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 16thst- 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 √[†] www.rmaflorida.org

*Please print and complete one (1)

	Grade Applying for 2	.025-2026: (circle one) 9 th 10 th 1	L1 th 12 th
	Student Information	:	
Student Nam	· · · · · · · · · · · · · · · · · · ·		
Na a confici	Last	First	Middle
Name Called		Date of Birth	
Current Scho		C'I	Class
	Name	City	State
Physical Add	ress Street	City	State Zip
Mailing Addr		City	State Lip
viaiiiig / taai	Street	City	State Zip
rimary Ema	il Address <i>(please print clearly)</i>		
How do you	wish to receive confirmation th	nat your application was received? (choose one	US Mail or Email
		, , ,	
Family and	d Contact Information:		
	dian's Name	Parent/Guardian's Name	
Parent/Guard	dian's Name	Parent/Guardian's Name _ Work Number	
Parent/Guard Work numbe	dian's Nameer	Parent/Guardian's Name _ Work Number _ Cell Number	
Parent/Guard Work number Cell Number	dian's Nameer	Work Number	
	dian's Nameer	Work Number Cell Number	
Parent/Guard Work numbe Cell Number Home Numb	dian's Nameer	Work Number Cell Number Home Number	
Parent/Guard Work number Cell Number Home Numb Relationship Child live wit	dian's Name er oer th	Work Number Cell Number Home Number Relationship Child live with	
Parent/Guard Work number Cell Number Home Numb Relationship	dian's Nameer er ber th Is the Student a child of a Fo	Work Number Cell Number Home Number Relationship Child live with ounder, teacher, or staff member of RMA?	
Parent/Guard Work number Cell Number Home Numb Relationship Child live wit	dian's Nameer er ber th Is the Student a child of a Fo	Work Number Cell Number Home Number Relationship Child live with	
Parent/Guard Work number Cell Number Home Numb Relationship Child live wit	dian's Name er per th Is the Student a child of a Fo Founder, teacher, or staff m	Work Number Cell Number Home Number Relationship Child live with ounder, teacher, or staff member of RMA? nember's name (if applicable):	
Parent/Guard Work number Cell Number Home Numb Relationship Child live wit	dian's Name er ch Is the Student a child of a Fo Founder, teacher, or staff m Does the Student have any s	Work Number Cell Number Home Number Relationship Child live with cunder, teacher, or staff member of RMA? member's name (if applicable): siblings attending RMA?	
Parent/Guard Work number Cell Number Home Numb Relationship Child live wit	dian's Name er per th Is the Student a child of a Fo Founder, teacher, or staff m	Work Number Cell Number Home Number Relationship Child live with cunder, teacher, or staff member of RMA? member's name (if applicable): siblings attending RMA?	
Parent/Guard Work number Cell Number Home Numb Relationship Child live wit	dian's Name er ch Is the Student a child of a Fo Founder, teacher, or staff m Does the Student have any s Name of sibling(s) (if application	Work Number Cell Number Home Number Relationship Child live with cunder, teacher, or staff member of RMA? member's name (if applicable): siblings attending RMA?	

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	



SCHOOL NAME:

Student Enrollment Form

2025-2026

SCHOOL USE O	NLY
ENTRY DATE	
ENTRY CODE	
	DATE RECORDS REQUESTED
CURRENT GRA	DE LEVEL

STUDENT ID:

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

TO BE FILLED OUT BY SCHOOL PERSONNEL SCHOOL FACILITY NUMBER:

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 LE	GAL MIDDLE NAME	STUDENT'S LEGAL LAST NAME	JR./SR./ETC	PREFERRED NAME*					
2. GENDER: M-MALE F-FEMALE		3. BIRTH DATE: M	ONTH DAY YEAR	4. SOCIAL SEC	URITY NUMBER **					
5. RESIDENTIAL ADDRESS OF STUDENT (HOUSE NO., DIRECTIO	N, 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 ***	8. PUBLISH/PE	RMISSION DIRECTORY	INFORMATION AND MEDIA RELEAS	SE: (PUBLISHED INFORMATIO	N NOT SHARED UNLESS FOR					
	EDUCATIONAL	PURPOSES)								
	DIRECTORY INI	FORMATION:								
PLEASE SELECT AT LEAST ONE:		LEASE ALL DIRECTORY	INFORMATION							
) NOT RELEASE MY CHI								
Restricted) NOT RELEASE MY CHI								
Unlisted			OF MY CHILD'S DIRECTORY INFORM	MATION						
☐ Call out (Receive Calls)			OF MY CHILD'S DIRECTORY INFORM		OOK BURUCATION					
Opt Out (Block Calls)	— C-NO, DC	O NOT KELLASE ANT C	OF WIT CHIED 3 DIRECTORT INFORM	IATION EXCEPTION TEAMS	JOR PUBLICATION					
SMS (Receive Text)	PERMISSION '	TO PHOTO/VIDEO/AI	UDIO:							
☐Unsubscribe (Block Text)		LOW PHOTO, VIDEO, A								
		O NOT ALLOW PHOTO,								
	-	•								
			oto/video will not allow community cord, or interview my child	organizations or members	of the news media to					
	photograph, v	iaco recora, addio rei	cora, or ancerview my chila							

^{*(}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	JARDIAN'S LAST N	JR./SR./ETC.			
TAKENT/GOARDIAN									
RELATIONSHIP: MOT	HER 🗖 FATHER	STUDENT RESIL	DES WITH THIS	CUSTODY: *	EMERGEN		ACCESS TO STUI RECORDS: *	DENT	PICK UP: *
GUARDIAN		PERSON: *	_	□YES □ NO	YES	□ NO	YES	NO	YES
		☐ YES ☐	NO						□ NO
PHONE NUMBER - CALL	ORDER 1		PHONE NUMBER - C	ALL ORDER 2 (OPTIONAL)		PHONE NUMB	ER - CALL ORDER 3	(OPTIONA	L)
()		_	()			()			_
PLEASE SELECT AT LEAST	ONE:		PLEASE SELECT AT LEA	AST ONE:		PLEASE SELECT	AT LEAST ONE:		
Call Out (Receive Cal	ls) Unlis	ted	Call Out (Receive	e Calls) Unlisted		☐Call Out (Receive Calls) ☐ Unlisted			ted
Opt Out (Block Calls)	·		Opt Out (Block C	·		Opt Out (B		Restr	icted
SMS (Receive Text)			SMS (Receive Te		SMS (Receive Text)				
Unsubscribe (Block T	-avt)		Unsubscribe (Blo	·					
onsubscribe (block)	CAC		onsussense (ble	ock rexty		crisusseria	e (Block Text)		
PLEASE SELECT ONE:			PLEASE SELECT ONE:			PLEASE SELECT	One:		
_	_		_	-				_	
Primary Phone		ate Phone	Primary Phone	Alternate P		Primary Ph			ate Phone
Secondary Phone	Home		Secondary Phone			Secondary		Home	
Cell Phone	_	ion Phone	Cell Phone	Extension Pl	none	Cell Phone		_	ion Phone
Residence Phone	Fax Pho	-	Residence Phone	_		Residence		Fax Pho	
☐ Work Phone	Other	Phone	Work Phone	Other Phone		☐Work Phor	e	Other P	hone
PRIMARY E-MAIL ADDRES	ss:	По	pt Out	SECONDARY E-MAIL ADDRES	ECONDARY E-MAIL ADDRESS:				

^{*}If parent should be restricted, legal documents required

10. CONTACT ID: 02 PARENT/GUARDIAN	LEGAL GUARDIAN'	S FIRST NAME		MIDDLE NAI	MIDDLE NAME LEGAL GUARDIAN'S LAST			AN'S LAST NAME		JR./SR./ETC.
RELATIONSHIP: MOT	THER FATHER		IDES WITH THIS	CUSTODY: *		EMERGE	_	ACCESS TO STUDE	NT	PICK UP: *
GUARDIAN		PERSON: *	□ NO	YES	□ NO	YES	□ NO	YES N	0	□ _{YES}
PHONE NUMBER - CALL	ORDER 1		PHONE NUMBER - CA	ALL ORDER 2 (C	PTIONAL)		PHONE NUMB	ER - CALL ORDER 3 (OPTIONA	AL)
()			()				()			
PLEASE SELECT AT LEAST	ONE:		PLEASE SELECT AT LEA	AST ONE:			PLEASE SELECT	AT LEAST ONE:		
Call Out (Receive Ca			Call Out (Receive	٠.	Unlisted		Call Out (Re		Unli	
Opt Out (Block Calls	Rest	ricted	Opt Out (Block Ca	•	Restricted		Opt Out (BI		Rest	ricted
Unsubscribe (Block	Text)		Unsubscribe (Blo				SMS (Receive Text) Unsubscribe (Block Text)			
PLEASE SELECT ONE:			PLEASE SELECT ONE:				PLEASE SELECT	ONE:		
Primary Phone	Alter	rnate Phone	Primary Phone	l	Alternate Pho	one	Primary Ph	one	□Alter	rnate Phone
Secondary Phone	Hom	ne Phone	Secondary Phone	·	Home Phone		Secondary		Hom	ne Phone
Cell Phone		sion Phone	Cell Phone		Extension Pho	one	Cell Phone		_	sion Phone
Residence Phone	☐ Fax Ph		Residence Phone	_	Fax Phone		Residence	_	Fax Ph	
☐Work Phone	Other	Phone	Work Phone	L	Other Phone		☐Work Phon	e L	Other	Phone
PRIMARY E-MAIL ADDRE	ss:		Opt Out	SECONDAR	Y E-MAIL ADDRES	ss:		□Opt C	ut	
5. RESIDENTIAL ADDRES	SS (IF DIFFERENT THA	N STUDENT)		APT. NO.	CITY			STATE	ZIP	CODE

^{*} If parent should be restricted, legal documents required

11. CONTACT ID: 03	FIRST NAME			MIDDLE	DDLE NAME LAST NAM		AST 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 T	HIS PERSON:	EMERGENC			ACCESS TO STUDEN		:			
YES NO		YES	□ NO		YES NO			□YES □	NO	
PHONE NUMBER - CALL	ORDER 1	PI	HONE NUMBER - 0	CALL ORDER	R 2 (OPTIONAL)		PHONE NUMBER	- CALL ORDER 3 (OF	TIONAL)	
()		-	()				()			
PLEASE SELECT AT LEAST (One:	P	LEASE SELECT AT LE	EAST ONE:			PLEASE SELECT AT	LEAST ONE:		
Call Out (Receive Call Opt Out (Block Calls) SMS (Receive Text) Unsubscribe (Block T	ls) ☐ Unlisted ☐ Restricted		Call Out (Receive To State (Block (Bursubscribe (Bl	e Calls) Calls) ext)	Unlisted Restricted		Call Out (Receive SMS (Receive Unsubscribe (eive Calls) [Ck Calls) [Check Calls] [Check Calls]	Unlisted Restricted	
PLEASE SELECT ONE:		P	LEASE SELECT ONE	:			PLEASE SELECT ON	NE:		
Primary Phone	☐Alternate P	hone [Primary Phone		☐Alternate Ph	ione	Primary Phon	е [Alternate Phone	
Secondary Phone	Home Phor	ne L	Secondary Phor	ne	Home Phone	e	Secondary Ph	one	Home Phone	
Cell Phone	Extension Pl	none [Cell Phone		Extension Pho	one	Cell Phone		Extension Phone	
Residence Phone	Fax Phone		Residence Phon	e	Fax Phone		Residence Ph	_	Fax Phone	
└ Work Phone	UOther Phone		Work Phone		Other Phone		☐Work Phone	Ц	Other Phone	
PRIMARY E-MAIL ADDRES	s:	Opt	Out	SECONE	DARY E-MAIL ADDRES	ss:		Opt Out		
RESIDENTIAL ADDRESS				APT. NO.	CITY			STATE	ZIP CODE	

12. CONTACT ID: 04	FIRST NAME		MI	DDLE NAM	DLE NAME LAST NAME		E		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 T	THIS PERSON:	EMERGENCY:		ACC	YES OSTUDENT		:	11011011		
YES NO		LLYES LL N	0		YES LINU			□ _{YES}	□ NO	
PHONE NUMBER - CALL	ORDER 1	PHONE N	UMBER - CALL O	RDER 2 (OPTIONAL)		PHONE NUMBER	- CALL ORDER 3 (OP	TIONAL)	
()		()				()			
PLEASE SELECT AT LEAST	One:	PLEASE SE	ELECT AT LEAST O	NE:			PLEASE SELECT AT	LEAST ONE:		
Call Out (Receive Ca	lls) Unlisted	□ Call O	ut (Receive Calls	;)	Unlisted		Call Out (Rece	eive Calls)	Unlisted	
Opt Out (Block Calls)	<u>—</u>		ut (Block Calls)		Restricted		Opt Out (Bloc	<u> </u>	Restricted	
SMS (Receive Text)		□sms (Receive Text)				SMS (Receive	Text)		
Unsubscribe (Block	Γext)	Unsul	oscribe (Block Te	ext)			Unsubscribe (Block Text)		
PLEASE SELECT ONE:		PLEASE SE	LECT ONE:				PLEASE SELECT ON	NE:		
Primary Phone	☐Alternate P	hone Prima	ry Phone		Alternate Ph	one	Primary Phon	е [Alternate Phone	
Secondary Phone	Home Phor	ne Secon	dary Phone		Home Phone	2	Secondary Ph	one [Home Phone	
Cell Phone	Extension Pl	none Cell P	none	_	Extension Pho	one	Cell Phone		Extension Phone	
Residence Phone	Fax Phone		ence Phone		Fax Phone		Residence Ph	one \square	Fax Phone	
Work Phone	Other Phone	LIWork	Phone	L	Other Phone		Work Phone	Ц	Other Phone	
PRIMARY E-MAIL ADDRES	ss:	Opt Out	SEC	CONDAR	Y E-MAIL ADDRES	s:		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	MONTH D	AY YEAR	145	. HAS YOUR STUDENT EVER E	DEEN DETA	INED? YES NO	
(From previous school)	/	/		. HAS YOUR STUDENT EVER E es, in what grade?	BEEN RETA	INED? I YES I NO	
15. HAS YOUR STUDENT EVER ATTE	NDED A FLORIDA SCHOOL?	yes 🔲 no	If ye	es, what county?			
16. HAS YOUR STUDENT EVER ATTE	NDED A VOLUSIA COUNTY PUBL	с scноог?	If ye	es, please list the name o	of the sch	nool and the year(s) attended.	
17. HAS YOUR STUDENT EVER BEEN	ENROLLED OR RECEIVED SERVIC	ES IN ONE OR MORE OF THE F	OLLOV	VING (check all that app	ly)?		
SPEECH	ESOL/ELL	GIFTED .	504	☐ ESE			
			_				
18A.IS YOUR STUDENT ENTERING T 18B.IF YES, PLEASE CHECK THE TYP		DISASTER THIS SCHOOL YEAR	? ∐	YES NO			
		г	_				
MOVED INTO DISTRICT DUE TO	EARTHQUAKE	L	CH	IANGED SCHOOL IN DISTRICT	DUE TO HI	URRICANE	
MOVED INTO DISTRICT DUE TO	ANOTHER TYPE HAN HURRICANE OR EARTHQUAK		□ мс	OVED INTO DISTRICT DUE TO I	HURRICAN	E	
CHANGED SCHOOL IN DISTRICT		-					
CHANGED SCHOOL IN DISTRICT	DUE TO EARTHQUAKE						
		SECTION GENERAL DEN		APHICS			
19. CUSTODY ALERT/COURT ORDER	R (IF APPLICABLE):	Y - COURT ORDER OR	C - CL	JSTODIAL LEGAL INSTRUMEN	IT		
20. BIRTH VERIFICATION (CHECK OF	NE)						
1 – CERTIFIED BIRTH CERTIFICA	TF			7 - SCHOOL RECORD.	. AT I FAST	FOUR YEARS PRIOR, SHOWING DATE OF BIRTH	
3 – BAPTISMAL CERTIFICATE WI			8 – PARENT'S SWORN, NOTARIZED AFFIDAVIT WITH CERTIFICATE OF EXAM				
	ORN, NOTARIZED AFFIDAVIT		FROM PHYSICIAN VERIFYING AGE				
4 – ACTIVE INSURANCE POLICY	ON STUDENT IN FORCE AT LEAST	TWO YEARS		☐ T – OUT OF STATE TRA	ANSFER RE	CORDS OR MSRTS RECORD FOR MIGRANT STUDENT	
5 – BIBLE RECORDS, WITH PARE	NT'S SWORN NOTARIZED AFFIDA	WIT				-K OR KINDERGARTEN	
6 – PASSPORT OR CERTIFICATE	·		MENT)	=	THE THE	N ON NINDENGANIEN	
BIRTH CITY	ВІ	RTH STATE			BIRTH COL	JNTRY	
21. COUNTY OF RESIDENCE	22. RESIDENCY STATUS OF ST	JDENT (CHECK ONF)			1	23. NON-VOLUSIA ZONED SCHOOL	
	□B – OUT OF COUNTY FLOR	` <u>-</u>	DI LICIA	COUNTY RESIDENT		(ONLY COMPLETE WHEN #22 IS CODE B)	
	2 – OUT OF STATE RESIDEN			EXCHANGE STUDENT		,	
24a. IS YOUR STUDENT HISPANIC O		24B. RACE: (CHECK A					
YES NO	· · · · · · · ·	WHITE		BLACK OR AFRICA	AN AMERIC	CANI	
— IL3				_			
		ASIAN		AMERICAN IND	IAN OR AL	ASKA NATIVE	
	TO DECISTO A D. 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			OTHER PACIFIC ISLANDER	DE CE: ===	-n	
<u>NOTE</u>	TO REGISTRAR: IF PARENT SELEC	.15 YES ON QUESTION 24A	, AT L	EAST ONE RACE CODE MUST	RF ZEFECLI	<u>ਘ</u>	

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 PA	RENT/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?									
3) Does the student most frequently speak a language other than English?									
4) Was the student born in a country other than the United States (U.S.) or Puerto Rico? 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									
FAMILIES IN (FILL OUT IF A									
26a. Families in transition — Chapter 1003.21, F.S., States that homeless students	26B. PRIMARY NIGHT RESIDENCE — IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING HOUSING								
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	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.								
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.	■ 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.								
Student/youth sleeps at night in a motel, trailer, or campground.	D – Student/youth has as their primary night residence living in cars, parks, temporary trailer parks or campgrounds								
Student/youth sleeps at night in a shelter, e.g., homeless, runaway, domestic abuse, abuse.	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								
Student/youth sleeps TEMPORARILY at night in the home of a relative or friend	accommodation for human beings or similar settings.								
because of economic necessity.	☐ 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	se of homelessness)								
☐ D – Man-made Disaster (Major) ☐ N – Other – i.e., lack of	affordable housing, long-term poverty, unemployment, or underemployment,								
E – Natural Disaster – Earthquake lack of affordable heal	th care, mental illness, domestic violence, forced eviction, etc.								
F – Natural Disaster – Flooding P – Pandemic (Major)									
H – Natural Disaster – Hurricane	Tropical Storm								
☐ M – Mortgage Foreclosure ☐ 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								

□ NO

☐ YES

or guardian and lives in one of the housing situations listed above?

27. FOSTER CARE STATUS: IS THE STUDENT CURRENTLY IN FOSTER CARE?

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.									
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?									
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 IVCS000004									

SECTION IX

		CONDITIO	N3		
33A. DOES YOUR STUDENT HAVE A LII 33B. IF YES, PLEASE INDICATE WHETHI		YES NO	cal Alort Poquirod)		
(Please check all that apply		THE FOLLOWING (IVIEGIO	cai Alert Required)		
A – Asthma Inhaler	D - Diastat	☐ E – Epi-Pen	☐ I – Insulin Injection	☐ S – Solu-Cortef Injection	
34. HEALTH CONDITIONS: Please ch					
	,	, , ,	,	•	
CONDITION TYPE	CONDITION DATE	MED. REQ.?	CONDITION TYPE	CONDITION DATE	MED. REQ.?
AA – Allergy-Aspirin			HM – Hemophilia		
☐ AB – Allergy Insect Bites			☐ HN – Hernia		
☐ AC – Allergy-Iodine	/ /		☐ HR – Heart Disease	/ /	
AD – Allergy-Penicillin			☐ HY – Hypertension		
AE – Allergy-Sulfa	1 1		☐ KI – Kidney Disease		
		_			_
AF – Allergy-Other	/ /		LE – Leukemia	1 1	
☐ AG – Allergy-Nuts	1 1		MA – Medical Alert		П
AI – Adrenal Insufficiency		Ē	MD – Muscular Dystroph		$\overline{\Box}$
AN – Anemia		Ä	MO – Motor Impairment	-	H
<u> </u>			•		П
AR – Anaphylactic Reaction			MU – Multiple Health Pr		
AS – Asthma			PA – Physical Developme		_
AT – Attention Deficit			PI – Physical Impairmer		
Hyperactivity Disorder		_	PR – Pregnancy		
CF – Cystic Fibrosis			RC – See School Records		
CP – Cerebral Palsy			RH – Rh. Negative Blood		
DI – Diabetes		╚	\square SC – Scoliosis	/_/	Ш
☐ EA – Ear Infection-Repeated			SD – Seizure Disorder	/_/	
☐ EP – Epilepsy			SI – Sickle Cell	/_/	
GA – Gastrointestinal			SP – Speech Impairment	/_/	
Condition			UR – Urological Conditio	n	
☐ HE – Hearing Impairment			☐ VI – Visual Impairment	/_/	
☐ HG – Hypoglycemia			□ NONE OF THE ABO	VE	
CONDITION NOTES:					
		SECTION	x		
254006 07/4\/-\		TE TO REGISTRAR: NO DA			
35. LAW 1006.07(1)(B) F.S. REQUIR JUVENILE JUSTICE ACTIONS THE STUDE		L TIME OF REGISTRATION	FOR SCHOOL. ANY PREVIOUS SCHOOL	EXPULSIONS, ARRESTS RESULTING IN A CHA	RGE AND
PLEASE INITIAL THE FOLLOWING:	NT HAS HAD.				
HAS YOUR STUDENT EVER BEEN:					
	M A PREVIOUS SCHOOL R ARREST WHICH RESULTED IN A CHAI	DCE.			
	A JUVENILE PROGRAM	NGE			
YESNO SUSPENDED FE	ROM A PREVIOUS SCHOOL				
YESNO REFERRED FOR	MENTAL HEALTH SERVICES				
FLA CTATUTE 927 OC	NAMES A SALCE CENTER OF THE SALCE CENTER OF TH	F IN MORTING W	NITENIT TO MICLEAR A RUSTING CONT.	F IN THE DEPENDENT OF THE COLUMN	ITV CUA ·· · =
GUILTY OF A MISDEMEANOR OF THE SEC				F IN THE PERFORMANCE OF HIS OFFICIAL DU	JIY SHALL B
	THE INFORMATION GIVEN BY N	ME ON THIS FORM IS TRUE	AND CORRECT TO THE BEST OF MY KN	OWLEDGE	
SIGNATURE (PARENT/LEGAL GUARDIA	n)		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/Envi	
B – Alternative Hours/Pre-K PM	F– Multi-VE		iame 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 DH-680 40. IMMUNIZATION STATUS			
TO INMINUTE AT ION			
□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 – Adolescent Vaccine Requirement Met			
X – Enrolled in Juvenile Justice program fewer than 31 days			
□3 – Permanent Medical Exemption for any activity and for whom no other code applies			
☐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			
MONTH DAY YEAR			
Y – School Entry Health Examination Certified		/ /	
R - Religious			
T - Transfer from another Florida School without a health exam record.			
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) Untside the United States (E09) Ut of Florida Public School (E2A)			
Out of Florida Private School (E3A) Out of Florida Home Schooling (E4A)			
43. GRADE 44. ENROLLMENT DATE	45. ENROLLMENT 46A. PRIOR DISTRICT (COUNTY) 46B.PRIOR STATE	46c. PRIOR COUNTRY
LEVEL MONTH DAY YEAR	CODE		
47. FLORIDA ID (ALIAS)	48. ASSIGNMENT/VARIANCE CODE	49. HOMEROOM	
, ,	,		