

New Renaissance Middle School

Student ID card

Issue Request Form



Student's ID number: _____

Student's Last Name: _____

Student's First Name: _____

First Period Teacher: _____

Student's Grade Level: _____

By signing below I agree to the New Renaissance Middle school's ID system. I understand that one ID card & lanyard will be issued to me. I understand that I am responsible for the safeguard of my ID card. I understand that my ID card must be worn and viewable at all time while on school property. If my ID card becomes lost, damaged, or stolen a replacement card will be reissued to me at the cost of \$5.00 to my Broward County School account.

Student's Signature: _____ Date: _____

***once this form is return to the student services office, your ID card will be issued and giving to your first period teacher with 2 to 4 school days.**

Obligation will be issued to the student's account with in 5 school days of the Bill date

Payments can be made online or to the school's bookkeeper: Bill Date: _____