



In-District Student Transfer Form

SCHOOL USE ONLY	
ENTRY DATE	_____
ENTRY CODE	_____
DATE RECORDS REQUESTED	_____
CURRENT GRADE LEVEL	_____

Vision Statement: Ensuring all students receive a superior 21st century education

SCHOOL NAME:	SCHOOL FACILITY NUMBER:	STUDENT ID:
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INSTRUCTIONS: Welcome to the School District of Volusia County. Please complete the **SHADED** areas of **this two page** form. Please print clearly using a pen. Thank you

SECTION I

GENERAL

DEMOGRAPHICS

1. CHILD'S LEGAL FIRST NAME	MIDDLE NAME	CHILD'S LEGAL LAST NAME	JR./SR./ETC	NICKNAME
2. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. BIRTH DATE: MO. DAY YEAR / /		4. SOCIAL SECURITY NUMBER*	
5. RESIDENTIAL ADDRESS OF STUDENT (HOUSE NUMBER, DIRECTION, STREET NAME)		APT. NO.	CITY	STATE
6. MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL		APT. NO.	CITY	STATE
7. RESIDENTIAL PHONE NUMBER (PRIMARY) UNLISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO () -		8. PUBLISH/PERMISSION DIRECTORY INFORMATION: (PUBLISHED INFORMATION NOT SHARED UNLESS FOR EDUCATIONAL PURPOSES) <input type="checkbox"/> Y - YES <input type="checkbox"/> A - NO ADDRESS (STUDENT PERMISSIONS) <input type="checkbox"/> N - NO PHONE AND ADDRESS <input type="checkbox"/> X - NO. MEMBER OF LAW ENFORCEMENT <input type="checkbox"/> P - NO PHONE		

*Florida Statue 1008.386 requires public school districts to request a social security number for each student in PK-12 who enroll or who are enrolled.

SECTION II

ADDRESSES AND CONTACTS

VERIFICATION

9. CONTACT ID: 01 GUARDIAN	LEGAL GUARDIAN'S FIRST NAME	MIDDLE NAME	LEGAL GUARDIAN'S LEGAL LAST NAME	JR./SR./ETC.
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN	STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		CUSTODY: <input type="checkbox"/> YES	EMERGENCY: <input type="checkbox"/> YES
LEGAL GUARDIAN'S OCCUPATION (MIGRANT)	EMPLOYER'S NAME	**PRIMARY PHONE (VCS CONNECT USE) () -		**SECONDARY PHONE (VCS CONNECT USE) () -
WORK PHONE (EXTENSION) () -	CELLULAR PHONE () -	RESIDENCE PHONE () -	UNLISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY E-MAIL ADDRESS:				
9A STUDENT ACCESS PASSCODE (OPTIONAL) (CLASSIFIED)				

10. CONTACT ID: 02 GUARDIAN	LEGAL GUARDIAN'S FIRST NAME	MIDDLE NAME	LEGAL GUARDIAN'S LAST NAME	JR./SR./ETC.
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN	STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		CUSTODY: <input type="checkbox"/> YES	EMERGENCY: <input type="checkbox"/> YES
LEGAL GUARDIAN'S OCCUPATION (MIGRANT)	EMPLOYER'S NAME	**PRIMARY PHONE (VCS CONNECT USE) () -		**SECONDARY PHONE (VCS CONNECT USE) () -
WORK PHONE (EXTENSION) () -	CELLULAR PHONE () -	RESIDENCE PHONE () -	UNLISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY E-MAIL ADDRESS:				
11. RESIDENCE/MAILING ADDRESS (IF DIFFERENT THAN STUDENT)		APT. NO	CITY	STATE
				ZIP CODE

**The Primary Phone will be used for VCS Connect calls. If your cellular phone is your primary phone, please enter the phone number in both the primary phone field and cellular phone field. A secondary phone number should be included for parents/guardians living in separate locations

SECTION XII
TRANSPORTATION

BE COMPLETED BY SCHOOL PERSONNEL

47. BUS RIDERSHIP CODE			
<input type="checkbox"/> Y – Student is Eligible and Requests Transportation	<input type="checkbox"/> B – Regular and Summer		
<input type="checkbox"/> S – Summer Only	<input type="checkbox"/> N – Not a Rider		
48. TRANSPORTATION NEEDS			
<input type="checkbox"/> C – Contracted Transportation – GIS ONLY	<input type="checkbox"/> G – Votran Gold – GIS ONLY	<input type="checkbox"/> M – Medical Limitations – GIS ONLY	
<input type="checkbox"/> S – Sibling of ESE siblings – GIS ONLY	<input type="checkbox"/> V – Votran Transportation Pass	<input type="checkbox"/> I – In Zone	
<input type="checkbox"/> O – Out of Zone	<input type="checkbox"/> T – Temporary Medical – GIS Only		
49. SPECIAL REQUIREMENTS (SPECIAL BUS REQUIREMENTS)			
<input type="checkbox"/> B – Baby Seat (20-40 lbs.)	<input type="checkbox"/> E – Electric Wheelchair	<input type="checkbox"/> H – Harness	<input type="checkbox"/> K – Curbside/Harness
<input type="checkbox"/> C – Curbside (upon accessibility)	<input type="checkbox"/> G – Curbside/Baby Seat	<input type="checkbox"/> I – Infant Seat (under 20 lbs.)	<input type="checkbox"/> W – Wheelchair
50. OPTIONAL SERVICES			
<input type="checkbox"/> A – Alternative Hours/Pre-K AM	<input type="checkbox"/> E – Environmental Control	<input type="checkbox"/> O – Multi-VE/Environment Control	
<input type="checkbox"/> B – Alternative Hours/Pre-K PM	<input type="checkbox"/> F – Multi-VE	<input type="checkbox"/> T – Stop Change/Same Route – GIS Only	
<p><i>Note: All requests for after hours transportation (tutoring, activities, etc.) should be made to GIS routing where the appropriate codes will be determined and entered.</i></p>			

FLA. STATUTE 837.06 – WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S.775.082 OR S.775.083.

THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE (PARENT/LEGAL GUARDIAN)	DATE
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