



Gender Inclusive Registration Form
[To be Completed by Students who have expressed
concerns regarding their gender identity]

Suffolk Public Schools is committed to recognizing the diversity of our students. If you have any questions or concerns about any of the information we are collecting, please don't hesitate to discuss with us.

Date: _____ School: _____

Student I.D. Number: _____

1. Your Name as it appears on your birth certificate:

First	Middle	First	Last
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2. Name You Use: _____

3. Gender as it appears on your birth certificate:

Male Female Other _____ Decline to State

4. How do you identify [how do you see yourself]:

Male Female Other _____ Decline to State

5. Preferred Pronoun you use:

She/Her/Hers He/Him/His They/Them Another pronoun: _____

6. Is your parent/guardian aware of your gender identity? Yes No



7. Do you give permission for Suffolk Public Schools to discuss your gender identity with your parent/guardian? Yes No

8. Rather than completing this form, do you prefer to share this information privately, and if so, we can set up a time to discuss this information with you in person.

Yes No

Is there anything about your gender that you would like for us to know?

Please know that Suffolk Public Schools considers this private and confidential information that will only be shared with your expressed permission and school counseling.

Student Signature

Date

Received by:

School Counselor

Date