



STUDENT IDENTIFICATION NUMBER REQUEST

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING

This request is only for students who are requesting to create a Broward County Public Schools Student Identification Number.

Student's Date of Birth	Gender	Grade
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<i>Month Day Year</i>	<i>Male Female</i>	

Student's Last Name	Student's First Name

Race/Ethnic Category (check all that apply):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White	

Is the Student Hispanic or Latino? Yes No

Student's Address (No P.O. Box)	Bldg/Apt#
City	State
	Zip Code

Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name

Email Address

	@	
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Mobile or Home Phone	Parent/Legal Guardian Signature: _____	Date: _____

Upon receipt of your request, we will create a Broward County Public Schools student identification number and email it to the email address listed above. Please allow 48 hours for processing.

END OF REQUEST

For office use only

New Student ID:	Date: _____
<div style="display: flex; justify-content: space-between;"> 0 6 </div>	