



# Student Entry Form

## 2020-2021

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

**Vision Statement: Ensuring all students receive a superior 21<sup>st</sup> century education**

<b>SCHOOL NAME:</b>	<b>SCHOOL FACILITY NUMBER:</b>	<b>STUDENT ID:</b>
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**INSTRUCTIONS:** Welcome to the School District of Volusia County. Please complete the SHADED areas of this six page form. Please print clearly using a pen. Thank you.

**SECTION I**

**ADD A STUDENT/GENERAL DEMOGRAPHICS**

<b>1. CHILD'S LEGAL FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>CHILD'S LEGAL LAST NAME</b>	<b>JR./SR./ETC</b>	<b>NICKNAME</b>
<b>2. GENDER:</b> <input type="checkbox"/> M – MALE <input type="checkbox"/> F – FEMALE		<b>3. BIRTH DATE:</b> MO. DAY YEAR		<b>4. SOCIAL SECURITY NUMBER *</b>
<b>5. RESIDENTIAL ADDRESS OF STUDENT</b> (HOUSE NO., DIRECTION, STREET NAME)			APT. NO.	CITY
			STATE	ZIP CODE
<b>6. MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL</b>			APT. NO.	CITY
			STATE	ZIP CODE
<b>7. PHONE NUMBER (PRIMARY) (CONTACT 1)</b> UNLISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>8. PUBLISH/PERMISSION DIRECTORY INFORMATION:</b> (PUBLISHED INFORMATION NOT SHARED UNLESS FOR EDUCATIONAL PURPOSES) <input type="checkbox"/> Y – YES <input type="checkbox"/> A – NO ADDRESS (STUDENT PERMISSIONS) <input type="checkbox"/> N – NO PHONE AND ADDRESS <input type="checkbox"/> X – NO. MEMBER OF LAW ENFORCEMENT <input type="checkbox"/> P – NO PHONE		

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

**SECTION II**

**ADDRESSES AND CONTACTS**

<b>9. CONTACT ID: 01</b> GUARDIAN	LEGAL GUARDIAN'S FIRST NAME	MIDDLE NAME	LEGAL GUARDIAN'S LAST NAME	JR./SR./ETC.
<b>RELATIONSHIP:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN		<b>STUDENT RESIDES WITH THIS PERSON:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>CUSTODY:</b> <input type="checkbox"/> YES
		<b>EMERGENCY:</b> <input type="checkbox"/> YES	<b>PICK UP:</b> <input type="checkbox"/> YES	<b>CONTACT HAS ACCESS TO STUDENT RECORDS:</b> <input type="checkbox"/> YES
<b>LEGAL GUARDIAN'S OCCUPATION (MIGRANT)</b>		<b>EMPLOYER'S NAME</b>		<b>**PRIMARY PHONE (VCS CONNECT USE)</b>
				<b>**SECONDARY PHONE (VCS CONNECT USE)</b>
<b>WORK PHONE (EXTENSION)</b>		<b>CELLULAR PHONE</b>		<b>RESIDENCE PHONE</b> UNLISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PRIMARY E-MAIL ADDRESS:</b>				
<b>9A STUDENT ACCESS PASSCODE (OPTIONAL) (CLASSIFIED)</b>				

<b>10. CONTACT ID: 02</b> GUARDIAN	LEGAL GUARDIAN'S FIRST NAME	MIDDLE	LEGAL GUARDIAN'S LAST NAME	JR./SR./ETC.
<b>RELATIONSHIP:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN		<b>STUDENT RESIDES WITH THIS PERSON:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>CUSTODY:</b> <input type="checkbox"/> YES
		<b>EMERGENCY:</b> <input type="checkbox"/> YES	<b>PICK UP:</b> <input type="checkbox"/> YES	<b>CONTACT HAS ACCESS TO STUDENT RECORDS:</b> <input type="checkbox"/> YES
<b>LEGAL GUARDIAN'S OCCUPATION (MIGRANT)</b>		<b>EMPLOYER'S NAME</b>		<b>**PRIMARY PHONE (VCS CONNECT USE)</b>
				<b>**SECONDARY PHONE (VCS CONNECT USE)</b>
<b>WORK PHONE (EXTENSION)</b>		<b>CELLULAR PHONE</b>		<b>RESIDENCE PHONE</b> UNLISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PRIMARY E-MAIL ADDRESS:</b>				

<b>11. RESIDENCE/MAILING ADDRESS (IF DIFFERENT THAN STUDENT)</b>	APT. NO	CITY	STATE	ZIP CODE
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**\*\*The Primary Phone will be used for VCS Connect calls. If your cellular phone is your primary phone, please enter the phone number in both the primary phone field and cellular phone field. A secondary phone number should be included for parents/guardians living in separate locations.**

(CONTACTS CONTINUED)

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

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

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

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

<b>19. STUDENT TRANSFERRING FROM (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>20. GRADE LEVEL</b>	<b>21. ENROLLMENT DATE</b> MONTH DAY YEAR	<b>22. ENROLLMENT CODE</b>	<b>22A. PRIOR DISTRICT (COUNTY)</b>	<b>22B. PRIOR STATE</b>	<b>22C. PRIOR COUNTRY</b>
<b>23. FLORIDA ID</b>		<b>24. ASSIGNMENT/VARIANCE CODE</b>		<b>25. HOMEROOM</b>	
<b>26. 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>27A. DATE WITHDRAWN</b> (From previous school) MONTH DAY YEAR			<b>27B. HAS YOUR CHILD EVER BEEN RETAINED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what grade?		
<b>28. HAS YOUR CHILD EVER ATTENDED A FLORIDA SCHOOL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, what county?		
<b>29. HAS YOUR CHILD 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>30. HAS YOUR CHILD EVER BEEN ENROLLED OR RECEIVED SERVICES IN ONE OR MORE OF THE FOLLOWING (check all that apply)?</b>					
<input type="checkbox"/> SPEECH		<input type="checkbox"/> ESOL		<input type="checkbox"/> GIFTED	
		<input type="checkbox"/> 504		<input type="checkbox"/> SPECIAL EDUCATION	

<b>31A. EDUCATIONAL CHOICE?</b> <input type="checkbox"/> C – FROM SCHOOL FAILED AYP (SCHOOL USE ONLY) <input type="checkbox"/> Z – NOT APPLICABLE
<b>31B. IS YOUR CHILD ENTERING THIS SCHOOL DUE TO A NATURAL DISASTER THIS SCHOOL YEAR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>31C. IF YES, PLEASE LIST THE TYPE OF DISASTER:</b>
<input type="checkbox"/> B – MOVED INTO DISTRICT FROM OUT OF STATE DUE TO OIL SPILL
<input type="checkbox"/> W – CHANGED SCHOOL IN DISTRICT DUE TO HURRICANE
<input type="checkbox"/> E – MOVED INTO DISTRICT DUE TO EARTHQUAKE
<input type="checkbox"/> Y – MOVED INTO DISTRICT DUE TO HURRICANE
<input type="checkbox"/> Q – CHANGED SCHOOL IN DISTRICT DUE TO EARTHQUAKE
<input type="checkbox"/> Z – DID NOT MOVE DUE TO NATURAL DISASTER

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

<b>32. CUSTODY ALERT/COURT ORDER:</b> <input type="checkbox"/> Y - COURT ORDER OR <input type="checkbox"/> C - DIVORCE PAPERS (CUSTODIAL LEGAL INSTRUMENT)		
<b>33. 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 AND CERTIFICATE OF EXAMINATION FROM HEALTH OFFICER/PHYSICIAN VERIFYING AGE	
<input type="checkbox"/> 4 – LIFE INSURANCE POLICY ON CHILD IN FORCE AT LEAST TWO YEARS	<input type="checkbox"/> T – OUT OF STATE TRANSFER RECORDS OR MSRTS	
<input type="checkbox"/> 5 – BIBLE RECORDS AND PARENT’S SWORN, NOTARIZED AFFIDAVIT	<b>NOT VALID FOR 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>34. BIRTH PLACE (CITY OF BIRTH)</b>	<b>BIRTH STATE</b>	<b>BIRTH COUNTRY</b>
<b>35. COUNTY OF RESIDENCE</b>	<b>36. RESIDENCY STATUS OF STUDENT (CHECK ONE)</b>	<b>37. NON-VOLUSIA ZONED SCHOOL</b> (ONLY COMPLETE WHEN #36 IS CODE 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>38A. IS YOUR CHILD HISPANIC OR LATINO?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>38B. 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 38A, AT LEAST ONE RACE CODE MUST BE SELECTED</b>	





CONDITION TYPE (CONTINUED)	CONDITION DATE	MED. REQ.?	CONDITION TYPE (CONTINUED)	CONDITION DATE	MED. REQ.?
<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 – Gastro Intestinal	_____	<input type="checkbox"/>	<input type="checkbox"/> SP – Speech Impairment	_____	<input type="checkbox"/>
Condition			<input type="checkbox"/> UR – Urological Condtion	_____	<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		

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 CHILD EVER BEEN:

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

SECTION 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	
<p>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.</p>			

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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