

# ST. LUCIE PUBLIC SCHOOLS

## 2014-15 High School Program Application

<b>STUDENT ID#:</b>		<i>Last</i>	<i>First</i>	Grade:
Home Address:			City and Zip Code	
Gender: <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>	<b>***Race:</b> 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		<b>***Ethnicity:</b> Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Birth Date: <i>month/day/year</i> / /	Place of Birth: <i>City, State, and Country</i>		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:
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		<b>PARENT/GUARDIAN NAME:</b> <i>Last</i>		<i>First and Middle Names</i>

### Program Selection:

**I understand all admission requirement documentation for requested program must be attached. Students must meet the entry criteria of each program for entry.**

<p style="text-align: center;"><b>Fort Pierce Central High School</b></p> <input type="checkbox"/> <b>Honors Central/Dual Enrollment</b> <input type="checkbox"/> <b>Embry Riddle Aeronautical University/Engineering Academy</b> Application Submission Checklist: <input type="checkbox"/> Signed Application <input type="checkbox"/> Teacher recommendation forms	<p style="text-align: center;"><b>Fort Pierce Westwood High School</b></p> <input type="checkbox"/> <b>Marine and Oceanographic Academy (MOA)</b> Application Submission Checklist: <input type="checkbox"/> Signed Application <input type="checkbox"/> Teacher recommendation forms <input type="checkbox"/> <b>Agriscience Academy</b> <input type="checkbox"/> Signed Application <input type="checkbox"/> <b>Veterinary Science</b> <input type="checkbox"/> Signed Application
<p style="text-align: center;"><b>Lincoln Park Academy</b></p> <input type="checkbox"/> <b>International Baccalaureate Diploma Program</b> Application Submission Checklist: <input type="checkbox"/> Signed Application <input type="checkbox"/> Signed Statement of Understanding by Student <input type="checkbox"/> Signed Statement of Commitment by Parent <input type="checkbox"/> Copy of 7 <sup>th</sup> Grade Final Report card & 8 <sup>th</sup> Grade First Nine week's report card. <input type="checkbox"/> Copy of FCAT achievement level scores <input type="checkbox"/> Teacher recommendation forms <input type="checkbox"/> Sample essay	<p style="text-align: center;"><b>Port St Lucie High School</b></p> <input type="checkbox"/> <b>International Baccalaureate Diploma Program</b> Application Submission Checklist: <input type="checkbox"/> Signed Application <input type="checkbox"/> Signed Statement of Understanding by Student <input type="checkbox"/> Signed Statement of Commitment by Parent <input type="checkbox"/> Copy of 7 <sup>th</sup> Grade Final Report card & 8 <sup>th</sup> Grade First Nine week's report card. <input type="checkbox"/> Copy of FCAT achievement level scores <input type="checkbox"/> Teacher recommendation forms <input type="checkbox"/> Sample essay

### NOTE TO STUDENT AND PARENT/GUARDIAN:

I understand that if this transfer is granted/approved, the student must remain enrolled in the appropriate courses in the specified program. Dropping any program course will void the transfer and the student will return to an in-zone high school. All eligibility for extra curricular activities is governed by the Florida High School Activities Association. Eligibility will be determined by the school and must meet district requirements and seat availability. I understand that transportation by a form of arterial routing will be provided by the district

Student Signature:	Parent/Guardian Signature:	Date:
--------------------	----------------------------	-------

### For Office Use Only:

The above student has been **approved** for transfer to \_\_\_\_\_ High School for the \_\_\_\_\_ Program.

The above student has been **denied** for a transfer to \_\_\_\_\_ High School for the \_\_\_\_\_ Program.

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_