



# Student Entry Form 2022-2023

<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 seven page form. Please print clearly using a pen. Thank you.

**SECTION I**

**ADD A STUDENT/GENERAL DEMOGRAPHICS**

1. STUDENT'S LEGAL FIRST NAME	MIDDLE NAME	STUDENT'S LEGAL LAST NAME	JR./SR./ETC	NICKNAME
2. GENDER: <input type="checkbox"/> M – MALE <input type="checkbox"/> 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
6. MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL		APT. NO.	CITY	STATE
7. 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 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.

**SECTION II**

**ADDRESSES AND CONTACTS**

\*\*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.

9. CONTACT ID: 01 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
PICK UP: <input type="checkbox"/> YES	CONTACT HAS ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES			
LEGAL GUARDIAN'S OCCUPATION	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)				
9B 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) <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, MARK ALL THAT APPLY. <input type="checkbox"/> FRUITS <input type="checkbox"/> SOIL PREPARATION <input type="checkbox"/> VEGETABLES <input type="checkbox"/> PROCESSING <input type="checkbox"/> TOBACCO <input type="checkbox"/> FERN <input type="checkbox"/> PINE STRAW <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> EGGS <input type="checkbox"/> FISHING <input type="checkbox"/> CHICKEN <input type="checkbox"/> LOGGING				
9C 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) <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>10. CONTACT ID: 02</b> GUARDIAN		LEGAL GUARDIAN'S FIRST NAME	MIDDLE	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		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:					
<b>11. RESIDENCE/MAILING ADDRESS (IF DIFFERENT THAN STUDENT)</b>			APT. NO	CITY	STATE
<b>12. CONTACT ID: 03</b>		FIRST NAME	MIDDLE	LAST NAME	JR./SR./ETC
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 _____		USED FOR MOTHER/FATHER ONLY: DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> NO		EMERGENCY: <input type="checkbox"/> NO	PICKUP: <input type="checkbox"/> NO	CONTACT HAS ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES If "NO" is checked for a parent, legal documentation must be required.	
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
<b>14. MAILING ADDRESS</b>			APT. NO	CITY	STATE
<b>15. CONTACT ID: 04</b>		FIRST NAME	MIDDLE	LAST NAME	JR./SR./ETC
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 FATHER'S GIRLFRIEND _____		USED FOR MOTHER/FATHER ONLY: DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
STUDENT RESIDES WITH THIS PERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY: YES <input type="checkbox"/> NO	PICKUP: 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 required.	
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
<b>17. MAILING ADDRESS</b>			APT. NO	CITY	STATE

**SECTION III**

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

<b>18. STUDENT TRANSFERRING FROM (check one)</b>					
<input type="checkbox"/> VOLUSIA DIST. PRIVATE SCHOOL		<input type="checkbox"/> FIRST TIME ENTRY		<input type="checkbox"/> OUT OF DIST. PUBLIC SCHOOL	
<input type="checkbox"/> VOLUSIA DIST. HOME SCHOOL		<input type="checkbox"/> OUT OF DIST. PRIVATE SCHOOL		<input type="checkbox"/> OUT OF DIST. HOME SCHOOL	<input type="checkbox"/> OUT OF UNITED STATES
<b>19. GRADE LEVEL</b>	<b>20. ENROLLMENT DATE</b> MONTH DAY YEAR / /	<b>21. ENROLLMENT CODE</b>	<b>21A. PRIOR DISTRICT (COUNTY)</b>	<b>21B. PRIOR STATE</b>	<b>21C. PRIOR COUNTRY</b>
<b>22. FLORIDA ID (ALIAS)</b>		<b>23. ASSIGNMENT/VARIANCE CODE</b>		<b>24. HOMEROOM</b>	
<b>25. LAST SCHOOL ATTENDED</b>		<b>PRIOR GRADE LEVEL</b>	<b>STREET OF LAST SCHOOL ATTENDED</b>		
<b>CITY &amp; STATE, ZIP CODE</b>			<b>PHONE NUMBER</b> ( ) -	<b>FAX NUMBER</b> ( ) -	
<b>26A. DATE WITHDRAWN</b> (From previous school) MONTH DAY YEAR / /			<b>26B. HAS YOUR STUDENT EVER BEEN RETAINED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what grade? _____		
<b>27. HAS YOUR STUDENT EVER ATTENDED A FLORIDA SCHOOL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, what county?		
<b>28. HAS YOUR STUDENT EVER ATTENDED A VOLUSIA COUNTY PUBLIC SCHOOL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, please list the name of the school and the year(s) attended.		
<b>29. HAS YOUR STUDENT 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"/> ESE	

<b>30A. IS YOUR STUDENT ENTERING THIS SCHOOL DUE TO A NATURAL DISASTER THIS SCHOOL YEAR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>30B. IF YES, PLEASE CHECK THE TYPE OF DISASTER:</b>	
<input type="checkbox"/> MOVED INTO DISTRICT DUE TO EARTHQUAKE	<input type="checkbox"/> CHANGED SCHOOL IN DISTRICT DUE TO HURRICANE
<input type="checkbox"/> MOVED INTO DISTRICT DUE TO ANOTHER TYPE OF NATURAL DISASTER OTHER THAN HURRICANE OR EARTHQUAKE	<input type="checkbox"/> MOVED INTO DISTRICT DUE TO HURRICANE
<input type="checkbox"/> CHANGED SCHOOL IN DISTRICT DUE TO EARTHQUAKE	

**SECTION IV  
GENERAL DEMOGRAPHICS**

<b>31. CUSTODY ALERT/COURT ORDER:</b> <input type="checkbox"/> Y - COURT ORDER OR <input type="checkbox"/> C - CUSTODIAL LEGAL INSTRUMENT		
<b>32. BIRTH VERIFICATION (CHECK ONE)</b>		
<input type="checkbox"/> 1 – CERTIFIED BIRTH CERTIFICATE	<input type="checkbox"/> 7 – SCHOOL RECORD, AT LEAST FOUR YEARS PRIOR, SHOWING DATE OF BIRTH	
<input type="checkbox"/> 3 – BAPTISMAL CERTIFICATE WITH DOB AND PLACE OF BAPTISM AND PARENT’S SWORN, NOTARIZED AFFIDAVIT	<input type="checkbox"/> 8 – PARENT’S SWORN, NOTARIZED AFFIDAVIT WITH CERTIFICATE OF EXAMINATION FROM PHYSICIAN VERIFYING AGE	
<input type="checkbox"/> 4 – ACTIVE INSURANCE POLICY ON STUDENT IN FORCE AT LEAST TWO YEARS	<input type="checkbox"/> T – OUT OF STATE TRANSFER RECORDS OR MSRTS RECORD FOR MIGRANT STUDENT	
<input type="checkbox"/> 5 – BIBLE RECORDS, WITH PARENT’S SWORN, NOTARIZED AFFIDAVIT	<b>NOT VALID FOR INITIAL PRE-K OR KINDERGARTEN</b>	
<input type="checkbox"/> 6 – PASSPORT OR CERTIFICATE OF ARRIVAL IN THE UNITED STATES (DO NOT COPY THIS DOCUMENT)	<input type="checkbox"/> 9 – NO VERIFICATION (DO NOT USE FOR KINDERGARTEN OR FIRST GRADE STUDENTS)	
<b>33. BIRTH PLACE (CITY OF BIRTH)</b>	<b>BIRTH STATE</b>	<b>BIRTH COUNTRY USA</b>
<b>34. COUNTY OF RESIDENCE</b>	<b>35. 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>36. NON-VOLUSIA ZONED SCHOOL</b> (ONLY COMPLETE WHEN #35 IS CODE B)		
<b>37A. IS YOUR STUDENT HISPANIC OR LATINO?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>37B. 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 37, AT LEAST ONE RACE CODE MUST BE SELECTED</b>		

**SECTION V  
HOME LANGUAGE SURVEY**

**NOTES TO PARENT AND SCHOOL REGISTRAR:** This section must be completed for all students. If the answer to any of the **first three questions** listed below is “yes” the student must be referred, immediately, to the school principal’s designee for English Language Learners assessment.

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

<b>38. STUDENT’S NAME</b>	<b>DATE</b>
<b>CHECK THE APPROPRIATE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:</b>	
1) <b>Is a language other than English used in the home?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) <b>Did the student have a first language other than English?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) <b>Does the student most frequently speak a language other than English?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) Was the student born in a country other than the United States (U.S.) or Puerto Rico?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	_____ (MMDDCCYY)
6) Primary home language (ALL STUDENTS).	_____
7) Native Language spoken by the student if other than English.	_____
Parent/Legal Guardian’s Name _____	
Parent/Legal Guardian’s Signature _____	

**SECTION VI  
FAMILIES IN TRANSITION**

<p><b>39A. FAMILIES IN TRANSITION</b> – CHAPTER 1003.21, F.S., STATES THAT HOMELESS STUDENTS MUST HAVE ACCESS TO A 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 <b>BECAUSE YOU CANNOT FIND OR AFFORD ADEQUATE HOUSING.</b>    <input type="checkbox"/> YES</p> <p>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;</p> <p>Student/youth sleeps at night in a motel, trailer, or campground.</p> <p>Student/youth sleeps at night in a shelter, e.g., homeless, runaway, domestic abuse, abuse;</p> <p>Student/youth sleeps <b>TEMPORARILY</b> at night in the home of a relative or friend because of economic necessity.</p>	<p><b>39B. PRIMARY NIGHT RESIDENCE</b> – IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING HOUSING SITUATIONS TEMPORARILY <b>BECAUSE YOU CANNOT FIND OR AFFORD ADEQUATE HOUSING,</b> CHECK THE SITUATION THAT APPLIES.</p> <p><input type="checkbox"/> A – Student/youth has as their primary night residence living in emergency or transitional shelters, FEMA trailers, abandoned in hospitals.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> E – Student/youth has as their primary night residence living in hotels or motels</p>										
<p><b>39C. TRANSITION OR HOMELESS CAUSE</b> (Please indicate the reason for transition or cause of homelessness)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> D – Man-made Disaster (Major)</td> <td><input type="checkbox"/> 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.</td> </tr> <tr> <td><input type="checkbox"/> E – Natural Disaster – Earthquake</td> <td><input type="checkbox"/> P – Pandemic (Major)</td> </tr> <tr> <td><input type="checkbox"/> F – Natural Disaster – Flooding</td> <td><input type="checkbox"/> S – Natural Disaster – Tropical Storm</td> </tr> <tr> <td><input type="checkbox"/> H – Natural Disaster – Hurricane</td> <td><input type="checkbox"/> T – Natural Disaster – Tornado</td> </tr> <tr> <td><input type="checkbox"/> M – Mortgage Foreclosure</td> <td><input type="checkbox"/> W – Natural Disaster – Wildfire or Fire</td> </tr> </table>		<input type="checkbox"/> D – Man-made Disaster (Major)	<input type="checkbox"/> 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.	<input type="checkbox"/> E – Natural Disaster – Earthquake	<input type="checkbox"/> P – Pandemic (Major)	<input type="checkbox"/> F – Natural Disaster – Flooding	<input type="checkbox"/> S – Natural Disaster – Tropical Storm	<input type="checkbox"/> H – Natural Disaster – Hurricane	<input type="checkbox"/> T – Natural Disaster – Tornado	<input type="checkbox"/> M – Mortgage Foreclosure	<input type="checkbox"/> W – Natural Disaster – Wildfire or Fire
<input type="checkbox"/> D – Man-made Disaster (Major)	<input type="checkbox"/> 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.										
<input type="checkbox"/> E – Natural Disaster – Earthquake	<input type="checkbox"/> P – Pandemic (Major)										
<input type="checkbox"/> F – Natural Disaster – Flooding	<input type="checkbox"/> S – Natural Disaster – Tropical Storm										
<input type="checkbox"/> H – Natural Disaster – Hurricane	<input type="checkbox"/> T – Natural Disaster – Tornado										
<input type="checkbox"/> M – Mortgage Foreclosure	<input type="checkbox"/> W – Natural Disaster – Wildfire or Fire										
<p><b>39D. HOMELESS UNACCOMPANIED YOUTH</b></p> <p><input type="checkbox"/> 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?</p>											
<p><b>40. FOSTER CARE STATUS: IS THE STUDENT CURRENTLY IN FOSTER CARE?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>											

**SECTION VII  
FED/STATE**

<p><b>41. MILITARY FAMILY STUDENT</b> – 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</p>
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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

42. WAS YOUR STUDENT SERVED IN THE HEAD START PROGRAM?

YES  NO

43. WHICH PRE-K PROGRAM IS YOUR STUDENT ENROLLING IN?

- D – Pre-Kindergarten Program for ESE students  V – Voluntary Pre-Kindergarten Education Program  
 T – Teenage Parent Program

SECTION VIII

MEDICAL

TO BE COMPLETED BY SCHOOL PERSONNEL

44. IMMUNIZATION STATUS

- 0 – Students in virtual instruction programs who do not come to a district school for any activity and for whom no other code applies  3 – Permanent Medical Exemption  
 1 – Permanent Immunization Certificate  4 – Permanent Religious Exemption  
 2 – Temporary Medical Exemption  8 – Adolescent Vaccine Requirement Met  
Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/CCYY)  W – Enrolled in district fewer than 31 days per FS 1003.22 (5)(e)  
 Y – Students/Youth experiencing homelessness and those known to the department (FS 39.00016) enrolled fewer than 31 days  X – Enrolled in Juvenile Justice program fewer than 31 days

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

45A. IS YOUR STUDENT COVERED BY MEDICAID?  Yes, Student has Medicaid IVCS0000002  NO

45B. 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

46A. HEALTH EXAMINATION STATUS

- Y – School Entry Exam Certified  R - Religious Exemption  
 T - Transfer from another Florida School without a health exam record.

46B. DATE

MONTH DAY YEAR  
/ /

SECTION IX  
IMMUNIZATIONS

NOTE TO THE REGISTRAR - ENTER VACCINES FROM FORM DH-680

**SECTION X  
CONDITIONS**

**47A. DOES YOUR STUDENT HAVE A LIFE THREATENING CONDITION?**     YES     NO

**47B. 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

**48. 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"/> EA – Ear Infection-Repeated	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SC – Scoliosis	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> EP – Epilepsy	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SD – Seizure Disorder	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> GA – Gastro Intestinal Condition	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SI – Sickle Cell	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> HE – Hearing Impairment	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> SP – Speech Impairment	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> HG – Hypoglycemia	___/___/___	<input type="checkbox"/>	<input type="checkbox"/> UR – Urological Condition	___/___/___	<input type="checkbox"/>
			<input type="checkbox"/> VI – Visual Impairment	___/___/___	<input type="checkbox"/>
			<input type="checkbox"/> NONE OF THE ABOVE		

CONDITION NOTES:

**SECTION XI  
NOTE TO REGISTRAR: NO DATA ENTRY REQUIRED**

**49. 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
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**SECTION XII  
TRANSPORTATION  
TO BE COMPLETED BY SCHOOL PERSONNEL**

<b>50. BUS RIDERSHIP CODE</b>			
<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		
<b>51. TRANSPORTATION NEEDS</b>			
<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		
<b>52. SPECIAL REQUIREMENTS (SPECIAL BUS REQUIREMENTS)</b>			
<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
<b>53. OPTIONAL SERVICES</b>			
<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	
<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>			