Student Enrollment Form

2026-2027

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

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

TO BE FILLED OUT BY SCHOOL PERSONNEL

SCHOOL NAME:	SCHOOL FACILITY NUMBER:	STUDENT ID:

INSTRUCTIONS: Welcome to the School District of Volusia County. Please fill out the non-shaded areas

SECTION I
ADD STUDENT/GENERAL DEMOGRAPHICS
TO BE FILLED OUT BY PARENT/GUARDIAN

1. STUDENT'S LEGAL FIRST NAME	STUDENT'S LEGAL MIDDLE NAME	STUDENT'S LEGAL LAST NAME	JR./SR./ETC	PREFERRED NAME*

2. GENDER: ☐ M – MALE ☐ F – FEMALE	3. BIRTH DATE: MONTH DAY YEAR / /	4. SOCIAL SECURITY NUMBER **

5. RESIDENTIAL ADDRESS OF STUDENT (HOUSE NO., DIRECTION, STREET NAME)	APT. NO.	CITY	STATE	ZIP CODE
6. MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL	APT. NO.	CITY	STATE	ZIP CODE

7. STUDENT PHONE NUMBER ***

( )

_____

PLEASE SELECT AT LEAST ONE:

☐ Restricted
☐ Unlisted
☐ Call out (Receive Calls)
☐ Opt Out (Block Calls)
☐ SMS (Receive Text)
☐ Unsubscribe (Block Text)

8. PUBLISH/PERMISSION DIRECTORY INFORMATION AND MEDIA RELEASE: (PUBLISHED INFORMATION NOT SHARED UNLESS FOR EDUCATIONAL PURPOSES)

DIRECTORY INFORMATION:

☐ Y – YES, RELEASE ALL DIRECTORY INFORMATION
☐ A – NO, DO NOT RELEASE MY CHILD'S ADDRESS
☐ P – NO, DO NOT RELEASE MY CHILD'S PHONE LISTINGS
☐ B – NO, DO NOT RELEASE ANY OF MY CHILD'S DIRECTORY INFORMATION
☐ C – NO, DO NOT RELEASE ANY OF MY CHILD'S DIRECTORY INFORMATION EXCEPT FOR YEARBOOK PUBLICATION

PERMISSION TO PHOTO/VIDEO/AUDIO:

☐ Y – YES, ALLOW PHOTO, VIDEO, AND AUDIO
☐ N – NO, DO NOT ALLOW PHOTO, VIDEO, AND AUDIO

Selecting "no" for permission to photo/video will not allow community organizations or members of the news media to photograph, video record, audio record, or interview my child

**(For Registrar) Additional form/documentation needed.*

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

****Providing the student mobile device number will facilitate direct communications from school personnel to your student for communications related to school news, class work and sports or club activities. If you approve of direct communications as described above, please enter the student's mobile phone number. If you do not approve of direct communications, please enter the primary phone number of your residence where contact should be. Please note – students will continue to be expected to honor school policy regarding personal cell phone access and usage. Check "Callout" and "SMS" to indicate this number should receive automated calls*

and can receive SMS text messages. Check "Opt Out" and "Unsubscribe" to stop receiving non-emergency communications but continue to receive emergency messages. Check "Unlisted" to exclude the phone number from directory listings.

SECTION II

ADDRESSES AND CONTACTS

9. CONTACT ID: 01 PARENT/GUARDIAN	**LEGAL GUARDIAN'S FIRST NAME**	**MIDDLE NAME**	**LEGAL GUARDIAN'S LAST NAME**	**JR./SR./ETC.**

RELATIONSHIP: ☐ MOTHER ☐ FATHER ☐ GUARDIAN	**STUDENT RESIDES WITH THIS PERSON: *** ☐ YES ☐ NO	**CUSTODY: *** ☐ YES ☐ NO	**EMERGENCY: *** ☐ YES ☐ NO	**ACCESS TO STUDENT RECORDS: *** ☐ YES ☐ NO	**PICK UP: *** ☐ YES ☐ NO

PHONE NUMBER - CALL ORDER 1	**PHONE NUMBER - CALL ORDER 2 (OPTIONAL)**	**PHONE NUMBER - CALL ORDER 3 (OPTIONAL)**
( ) _____	**( )** _____	**( )** _____
PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:
☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted
☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted
☐ SMS (Receive Text)	☐ SMS (Receive Text)	☐ SMS (Receive Text)
☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)
PLEASE SELECT ONE:	PLEASE SELECT ONE:	PLEASE SELECT ONE:
☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone
☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone
☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone
☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone
☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone

PRIMARY E-MAIL ADDRESS: ☐ Opt Out	**SECONDARY E-MAIL ADDRESS:** ☐ Opt Out

**If parent should be restricted, legal documents required*

10. CONTACT ID: 02 PARENT/GUARDIAN	**LEGAL GUARDIAN'S FIRST NAME**	**MIDDLE NAME**	**LEGAL GUARDIAN'S LAST NAME**	**JR./SR./ETC.**

RELATIONSHIP: ☐ MOTHER ☐ FATHER ☐ GUARDIAN	**STUDENT RESIDES WITH THIS PERSON: *** ☐ YES ☐ NO	**CUSTODY: *** ☐ YES ☐ NO	**EMERGENCY: *** ☐ YES ☐ NO	**ACCESS TO STUDENT RECORDS: *** ☐ YES ☐ NO	**PICK UP: *** ☐ YES ☐ NO

PHONE NUMBER - CALL ORDER 1	**PHONE NUMBER - CALL ORDER 2 (OPTIONAL)**	**PHONE NUMBER - CALL ORDER 3 (OPTIONAL)**
( ) _____	( ) _____	( ) _____
PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:
☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted
☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted
☐ SMS (Receive Text)	☐ SMS (Receive Text)	☐ SMS (Receive Text)
☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)
PLEASE SELECT ONE:	PLEASE SELECT ONE:	PLEASE SELECT ONE:
☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone
☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone
☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone
☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone
☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone

PRIMARY E-MAIL ADDRESS: ☐ Opt Out	**SECONDARY E-MAIL ADDRESS:** ☐ Opt Out

5. RESIDENTIAL ADDRESS (IF DIFFERENT THAN STUDENT**)**	APT. NO.	CITY	STATE	ZIP CODE

**If parent should be restricted, legal documents required*

11. CONTACT ID: 03	FIRST NAME	MIDDLE NAME	LAST NAME	JR./SR./ETC.

RELATIONSHIP: ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ STEPMOTHER ☐ STEPFATHER ☐ GRANDMOTHER ☐ GRANDFATHER ☐ AUNT ☐ UNCLE ☐ BROTHER ☐ SISTER ☐ STEPSIBLING ☐ COUSIN ☐ NEIGHBOR ☐ FOSTER PARENT ☐ SCHOOL PATRON ☐ DOCTOR ☐ OTHER _____

STUDENT RESIDES WITH THIS PERSON:	EMERGENCY:	ACCESS TO STUDENT RECORDS:	PICK UP:
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PHONE NUMBER - CALL ORDER 1	PHONE NUMBER - CALL ORDER 2 (OPTIONAL)	PHONE NUMBER - CALL ORDER 3 (OPTIONAL)
( ) _____	( ) _____	( ) _____
PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:
☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted
☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted
☐ SMS (Receive Text)	☐ SMS (Receive Text)	☐ SMS (Receive Text)
☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)
PLEASE SELECT ONE:	PLEASE SELECT ONE:	PLEASE SELECT ONE:
☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone
☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone
☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone
☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone
☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone

PRIMARY E-MAIL ADDRESS: ☐ Opt Out	SECONDARY E-MAIL ADDRESS: ☐ Opt Out

RESIDENTIAL ADDRESS	APT. NO.	CITY	STATE	ZIP CODE

12. CONTACT ID: 04	FIRST NAME	MIDDLE NAME	LAST NAME	JR./SR./ETC.

RELATIONSHIP: ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ STEPMOTHER ☐ STEPFATHER ☐ GRANDMOTHER ☐ GRANDFATHER ☐ AUNT ☐ UNCLE ☐ BROTHER ☐ SISTER ☐ STEPSIBLING ☐ COUSIN ☐ NEIGHBOR ☐ FOSTER PARENT ☐ SCHOOL PATRON ☐ DOCTOR ☐ OTHER _____

STUDENT RESIDES WITH THIS PERSON:	EMERGENCY:	ACCESS TO STUDENT RECORDS:	PICK UP:
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PHONE NUMBER - CALL ORDER 1	PHONE NUMBER - CALL ORDER 2 (OPTIONAL)	PHONE NUMBER - CALL ORDER 3 (OPTIONAL)
( ) _____	( ) _____	( ) _____
PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:	PLEASE SELECT AT LEAST ONE:
☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted	☐ Call Out (Receive Calls) ☐ Unlisted
☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted	☐ Opt Out (Block Calls) ☐ Restricted
☐ SMS (Receive Text)	☐ SMS (Receive Text)	☐ SMS (Receive Text)
☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)	☐ Unsubscribe (Block Text)
PLEASE SELECT ONE:	PLEASE SELECT ONE:	PLEASE SELECT ONE:
☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone	☐ Primary Phone ☐ Alternate Phone
☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone	☐ Secondary Phone ☐ Home Phone
☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone	☐ Cell Phone ☐ Extension Phone
☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone	☐ Residence Phone ☐ Fax Phone
☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone	☐ Work Phone ☐ Other Phone

PRIMARY E-MAIL ADDRESS: ☐ Opt Out	SECONDARY E-MAIL ADDRESS: ☐ Opt Out

RESIDENTIAL ADDRESS	APT. NO.	CITY	STATE	ZIP CODE

SECTION III

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

13. LAST SCHOOL ATTENDED	**PRIOR GRADE LEVEL**	**ADDRESS OF LAST SCHOOL ATTENDED**	
CITY & STATE, ZIP CODE		**PHONE NUMBER** ( ) -	**FAX NUMBER** ( ) -

14A. DATE WITHDRAWN (From previous school) MONTH DAY YEAR / /	**14B. HAS YOUR STUDENT EVER BEEN RETAINED?** ☐ YES ☐ NO If yes, in what grade? _____
15. HAS YOUR STUDENT EVER ATTENDED A FLORIDA SCHOOL? ☐ YES ☐ NO	If yes, what county?
16. HAS YOUR STUDENT EVER ATTENDED A VOLUSIA COUNTY PUBLIC SCHOOL? ☐ YES ☐ NO	If yes, please list the name of the school and the year(s) attended.

17. HAS YOUR STUDENT EVER BEEN ENROLLED OR RECEIVED SERVICES IN ONE OR MORE OF THE FOLLOWING (check all that apply)?

☐ SPEECH ☐ ESOL/ELL ☐ GIFTED ☐ 504 ☐ ESE

18A. IS YOUR STUDENT ENTERING THIS SCHOOL DUE TO A NATURAL DISASTER THIS SCHOOL YEAR? ☐ YES ☐ NO

18B. IF YES, PLEASE CHECK THE TYPE OF DISASTER:

☐ MOVED INTO DISTRICT DUE TO EARTHQUAKE

☐ CHANGED SCHOOL IN DISTRICT DUE TO HURRICANE

☐ MOVED INTO DISTRICT DUE TO ANOTHER TYPE OF NATURAL DISASTER OTHER THAN HURRICANE OR EARTHQUAKE

☐ MOVED INTO DISTRICT DUE TO HURRICANE

☐ CHANGED SCHOOL IN DISTRICT DUE TO EARTHQUAKE

SECTION IV

GENERAL DEMOGRAPHICS

19. CUSTODY ALERT/COURT ORDER (IF APPLICABLE): ☐ **Y** - COURT ORDER **OR** ☐ **C** - CUSTODIAL LEGAL INSTRUMENT

20. BIRTH VERIFICATION (CHECK ONE)

☐ 1 – CERTIFIED BIRTH CERTIFICATE

☐ 7 – SCHOOL RECORD, AT LEAST FOUR YEARS PRIOR, SHOWING DATE OF BIRTH

☐ 3 – BAPTISMAL CERTIFICATE WITH DOB AND PLACE OF BAPTISM AND PARENT'S SWORN, NOTARIZED AFFIDAVIT

☐ 8 – PARENT'S SWORN, NOTARIZED AFFIDAVIT WITH CERTIFICATE OF EXAM FROM PHYSICIAN VERIFYING AGE

☐ 4 – ACTIVE INSURANCE POLICY ON STUDENT IN FORCE AT LEAST TWO YEARS

☐ T – OUT OF STATE TRANSFER RECORDS OR MSRTS RECORD FOR MIGRANT STUDENT

☐ 5 – BIBLE RECORDS, WITH PARENT'S SWORN, NOTARIZED AFFIDAVIT

NOT VALID FOR INITIAL PRE-K OR KINDERGARTEN

☐ 6 – PASSPORT OR CERTIFICATE OF ARRIVAL IN THE UNITED STATES **(DO NOT COPY THIS DOCUMENT)**

BIRTH CITY	**BIRTH STATE**	**BIRTH COUNTRY**

21. COUNTY OF RESIDENCE	**22. RESIDENCY STATUS OF STUDENT (CHECK ONE)**	**23. NON-VOLUSIA ZONED SCHOOL** (ONLY COMPLETE WHEN #22 IS CODE B)
	☐ B – OUT OF COUNTY FLORIDA RESIDENT ☐ 3 – VOLUSIA COUNTY RESIDENT ☐ 2 – OUT OF STATE RESIDENT ☐ 0 – FOREIGN EXCHANGE STUDENT	

24A. IS YOUR STUDENT HISPANIC OR LATINO?

☐ YES ☐ NO

24B. RACE: (CHECK ALL THAT APPLY)

☐ WHITE ☐ BLACK OR AFRICAN AMERICAN

☐ ASIAN ☐ AMERICAN INDIAN OR ALASKA NATIVE

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

NOTE TO REGISTRAR: IF PARENT SELECTS "YES" ON QUESTION 24A, AT LEAST ONE RACE CODE MUST BE SELECTED

SECTION V

HOME LANGUAGE SURVEY

***NOTE:** IF THE ANSWER TO ANY OF THE FIRST THREE QUESTIONS LISTED BELOW IS "YES" THE SCHOOL ADMINISTRATION WILL BE NOTIFIED AND THE STUDENT WILL BE PROVIDED THE ENGLISH LANGUAGE LEARNERS ASSESSMENT IN ORDER TO PROVIDE APPROPRIATE SERVICES FOR YOUR STUDENT.*

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

25A. STUDENT'S NAME	**25B. DATE**

CHECK THE APPROPRIATE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:

1) **Is a language other than English used in the home?** ☐ YES ☐ NO
2) **Did the student have a first language other than English?** ☐ YES ☐ NO
3) **Does the student most frequently speak a language other than English?** ☐ YES ☐ NO
4) **Was the student born in a country other than the United States (U.S.) or Puerto Rico?** ☐ **YES** ☐ **NO**
5) **Regardless of their birthplace, what was the date your student first enrolled in a school within the continental United States, Alaska or Hawaii? _____(MM/DD/YYYY)**
6) **What is the primary language spoken in the home? _____**
7) **What is the native language of the student? _____**

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

SECTION VI

FAMILIES IN TRANSITION

(FILL OUT IF APPLICABLE)

26A. FAMILIES IN TRANSITION – CHAPTER 1003.21, F.S., STATES THAT HOMELESS STUDENTS MUST HAVE ACCESS TO FREE PUBLIC EDUCATION AND SCHOOL DISTRICTS SHALL ASSIST THEM 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.** ☐ YES

Student/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.

Student/youth sleeps at night in a motel, trailer, or campground.

Student/youth sleeps at night in a shelter, e.g., homeless, runaway, domestic abuse, abuse.

Student/youth sleeps **TEMPORARILY** at night in the home of a relative or friend because of economic necessity.

26B. PRIMARY NIGHT RESIDENCE – IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING HOUSING SITUATIONS TEMPORARILY **BECAUSE YOU CANNOT FIND OR AFFORD ADEQUATE HOUSING**, CHECK THE SITUATION THAT APPLIES.

☐ A – Student/youth has as their primary night residence living in emergency or transitional shelters, FEMA trailers, abandoned in hospitals.

☐ B – Student/youth has as their primary night residence sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.

☐ D – Student/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, abandoned 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.

☐ E – Student/youth has as their primary night residence living in hotels or motels

26C. TRANSITION OR HOMELESS CAUSE (Please indicate the reason for transition or cause of homelessness)

☐ D – Man-made Disaster (Major)
☐ E – Natural Disaster – Earthquake
☐ F – Natural Disaster – Flooding
☐ H – Natural Disaster – Hurricane
☐ M – Mortgage Foreclosure
☐ N– 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.
☐ P – Pandemic (Major)
☐ S – Natural Disaster – Tropical Storm
☐ T – Natural Disaster – Tornado
☐ W – Natural Disaster – Wildfire or Fire

26D. 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?

27. FOSTER CARE STATUS: IS THE STUDENT CURRENTLY IN FOSTER CARE? ☐ YES ☐ NO

SECTION VII

FED/STATE

28. MILITARY FAMILY STUDENT – These include students 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 ☐ NO

29. DID YOUR STUDENT PARTICIPATE IN THE HEAD START PROGRAM?

☐ YES ☐ NO

30. WHICH PRE-K PROGRAM IS YOUR STUDENT ENROLLING IN? (IF APPLICABLE)

☐ D – Pre-Kindergarten Program for ESE students ☐ V – Voluntary Pre-Kindergarten Education Program

☐ T – Teenage Parent Program

31A. IN THE PAST 3 YEARS, HAS ANYONE IN YOUR HOUSEHOLD HAD A JOB WORKING ON A FARM, IN A FIELD, IN A GREENHOUSE, IN A NURSERY, A PACKING HOUSE OR FISHING? (NOT INCLUDING YOUR OWN PROPERTY) ☐ YES ☐NO

IF YES, MARK ALL THAT APPLY.

☐FRUITS ☐ SOIL PREPARATION ☐ VEGETABLES ☐ PROCESSING ☐TOBACCO ☐ FERN ☐ PINE STRAW ☐ LIVESTOCK ☐EGGS ☐ FISHING ☐ CHICKEN ☐ LOGGING

31B. IN THE PAST 3 YEARS, HAVE YOU OR ANOTHER MEMBER IN YOUR HOUSEHOLD TRAVELED TO ANOTHER COUNTY OR ANOTHER STATE TO DO OR SEEK THIS WORK? (INCLUDING DURING SUMMER, WINTER, OR SPRING BREAK) ☐ YES ☐NO

SECTION VIII

MEDICAL

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

32A. IS YOUR STUDENT COVERED BY MEDICAID? ☐ Yes, Student has Medicaid IVCS0000002 ☐ NO

32B. DOES YOUR STUDENT HAVE INSURANCE OTHER THAN MEDICAID? (Please check one):

☐ Student has Health Care Insurance IVCS0000001

☐ Student has Healthy Kids (Florida KidCare) Insurance IVCS0000003

☐ Student does not have Health Care Insurance/Medicaid IVCS0000004

SECTION IX

CONDITIONS

33A. DOES YOUR STUDENT HAVE A LIFE-THREATENING CONDITION? ☐ YES ☐ NO

33B. IF YES, PLEASE INDICATE WHETHER THE CONDITION REQUIRES ANY OF THE FOLLOWING (Medical Alert Required)

(Please check all that apply):

☐ INSULIN ADMINISTRATION ☐ OTHER INJECTIONS ☐ INTRAVENOUS ☐ INHALER/NEBULIZER ☐ ORAL
☐ NASAL ☐ RECTAL ☐ TOPICAL ☐ OPHTHALMIC ☐ OTIC ☐ OTHER

33B. PROCEDURES NEEDED: ***Please check all that apply:***

☐ CARBOHYDRATE COUNTING ☐ GLUCOSE MONITORING ☐ CATHETERIZATION
☐ COLOSTOMY, ILEOSTOMY, UROSTOMY, JEJUNOSTOMY CARE (SITE CARE) ☐ ELECTRONIC MONITORING (CARDIAC, OTHER)
☐ J, PEG, NG TUBE FEEDING ☐ OXYGEN CONTINUOUS OR INTERMITTENT ☐ PULSE OXIMETRY ☐ SPECIMEN COLLECTION OR TESTING
☐ TRACHEOSTOMY CARE ☐ VENTILATOR DEPENDENT CARE ☐ OTHER PROCEDURES

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

CONDITION TYPE	CONDITION DATE	MEDICATION REQUIRED?
☐ ADD/ADHD	_____	☐
☐ Allergies - Non-Life Threatening	_____	☐
☐ Allergies – Life Threatening	_____	☐
☐ Asthma	_____	☐
☐ Autism Spectrum Disorders	_____	☐
☐ Bleeding Disorder	_____	☐
☐ Cancer	_____	☐
☐ Cardiac Conditions	_____	☐
☐ Cystic Fibrosis	_____	☐
☐ Diabetes - Type 1	_____	☐
☐ Diabetes - Type 2	_____	☐
☐ Epilepsy/Seizures	_____	☐
☐ Kidney Disorders	_____	☐
☐ Lupus	_____	☐
☐ Mental/Behavioral Health Conditions	_____	☐
☐ Sickle Cell Disease	_____	☐
☐ Other Condition (please explain in notes below)	_____	☐

CONDITION NOTES:

SECTION X

NOTE TO REGISTRAR: NO DATA ENTRY REQUIRED

35. 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 STUDENT 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

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

SECTION XI

TRANSPORTATION

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

36. BUS RIDERSHIP CODE

☐ Y – Student is Eligible and Requests Transportation ☐ B – Regular and Summer

☐ S – Summer Only ☐ N– Not a Rider

37. 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

38. 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

39. 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 after-hours transportation (tutoring, activities, etc.) should be made to GIS routing where the appropriate codes will be determined and entered.

SECTION XII

IMMUNIZATIONS/MEDICAL

NOTE TO THE REGISTRAR - ENTER VACCINES FROM FORM HRS680

40. IMMUNIZATION STATUS

☐ 0 – Students in virtual instruction programs who do not come to a district school

☐ 4 – Permanent Religious Exemption

☐ 1 – Permanent Immunization Certificate

☐ 2 – Temporary Medical Exemption - **Expiration Date** _____**(MM/DD/YYYY)**

☐ W –Enrolled in district fewer than 31 days per FS 1003.22 (5)(e) - **Expiration Date** _____**(MM/DD/YYYY)**

☐ 8 – Permanent Immunization Certificate Documenting 7th Grade

☐ X – Enrolled in Juvenile Justice program fewer than 31 days

☐ U- Students of military families enrolled in this district up to 30 days

☐ 3 – Permanent Medical Exemption

☐ Y – Students/Youth experiencing homelessness and those known to the department (FS 39.00016) enrolled fewer than 31 days

41A. HEALTH EXAMINATION STATUS-	**41B. DATE**
☐ Y – School Entry Health Examination Certified ☐ R - Religious ☐ T - Transfer from another Florida School without a health exam record.	MONTH DAY YEAR / /

SECTION XIII

ENROLLMENT

42. STUDENT TRANSFERRING FROM (check one)

☐ Florida Public school other than VCS (E02) ☐ Florida Private school (E03) ☐ Florida Home schooling (E04)

☐ PK/KG First time entry (E05) ☐ Outside the United States (E09) ☐ Out of Florida Public School (E2A)

☐ Out of Florida Private School (E3A) ☐ Out of Florida Home Schooling (E4A)

43. GRADE LEVEL	**44. ENROLLMENT DATE** MONTH DAY YEAR / /	**45. ENROLLMENT CODE**	**46A. PRIOR DISTRICT (COUNTY)**	**46B. PRIOR STATE**	**46C. PRIOR COUNTRY**

47. FLORIDA ID (ALIAS)	**48. ASSIGNMENT/VARIANCE CODE**	**49. HOMEROOM**