

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								Grad	de											
			Mor	nth		Day			Ye	ar			Ма	le	F	- emai	е													
Stu	den	t's Las	t Name													Student's First Na					me						_			
Race/Ethnic Category (check all that apply):																														
Ra	ce/E T	thnic	Cate	gory	/ (ch	eck al	l that	apı	ply):	7 Na	tive H	awaii	ian or	Oth	er Pa	acific			7											
	Ar	Mative Hawaiian or Other Pacific merican Indian or Alaskan Native Islander Asian																												
	Black or African-																													
	American							White						I	Is the Student Hispanic or Latino?								Yes No							
Student's Address (No P.O. Box)														Bldg/Apt									t#							
С	ity											1 1					1		1	7	Sta	te	1 1	Zip	Code	•		_		
Po	aren	l/Leac	ıl Gu	ardi	an La	st Nan	ne									P	arent/	Lead	al Gu	ardi	an Fi	rst N	ame							
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Upon receipt of your request, we will create a Broward County Public Schools student identification number and email it														l it																
to the email address listed above. Please allow 48 hours for processing.																														
END OF REQUEST																														
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