

# Office of Student Wellness Stated Preference for Student Gender Identity and Name

Date:	_Student ID:	_School:	_Grade Level:

### Student's CURRENT LEGAL Information

Enter the information as appears on the current Birth Certificate or Legal Court Documentation.

First Name	Middle Name	Last Name	Gender
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			□x

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## Student's <u>PREFERRED</u> Information

How the student prefers to be identified within the School, including PowerSchool. (Note, this is not a legal name change, and it does not include documents related to the student's state educational records, such as testing, diplomas, transcripts or other official student records)

First Name	Middle Name	Gender
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# **STUDENT & PARENT/LEGAL GUARDIAN CONSENT**

I consent to the use of my child's preferred student name and gender identity within the Santa Fe Public Schools District. I acknowledge that this is an important change that signals the student's desire to continue to use this name, unlike a temporary nickname. I also understand the at the student's request, this can be changed at anytime via an updated form. *Please Note:* The student's preferred name and gender identity will be used by the Santa Fe Public Schools. However, this does not constitute a change in the student's legal name or gender identity on official permanent educational records.

Student Signature	Date	
<u>Signature</u> of the Parent/Legal Guardian		Date
Printed Name of the Parent/Legal Guardian		
Relationship to Student		

#### ADMINISTRATION ACKNOWLEDGEMENT

By signing this, the principal has been made aware of the plan that the counselor, student and legal guardian have put in place. The principal is aware of Administrative Regulation 330 and is prepared to answer questions and concerns regarding this decision.

Printed Name of Gender Support Coordinator

Signature of Gender Support Coordinator