



# In-District Student Transfer Form 2024-2025

<b>SCHOOL USE ONLY</b>
ENTRY DATE _____
ENTRY CODE _____
DATE RECORDS REQUESTED _____
CURRENT GRADE LEVEL _____

**Vision Statement: Create life-long learners prepared for an ever-changing global society.**

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 five-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	PREFERRED NAME
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 ZIP CODE
6. MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL		APT. NO.	CITY	STATE ZIP CODE
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 <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**

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.

## (CONTACTS CONTINUED)

<b>12. CONTACT ID: 03</b>	FIRST NAME	MIDDLE	LAST NAME	JR./SR./ETC.	USED FOR MOTHER/FATHER ONLY: DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELATIONSHIP:						
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> STEPBROTHER <input type="checkbox"/> STEPSISTER <input type="checkbox"/> COUSIN <input type="checkbox"/> DOCTOR <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> SCHOOL PATRON <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER _____						
STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	PICKUP: <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT HAS ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" is checked for a parent, legal documentation must be provided.	CONTACT RESTRICTED (MOTHER/FATHER ONLY) CONTACT IS RESTRICTED FROM ACCESSING STUDENT (COURT ORDER REQUIRED) <input type="checkbox"/>	
EMPLOYER'S NAME	WORK PHONE (EXTENSION) ( ) -		CELLULAR PHONE ( ) -	RESIDENCE PHONE ( ) -	UNLISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY E-MAIL ADDRESS:						
<b>13. RESIDENCE ADDRESS</b>		APT. NO	CITY	STATE	ZIP CODE	
<b>14. MAILING ADDRESS</b>		APT. NO	CITY	STATE	ZIP CODE	

<b>15. CONTACT ID: 04</b>	FIRST NAME	MIDDLE NAME	LAST NAME	JR./SR./ETC.	USED FOR MOTHER/FATHER ONLY: DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELATIONSHIP:						
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> STEPBROTHER <input type="checkbox"/> STEPSISTER <input type="checkbox"/> COUSIN <input type="checkbox"/> DOCTOR <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> SCHOOL PATRON <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER _____						
STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	PICKUP: <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT HAS ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" is checked for a parent, legal documentation must be provided.	CONTACT RESTRICTED (MOTHER/FATHER ONLY) CONTACT IS RESTRICTED FROM ACCESSING STUDENT (COURT ORDER REQUIRED) <input type="checkbox"/>	
EMPLOYER'S NAME	WORK PHONE (EXTENSION) ( ) -		CELLULAR PHONE ( ) -	RESIDENCE PHONE ( ) -	UNLISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY E-MAIL ADDRESS:						
<b>16. RESIDENCE ADDRESS</b>		APT. NO	CITY	STATE	ZIP CODE	
<b>17. MAILING ADDRESS</b>		APT. NO	CITY	STATE	ZIP CODE	

<b>18. CONTACT ID: 05</b>	EMERGENCY CONTACT'S FIRST NAME	MIDDLE NAME	LAST NAME	JR./SR./ETC.	
RELATIONSHIP:					
<input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> STEPBROTHER <input type="checkbox"/> STEPSISTER <input type="checkbox"/> COUSIN <input type="checkbox"/> DOCTOR <input type="checkbox"/> SCHOOL PATRON <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> OTHER _____					
STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	PICKUP: <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT HAS ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY PHONE ( ) -
PRIMARY E-MAIL ADDRESS:					

**SECTION III**  
**ENROLLMENT - TO BE COMPLETED BY PARENT/LEGAL GUARDIAN, ASSISTED BY SCHOOL PERSONNEL**

<b>19. STUDENT TRANSFERRING FROM</b> (NAME OF VOLUSIA COUNTY SCHOOL)					
<b>20. GRADE LEVEL:</b>	<b>21. ENROLLMENT DATE</b> MONTH DAY YEAR / /	<b>22. ENROLLMENT CODE</b> <b>R02</b>	<b>22A. PRIOR DISTRICT:</b> 64	<b>22B. PRIOR STATE:</b> FLORIDA	<b>22C. PRIOR COUNTRY:</b> US
<b>23. ASSIGNMENT/VARIANCE CODE</b>			<b>24. HOMEROOM</b>		
<b>25. MIDDLE HIGH GRADE PROMOTION/RETENTION STATUS AT END OF PREVIOUS SCHOOL YEAR</b> <input type="checkbox"/> P – ACADEMICALLY PROMOTED <input type="checkbox"/> A – ADMINISTRATIVELY ASSIGNED <input type="checkbox"/> R – RETAINED <input type="checkbox"/> D – STUDENT WITH DISABILITIES OPTED TO REMAIN IN SCHOOL			<b>26. ELEMENTARY GRADE PROMOTION/RETENTIONS STATUS</b> <input type="checkbox"/> P – ACADEMICALLY PROMOTED <input type="checkbox"/> A – ADMINISTRATIVELY ASSIGNED <input type="checkbox"/> R – RETAINED GOOD CAUSE EXEMPTION (3 <sup>RD</sup> GRADE):		
<b>27A. DATE WITHDRAWN</b> (From previous school) MONTH DAY YEAR / /			<b>27B. HAS YOUR CHILD EVER BEEN RETAINED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what grade? _____		
<b>28. HAS YOUR CHILD EVER BEEN ENROLLED OR RECEIVED SERVICES IN ONE OR MORE OF THE FOLLOWING (check all that apply)?</b> <input type="checkbox"/> SPEECH <input type="checkbox"/> ESOL <input type="checkbox"/> GIFTED <input type="checkbox"/> 504 <input type="checkbox"/> SPECIAL EDUCATION					

<b>29A. EDUCATIONAL CHOICE?</b> <input type="checkbox"/> C – FROM SCHOOL FAILED AYP (SCHOOL USE ONLY) <input type="checkbox"/> Z – NOT APPLICABLE
<b>29B. IS YOUR CHILD ENTERING THIS SCHOOL DUE TO A NATURAL DISASTER THIS SCHOOL YEAR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>29C. IF YES, PLEASE LIST THE TYPE OF DISASTER:</b> <input type="checkbox"/> Q – CHANGED SCHOOL IN DISTRICT DUE TO EARTHQUAKE <input type="checkbox"/> W – CHANGED SCHOOL IN DISTRICT DUE TO HURRICANE <input type="checkbox"/> Z – DID NOT MOVE DUE TO NATURAL DISASTER

**SECTION IV**  
**GENERAL DEMOGRAPHICS**

<b>30. CUSTODY ALERT/COURT ORDER:</b> <input type="checkbox"/> Y – COURT ORDER    OR <input type="checkbox"/> C – DIVORCE PAPERS (CUSTODIAL LEGAL INSTRUMENT)		
<b>31. BIRTHPLACE</b> (CITY OF BIRTH)	<b>BIRTH STATE</b>	<b>BIRTH COUNTRY</b>
<b>32. COUNTY OF RESIDENCE</b>	<b>33. RESIDENCY STATUS OF STUDENT (CHECK ONE)</b> <input type="checkbox"/> B – OUT OF COUNTY FLORIDA RESIDENT <input type="checkbox"/> 3 – VOLUSIA COUNTY RESIDENT <input type="checkbox"/> 2 – OUT OF STATE RESIDENT <input type="checkbox"/> 0 – FOREIGN EXCHANGE STUDENT	<b>34. NON-VOLUSIA ZONED SCHOOL</b> (ONLY COMPLETE WHEN #33 IS CODE B)
<b>35A. IS YOUR CHILD HISPANIC OR LATINO?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>35B. RACE: (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
<b>NOTE TO REGISTRAR: IF PARENT SELECTS "YES" ON QUESTION 35A, AT LEAST ONE RACE CODE MUST BE SELECTED</b>		

**SECTION V**  
**PEOPLE EXPERIENCING TRANSITION AND/OR LOSS OF HOUSING**

<b>36A. FAMILIES IN TRANSITION</b> – CHAPTER 1003.12, F.S., STATES THAT CHILDREN MUST HAVE ACCESS TO A FREE PUBLIC EDUCATION AND SCHOOL DISTRICTS SHALL ASSIST IN MEETING ALL REQUIREMENTS. MARK "YES" IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS TEMPORARILY BECAUSE YOU CANNOT FIND OR AFFORD ADEQUATE HOUSING. <input type="checkbox"/> YES  Child/youth sleeps at night on the street, in a car, tent, abandoned building, park or other place not ordinarily used as a sleeping accommodation for human beings.  Child/youth sleeps at night in a motel, trailer, or campground.  Child/youth sleeps at night in a shelter, e.g., homeless, runaway, domestic abuse, abuse.  Child/youth sleeps TEMPORARILY at night in the home of a relative or friend because of economic NECESSITY.	<b>36B. PRIMARY NIGHT RESIDENCE</b> – IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING HOUSING SITUATIONS TEMPORARILY BECAUSE YOU CANNOT FIND OR AFFORD HOUSING, CHECK THE SITUATION THAT APPLIES. <input type="checkbox"/> A – Child/youth has as their primary night residence living in emergency or transitional shelters, FEMA trailers, abandoned in hospitals. <input type="checkbox"/> B – Child/youth has as their primary night residence sharing the housing of other persons due to housing, economic hardship or a similar reason; doubled-up, <input type="checkbox"/> D – Child/youth has as their primary night residence living in cars, parks, temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, buildings, substandard housing, bus or train stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. <input type="checkbox"/> E – Child/youth has as their primary night residence living in hotels or motels
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**36C. TRANSITION OR HOMELESSNESS CAUSE** (Please indicate the reason for transition or cause of homelessness)

D – Man-made Disaster (Major)                       O – Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.

E – Natural Disaster – Earthquake

F – Natural Disaster – Flooding                       S – Natural Disaster – Tropical Storm

H – Natural Disaster – Hurricane                       T – Natural Disaster – Tornado

M – Mortgage Foreclosure                       W – Natural Disaster – Wildfire or Fire

**38D. HOMELESS UNACCOMPANIED YOUTH**

YES, Is the student an “Unaccompanied youth” – defined as a student who does not reside in the physical custody of a parent or guardian and lives in one of the housing situations listed above?

**39. FOSTER CARE STATUS: IS THE CHILD CURRENTLY IN FOSTER CARE?**     YES     NO

**SECTION VI  
FED/STATE**

**40. MILITARY FAMILY STUDENT** – These include children of 1) active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. ss. 1209 and 1211; 2) members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement; and 3 )members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of 1 year after death.     YES

**41. WAS YOUR CHILD SERVED IN THE EVEN START FAMILY LITERACY PROGRAM?**  
(PRE-K EVEN START FAMILY?)                      PRE-K REGISTRATION                       YES     NO

**42. WHICH PRE-K PROGRAM IS YOUR CHILD ENROLLING IN?**

Pre-K Registration                       C – CSI Pre-K (Title 1 Pre-Kindergarten)                       D – Pre-Kindergarten Program for Children with Disabilities

(PRE-K PROGRAM)                       T – Teenage Parent Program                       V – Voluntary Pre-Kindergarten Education Program

**SECTION VII  
MEDICAL**

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

**43A. IS YOUR CHILD COVERED BY MEDICAID?**     Yes, Child has Medicaid IVCS0000002     NO

**43B. DOES YOUR CHILD HAVE INSURANCE OTHER THAN MEDICAID? (Please check one):**

Child has Health Care Insurance IVCS0000001

Child has Healthy Kids (Florida KidsCare) Insurance IVCS0000003

Child does not have Health Care Insurance/Medicaid IVCS0000004

**SECTION VIII  
CONDITIONS**

**44A. DOES YOUR CHILD HAVE A LIFE-THREATENING CONDITION?**     YES     NO

**44B. IF YES, PLEASE INDICATE WHETHER THE CONDITION REQUIRES ANY OF THE FOLLOWING (Medical Alert Required)**  
(Please check all that apply):

A – Asthma Inhaler                       D - Diastat                       E – Epi-Pen                       I – Insulin Injection                       S – Solu-Cortef Injection

**45. HEALTH CONDITIONS: Please check all that apply. Indicate the date of diagnosis (if known), and whether medication is required.**

CONDITION TYPE	CONDITION DATE	MED. REQ.?	CONDITION TYPE	CONDITION DATE	MED. REQ.?
<input type="checkbox"/> AA – Allergy-Aspirin	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> HM – Hemophilia	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AB – Allergy Insect Bites	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> HN – Hernia	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AC – Allergy-Iodine	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> HR – Heart Disease	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AD – Allergy-Penicillin	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> HY – Hypertension	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AE – Allergy-Sulfa	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> KI – Kidney Disease	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AF – Allergy-Other	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> LE – Leukemia	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AG – Allergy-Nuts	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> MA – Medical Alert	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AI – Adrenal Insufficiency	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> MD – Muscular Dystrophy	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AN – Anemia	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> MO – Motor Impairment	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AR – Anaphylactic Reaction	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> MU – Multiple Health Problems	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AS – Asthma	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> PA – Physical Development	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> AT – Attention Deficit Hyperactivity Disorder	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> PI – Physical Impairment	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> CF – Cystic Fibrosis	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> PR – Pregnancy	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> CP – Cerebral Palsy	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> RC – See School Records	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> DI – Diabetes	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> RH – Rh. Negative Blood	___/___/___	<input type="checkbox"/>
			<input type="checkbox"/> SC – Scoliosis	___/___/___	<input type="checkbox"/>

(CONDITIONS CONTINUED ON NEXT PAGE)

CONDITION TYPE (CONTINUED)	CONDITION DATE	MED. REQ.?	CONDITION TYPE (CONTINUED)	CONDITION DATE	MED. REQ.?
<input type="checkbox"/> EA – Ear Infection-Repeated	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SD – Seizure Disorder	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> EP – Epilepsy	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SI – Sickle Cell	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> GA – Gastrointestinal Condition	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SP – Speech Impairment	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> HE – Hearing Impairment	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> UR – Urological Condition	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> HG – Hypoglycemia	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> VI – Visual Impairment	___/___/___	<input type="checkbox"/>
			<input type="checkbox"/> NONE OF THE ABOVE		

SECTION IX

NOTE TO REGISTRAR: NO DATA ENTRY REQUIRED

**46. LAW 1006.07(1)(b) F.S. REQUIRES EACH STUDENT TO NOTE AT INITIAL TIME OF REGISTRATION FOR SCHOOL. ANY PREVIOUS SCHOOL EXPULSIONS, ARRESTS RESULTING IN A CHARGE AND JUVENILE JUSTICE ACTIONS THE STUDENT HAS HAD:**  
**PLEASE INITIAL THE FOLLOWING:**  
**HAS YOUR CHILD EVER BEEN:**

\_\_\_ YES \_\_\_ NO EXPELLED FROM A PREVIOUS SCHOOL  
 \_\_\_ YES \_\_\_ NO PLACED UNDER ARREST WHICH RESULTED IN A CHARGE  
 \_\_\_ YES \_\_\_ NO INVOLVED IN A JUVENILE PROGRAM  
 \_\_\_ YES \_\_\_ NO SUSPENDED FROM A PREVIOUS SCHOOL  
 \_\_\_ YES \_\_\_ NO REFERRED FOR MENTAL HEALTH SERVICES

SECTION X

TRANSPORTATION

TO BE COMPLETED BY SCHOOL PERSONNEL

**47. BUS RIDERSHIP CODE**

Y – Student is Eligible and Requests Transportation       B – Regular and Summer  
 S – Summer Only       N – Not a Rider

**48. TRANSPORTATION NEEDS**

C – Contracted Transportation – GIS ONLY       G – Votran Gold – GIS ONLY       M – Medical Limitations – GIS ONLY  
 S – Sibling of ESE siblings – GIS ONLY       V – Votran Transportation Pass       I – In Zone  
 O – Out of Zone       T – TEMPORARY Medical – GIS Only

**49. SPECIAL REQUIREMENTS (SPECIAL BUS REQUIREMENTS)**

B – Baby Seat (20-40 lbs.)       E – Electric Wheelchair       H – Harness       K – Curbside/Harness  
 C – Curbside (upon accessibility)       G – Curbside/Baby Seat       I – Infant Seat (under 20 lbs.)       W – Wheelchair

**50. OPTIONAL SERVICES**

A – Alternative Hours/Pre-K AM       E – Environmental Control       O – Multi-VE/Environment Control  
 B – Alternative Hours/Pre-K PM       F – Multi-VE       T – STOP Change/Same Route – GIS Only

*Note: All requests for afterhours transportation (tutoring, activities, etc.) should be made to GIS routing where the appropriate codes will be determined and entered.*

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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