

Richard Milburn Academy High School

A Free Public Charter School

OPEN ENROLLMENT INTENT TO ENROLL

Re-enrollment period is April 1st-15th for returning students. April 16th- April 30th is the Open Enrollment period for anyone interested in enrollment. If the number of applications exceeds the capacity of the program, class, grade level, or building, all applicants will have an equal chance of being admitted through a random selection process on May 15th. If all slots are not filled by April 30, applications will continue to be accepted. Should enrollment exceed RMA's capacity, the school will hold a lottery to determine who will be enrolled and who will be placed on a waiting list in order of selection. Applications received after April 30th will be considered on a space by space basis only.

info@rmaflorida.org or www.rmaflorida.org

**Please print and complete one (1)*

application per student.

Grade Applying for 2025-2026: (circle one) 9th 10th 11th 12th

Student Information:

Student Name

Last

First

Middle

Name Called

Date of Birth

Current School

Name

City

State

Physical Address

Street

City

State

Zip

Mailing Address

Street

City

State

Zip

Primary Email Address *(please print clearly)*

How do you wish to receive confirmation that your application was received? *(choose one)* US Mail or Email

Family and Contact Information:

Parent/Guardian's Name

Parent/Guardian's Name

Work number

Work Number

Cell Number

Cell Number

Home Number

Home Number

Relationship

Relationship

Child live with

Child live with

☐ Yes ☐ No

Is the Student a child of a Founder, teacher, or staff member of RMA?

Founder, teacher, or staff member's name *(if applicable)*:

☐ Yes ☐ No

Does the Student have any siblings attending RMA?

Name of sibling(s) *(if applicable)*:

☐ Yes ☐ No

Does the student have any siblings who are also currently applying for admission into RMA?

Name of sibling(s) *(if applicable)*:

Admission Information:

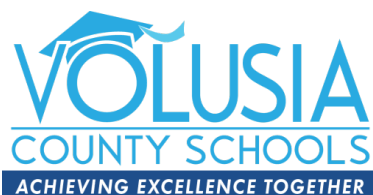
RMA is a free, nonsectarian, open enrollment charter school. RMA does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend. RMA will give enrollment preference to the following student populations according to F.S. 1002.33(10)(d): Students who are siblings of a student enrolled in the charter school; Students who are the children of an employee of RMA; Students who are the children of members of the Founding Board.

By submitting this application:

I request that my child be considered for enrollment at RMA for the grade indicated above. I understand that if there are more applications than seats available, my child will be assigned a number and entered into a drawing to determine placement in the school or wait list. Only parents/legal guardians are authorized to register a student for enrollment. *(If you are a student who is an emancipated minor or over the age of 18, call the school office for special instructions.)*

Signature of Parent/ Guardian

Date



Student Enrollment Form 2025-2026

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:
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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: <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	ZIP CODE
6. MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL		APT. NO.	CITY	
			STATE	ZIP CODE
7. STUDENT PHONE NUMBER *** () _____ PLEASE SELECT AT LEAST ONE: <input type="checkbox"/> Restricted <input type="checkbox"/> Unlisted <input type="checkbox"/> Call out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text)		8. PUBLISH/PERMISSION DIRECTORY INFORMATION AND MEDIA RELEASE: (PUBLISHED INFORMATION NOT SHARED UNLESS FOR EDUCATIONAL PURPOSES) DIRECTORY INFORMATION: <input type="checkbox"/> Y – YES, RELEASE ALL DIRECTORY INFORMATION <input type="checkbox"/> A – NO, DO NOT RELEASE MY CHILD'S ADDRESS <input type="checkbox"/> P – NO, DO NOT RELEASE MY CHILD'S PHONE LISTINGS <input type="checkbox"/> B – NO, DO NOT RELEASE ANY OF MY CHILD'S DIRECTORY INFORMATION <input type="checkbox"/> C – NO, DO NOT RELEASE ANY OF MY CHILD'S DIRECTORY INFORMATION EXCEPT FOR YEARBOOK PUBLICATION PERMISSION TO PHOTO/VIDEO/AUDIO: <input type="checkbox"/> Y – YES, ALLOW PHOTO, VIDEO, AND AUDIO <input type="checkbox"/> N – NO, DO NOT ALLOW PHOTO, VIDEO, AND AUDIO <i>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</i>		

*(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: <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 <input type="checkbox"/> NO	EMERGENCY: * <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCESS TO STUDENT RECORDS: * <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER - CALL ORDER 1 () <hr/> PLEASE SELECT AT LEAST ONE: <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Unlisted <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> Restricted <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text)		PHONE NUMBER - CALL ORDER 2 (OPTIONAL) () <hr/> PLEASE SELECT AT LEAST ONE: <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Unlisted <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> Restricted <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text)		PHONE NUMBER - CALL ORDER 3 (OPTIONAL) () <hr/> PLEASE SELECT AT LEAST ONE: <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Unlisted <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> Restricted <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text)
PLEASE SELECT ONE: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone		PLEASE SELECT ONE: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone		PLEASE SELECT ONE: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone
PRIMARY E-MAIL ADDRESS: <input type="checkbox"/> Opt Out		SECONDARY E-MAIL ADDRESS: <input type="checkbox"/> 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: <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 <input type="checkbox"/> NO	EMERGENCY: * <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCESS TO STUDENT RECORDS: * <input type="checkbox"/> YES <input type="checkbox"/> NO
PICK UP: * <input type="checkbox"/> YES <input type="checkbox"/> NO				
PHONE NUMBER - CALL ORDER 1 () <hr/> PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>		PHONE NUMBER - CALL ORDER 2 (OPTIONAL) () <hr/> PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>		PHONE NUMBER - CALL ORDER 3 (OPTIONAL) () <hr/> PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>
PRIMARY E-MAIL ADDRESS: <input type="checkbox"/> Opt Out		SECONDARY E-MAIL ADDRESS: <input type="checkbox"/> 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: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> STEPSIBLING <input type="checkbox"/> COUSIN <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> SCHOOL PATRON <input type="checkbox"/> DOCTOR <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		ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES <input type="checkbox"/> NO
PICK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO				
PHONE NUMBER - CALL ORDER 1 () _____ PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>		PHONE NUMBER - CALL ORDER 2 (OPTIONAL) () _____ PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>		PHONE NUMBER - CALL ORDER 3 (OPTIONAL) () _____ PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>
PRIMARY E-MAIL ADDRESS: <input type="checkbox"/> Opt Out		SECONDARY E-MAIL ADDRESS: <input type="checkbox"/> Opt Out		
RESIDENTIAL ADDRESS		APT. NO.	CITY	STATE ZIP CODE

12. CONTACT ID: 04	FIRST NAME	MIDDLE NAME	LAST NAME	JR./SR./ETC.
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> STEPSIBLING <input type="checkbox"/> COUSIN <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> SCHOOL PATRON <input type="checkbox"/> DOCTOR <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		ACCESS TO STUDENT RECORDS: <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER - CALL ORDER 1 () _____ PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>		PHONE NUMBER - CALL ORDER 2 (OPTIONAL) () _____ PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>		PHONE NUMBER - CALL ORDER 3 (OPTIONAL) () _____ PLEASE SELECT AT LEAST ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Call Out (Receive Calls) <input type="checkbox"/> Opt Out (Block Calls) <input type="checkbox"/> SMS (Receive Text) <input type="checkbox"/> Unsubscribe (Block Text) </div> <div> <input type="checkbox"/> Unlisted <input type="checkbox"/> Restricted </div> </div> PLEASE SELECT ONE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Residence Phone <input type="checkbox"/> Work Phone </div> <div> <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Extension Phone <input type="checkbox"/> Fax Phone <input type="checkbox"/> Other Phone </div> </div>
PRIMARY E-MAIL ADDRESS: <input type="checkbox"/> Opt Out		SECONDARY E-MAIL ADDRESS: <input type="checkbox"/> Opt Out		
RESIDENTIAL ADDRESS		APT. NO.	CITY	STATE ZIP CODE

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

18A. IS YOUR STUDENT ENTERING THIS SCHOOL DUE TO A NATURAL DISASTER THIS SCHOOL YEAR? <input style="margin-left: 10px;" type="checkbox"/> YES <input style="margin-left: 100px;" type="checkbox"/> NO	
18B. IF YES, PLEASE CHECK THE TYPE OF DISASTER:	
<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	

19. CUSTODY ALERT/COURT ORDER (IF APPLICABLE): <input type="checkbox"/> Y - COURT ORDER OR <input type="checkbox"/> C - CUSTODIAL LEGAL INSTRUMENT		
20. BIRTH VERIFICATION (CHECK ONE) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 1 – CERTIFIED BIRTH CERTIFICATE <input type="checkbox"/> 3 – BAPTISMAL CERTIFICATE WITH DOB AND PLACE OF BAPTISM AND PARENT’S SWORN, NOTARIZED AFFIDAVIT <input type="checkbox"/> 4 – ACTIVE INSURANCE POLICY ON STUDENT IN FORCE AT LEAST TWO YEARS <input type="checkbox"/> 5 – BIBLE RECORDS, WITH PARENT’S SWORN, NOTARIZED AFFIDAVIT <input type="checkbox"/> 6 – PASSPORT OR CERTIFICATE OF ARRIVAL IN THE UNITED STATES (DO NOT COPY THIS DOCUMENT) </div> <div style="width: 48%;"> <input type="checkbox"/> 7 – SCHOOL RECORD, AT LEAST FOUR YEARS PRIOR, SHOWING DATE OF BIRTH <input type="checkbox"/> 8 – PARENT’S SWORN, NOTARIZED AFFIDAVIT WITH CERTIFICATE OF EXAM FROM PHYSICIAN VERIFYING AGE <input type="checkbox"/> T – OUT OF STATE TRANSFER RECORDS OR MSRTS RECORD FOR MIGRANT STUDENT <p style="text-align: center;">NOT VALID FOR <u>INITIAL</u> PRE-K OR KINDERGARTEN</p> </div> </div>		
BIRTH CITY	BIRTH STATE	BIRTH COUNTRY
21. COUNTY OF RESIDENCE	22. RESIDENCY STATUS OF STUDENT (CHECK ONE) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> B – OUT OF COUNTY FLORIDA RESIDENT <input type="checkbox"/> 2 – OUT OF STATE RESIDENT </div> <div style="width: 48%;"> <input type="checkbox"/> 3 – VOLUSIA COUNTY RESIDENT <input type="checkbox"/> 0 – FOREIGN EXCHANGE STUDENT </div> </div>	23. NON-VOLUSIA ZONED SCHOOL (ONLY COMPLETE WHEN #22 IS CODE B)
24A. IS YOUR STUDENT HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	24B. RACE: (CHECK ALL THAT APPLY) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER </div> <div style="width: 48%;"> <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE </div> </div>	
NOTE TO REGISTRAR: IF PARENT SELECTS “YES” ON QUESTION 24A, AT LEAST ONE RACE CODE MUST BE SELECTED		

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
<p>CHECK THE APPROPRIATE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:</p> <p>1) Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2) Did the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3) Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>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</p> <p>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)</p> <p>6) What is the primary language spoken in the home? _____</p> <p>7) What is the native language of the student? _____</p>	
<p>Parent/Legal Guardian's Name _____</p> <p>Parent/Legal Guardian's Signature _____</p>	

SECTION VI
FAMILIES IN TRANSITION
(FILL OUT IF APPLICABLE)

<p>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. <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 TEMPORARILY at night in the home of a relative or friend because of economic necessity.</p>	<p>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.</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>26C. TRANSITION OR HOMELESS CAUSE (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></td> </tr> <tr> <td><input type="checkbox"/> F – Natural Disaster – Flooding</td> <td><input type="checkbox"/> P – Pandemic (Major)</td> </tr> <tr> <td><input type="checkbox"/> H – Natural Disaster – Hurricane</td> <td><input type="checkbox"/> S – Natural Disaster – Tropical Storm</td> </tr> <tr> <td><input type="checkbox"/> M – Mortgage Foreclosure</td> <td><input type="checkbox"/> T – Natural Disaster – Tornado</td> </tr> <tr> <td></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"/> F – Natural Disaster – Flooding	<input type="checkbox"/> P – Pandemic (Major)	<input type="checkbox"/> H – Natural Disaster – Hurricane	<input type="checkbox"/> S – Natural Disaster – Tropical Storm	<input type="checkbox"/> M – Mortgage Foreclosure	<input type="checkbox"/> T – Natural Disaster – Tornado		<input type="checkbox"/> W – Natural Disaster – Wildfire or Fire
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<input type="checkbox"/> M – Mortgage Foreclosure	<input type="checkbox"/> T – Natural Disaster – Tornado												
	<input type="checkbox"/> W – Natural Disaster – Wildfire or Fire												
<p>26D. HOMELESS UNACCOMPANIED YOUTH</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>27. FOSTER CARE STATUS: IS THE STUDENT CURRENTLY IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>													

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):

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

34. 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	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> PI – Physical Impairment	__ / __ / __	<input type="checkbox"/>
Hyperactivity Disorder			<input type="checkbox"/> PR – Pregnancy	__ / __ / __	<input type="checkbox"/>
<input type="checkbox"/> CF – Cystic Fibrosis	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> RC – See School Records	__ / __ / __	<input type="checkbox"/>
<input type="checkbox"/> CP – Cerebral Palsy	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> RH – Rh. Negative Blood	__ / __ / __	<input type="checkbox"/>
<input type="checkbox"/> DI – Diabetes	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> SC – Scoliosis	__ / __ / __	<input type="checkbox"/>
<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	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> SP – Speech Impairment	__ / __ / __	<input type="checkbox"/>
Condition			<input type="checkbox"/> UR – Urological Condition	__ / __ / __	<input type="checkbox"/>
<input type="checkbox"/> HE – Hearing Impairment	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> VI – Visual Impairment	__ / __ / __	<input type="checkbox"/>
<input type="checkbox"/> HG – Hypoglycemia	__ / __ / __	<input type="checkbox"/>	<input type="checkbox"/> NONE OF THE ABOVE		<input type="checkbox"/>

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

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

Online SIS Form Owner: Student Services #: D264.0002.0325 Revised: 3/2025
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