof of Address is not in the parent's name, the parent must provide a notarized letter from the person whose name is on the bill in addition to the proof of address. The letter must state that the parent AND child reside in their home.

## Family Access

Parents can access student information such as grades and attendance via the Parent Portal. You can also pay for your child's meals once you have access.

For access:

- Go to the School Board website at [www.stlucie.k12.fl.us](http://www.stlucie.k12.fl.us)
- Click on Parents and Students
- Scroll down and on the right side of the screen under Stay Connected, click on Family Access
- Download and complete the School Family Access form
- Bring the form in to the office with your driver's license so we can verify your id
- We will activate your account
- You will receive an email from "no reply" (it may go to your junk mail)
- Open the email and use the login information. Change the password to whatever you prefer

*Each Child, Every Day*

### School Hours

- 9:30 am – 4:00 pm on Regular Days
- 9:30 am – 2:00 pm on Early Dismissal Days
- Students may not be on campus before 9:10 am or after 4:15 pm (there is no supervision)
- Students may not be signed out after 3:00 pm on regular days or 1:00 pm on Early Dismissal days

### Websites

District website – <http://www.stlucie.k12.fl.us> – Links to district resources, Family Access, meal applications, etc.  
School website – <http://www.stlucie.k12.fl.us/slk> - School information, calendar, newsletter, parent resources

### Attendance policy

- Students are considered tardy if they are absent at the time attendance is taken, but are in attendance by the end of the school day.
  - Students in grades K-5 who are picked up from school prior to the end of the day will be marked tardy for the day.
  - Students in grades 6-8 who are picked up from school prior to the end of the day are absent only for classes missed.
- When your child is absent from school, the absence can only be excused by submitting a written note with the child's first and last name, date of absence, reason for absence and parent/guardian signature. *(More information is available on our website under Parent Resources.)*

### Dress Code

Our school dress code is available on our website and is enforced beginning the first day of school. Students may wear a school spirit shirt any day of the week. These shirts can be purchased using the order form on our website.

### Family Access

Skyward Family Access provides parents access to their child's grades and attendance. Parents are also able to pay for meals through this Family Access. The form is available on our website in the New Student Packet.

### Homework Requests

Homework requests can be made through the front office staff. Teachers have 24 hours to provide assignments.

### Meals

- Parents may have lunch with their child during their regularly scheduled lunch time. Parents must enter through the front office and show ID.
- Food items (birthday cupcakes) will not be delivered to classrooms – items may only be given to students during their scheduled lunch time.

Meal	Full K-5 Price	Full 6-8 Price	Reduced Price	Adult Price
Breakfast	1.00	1.00	.30	2.00
Lunch	2.25	2.50	.40	3.00

### PE Uniforms

PE Uniforms are only required for students in grades 6-8. However, we do have a PE uniform for students in grades K-5 that they can wear on their PE day only. They can be ordered on the order form on our website.

### Transportation

- Drop off/Pick-up is accessed from Crosstown only.
- Bus information can be found on our website under Parent Resources
- Changes – students should know how they are getting home each day. They will not be permitted to call home to ask how they are getting home. In an emergency, the front office will deliver a message to your child of changes if we are notified by 3:00 pm.

Before & After care is available through the Boys & Girls Club.

Please contact them directly for availability and pricing at (772) 216-1964

**Board Members**  
Debbie Hawley, Chairman  
Kathryn Hensley, Vice Chairman  
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Troy Ingersoll  
Dr. Donna Mills  
**Superintendent**  
E. Wayne Gent



**St. Lucie West K-8 School**  
1501 SW Cashmere Blvd., Port St. Lucie, FL 34986  
772.785.6630 • Fax 772.785.6632  
District-wide System Accreditation by AdvancED  
*The School Board of St. Lucie County is an Equal Opportunity Agency*



**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.							
<b>What is the student's Race (choose all that apply)?</b>				<b>What is the student's ethnicity?</b>			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White		<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	
<b>Parent/Guardian Contact Information – Please number your contacts in the order they should be called in case of emergency (circle 1-5)</b>							
<b>1 2 3 4 5</b>	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>1 2 3 4 5</b>	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>							
<b>1 2 3 4 5</b>	Mr. Mrs. Ms. Dr.	Last Name		First Name		Relation	
Street Address			Home Phone (____) ____-____		Work Phone (____) ____-____	Cell Phone (____) ____-____	
<b>1 2 3 4 5</b>	Mr. Mrs. Ms. Dr.	Last Name		First Name		Relation	
Street Address			Home Phone (____) ____-____		Work Phone (____) ____-____	Cell Phone (____) ____-____	
<b>1 2 3 4 5</b>	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)							
Note: A limited release of information is required for participation in student athletics as described on the Parent/Player Agreement, Permission, and Release form.							
<b>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.</b> 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. <b>I certify that I have read all of the information on this form, and it is true and correct.</b>							
<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>							
<b>OFFICE USE ONLY</b>							
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 _____	

**Board Members**

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**Superintendent**

E. Wayne Gent

**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**

Home Address:	City and Zip Code
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<b>PARENT/GUARDIAN NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
<b>Residential Guardian:</b> Y / N	Email Address:	Primary Phone Number

<b>PARENT/GUARDIAN NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
<b>Residential Guardian:</b> Y / N	Email Address:	Primary Phone Number

<b>CHILD NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
Current Grade:	Birth Date: <i>month/day/year</i> / /	Current School Placement:

<b>CHILD NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
Current Grade:	Birth Date: <i>month/day/year</i> / /	Current School Placement:

<b>CHILD NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
Current Grade:	Birth Date: <i>month/day/year</i> / /	Current School Placement:

<b>CHILD NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
Current Grade:	Birth Date: <i>month/day/year</i> / /	Current School Placement:

<b>CHILD NAME:</b> <i>Last</i> _____ <i>Appendage</i> <u>  </u> <i>Jr</i> <u>  </u> <i>II</i> <u>  </u> <i>III</i> <i>First</i> _____ <i>Middle</i> _____		
Current Grade:	Birth Date: <i>month/day/year</i> / /	Current School Placement: