

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 2003-04 July 1, 2003
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<b>Element Name:</b> District Number, Where Discipline/Referral Action Occurred							
<b>Definition/Domain</b>							
<p>The two-digit number for the current school district or other agency where the student was disciplined one or more times during the school year. The district number will be associated with the corresponding Disciplinary/Referral Action Code.</p> <p>See Appendix C: District Name Table</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <thead> <tr> <th style="text-align: center; padding: 5px;"><u>CODE</u></th> <th style="text-align: center; padding: 5px;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><b>01-76</b></td> <td style="padding: 5px;">State assigned number for school district or other agency.</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>99</b></td> <td style="padding: 5px;">Other than Florida public school</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	<b>01-76</b>	State assigned number for school district or other agency.	<b>99</b>	Other than Florida public school
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<b>01-76</b>	State assigned number for school district or other agency.						
<b>99</b>	Other than Florida public school						
<b>Length:</b> 2	<b>Grades and Programs Requiring This Data Element:</b>						
<b>Format:</b> Numeric	All programs Grade PK-12						
<b>Compatibility Requirement:</b> Compatible							
<b>Use Types:</b> <input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> F.A.S.T.E.R.	<b>State Reporting Formats Requiring This Data Element:</b> None						
<b>Data Element Number:</b> 115628	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9						
<b>Revised:</b> 01/04	<b>Volume I      Effective:</b> 7/04 <b>Page Number:</b> 61-6						