



FTE/State Reporting
Student Preferred Name Form

To comply with legislation and Florida Board of Education rules, this form is being used by Alachua County Public Schools to meet the requirements regarding "provisions for parents to specify the use of any deviation from their child's legal name in school."

Please use this form to submit a parental request to be entered into the student information system as a preferred name to be used in school.

School Year: _____ School Name: _____

Grade: _____ Student ID# (if known): _____

Student Legal Name: _____

Student Preferred Name: _____

Parent/Guardian Name *(Please Print)*: _____

Parent/Guardian Signature: _____ Date: _____
(mm/dd/yy)

Please return this form to your school's administrator when completed.

For internal use only

Date Received: _____ Initials: _____ / Date Entered: _____ Initials: _____