

Transgender and Gender Nonconforming Student Support Plan (rev. 9/21/21)

Preferred Name: _____

Legal Name: _____

Please place P for preferred or L for legal on each space below.

___ Class Lists ___ Registration card ___ Yearbook
___ Co-Curricular Rosters ___ Field Trip Roster ___ Lunch Account
___ Announcements ___ Other: _____

*Any requests to change a student's legal name or gender in official records will be referred to the Superintendent or designee.

The legal name should only be used on any legal documents including SIS & cumulative files.

___ SIS (student information system) ___ Cumulative file
___ Report Card ___ Transcripts

Members of the Team:

- School Administrator: _____
- Parent: _____
- Nurse: _____
- School Counselor: _____
- Classroom/Homeroom Teacher: _____
- Coach/Advisor: _____
- Other: _____

Designated Support Person: _____

Student's Gender Identity or Gender Expression (Optional):

___ Transgender ___ Gender Nonconforming ___ Gender Non-binary
___ Gender Fluid ___ Transitioning

Comments:

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Preferred Pronouns: Check all that apply:

	He		She
	They/Them		Other

Restroom Choice: Check all that apply:

	Female Restroom		Male Restroom
	Gender Neutral		Nurse's Office
	Adult Bathroom		

Locker Room: Check all that apply:

	Female		Male
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Comments:

Student's Medical Team Recommendation (if applicable):

Additional Information:

Date: _____

Sign In

Please print name

Signature

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