



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: \_\_\_\_\_