



# Yulee Primary School

86426 Goodbread Road  
Yulee, FL 32097  
(904) 225-9711

\_\_\_\_\_ Proof of residency (1 of the items listed below; current within 30 days)

- Current utility bill in your name (Gas, Electric, Water, Landline Phone, Trash)
- Current lease or rental agreement (with Landlord's name, address & phone)
- Mortgage payment, closing paperwork, or mortgage payment statement
- Residence insurance statement
- Notarized out of school zone paperwork (must be approved by NCSD prior to enrollment)

\_\_\_\_\_ Florida driver's license matching current address (or military ID)

\_\_\_\_\_ Legal guardianship documents (if applicable) (required for all guardians)

\_\_\_\_\_ Completed student registration packet

\_\_\_\_\_ Original birth certificate (from Vital Statistics Office)

\_\_\_\_\_ Original Social Security card (optional)

\_\_\_\_\_ Immunization Record (**form DH 680**)

\_\_\_\_\_ Florida physical (**form DH 3040**)

\_\_\_\_\_ IEP/504/Speech/Gifted paperwork (if applicable)

\_\_\_\_\_ Report card (most recent)

\_\_\_\_\_ Prior school records (if available)

**\*\*\* If you are a "Family in Transition" and cannot provide a "proof of residency", please contact the Guidance Office at Yulee Primary.**

Kerri Boatright, Principal  
Tracy Miller, Asst. Principal  
Sandra Boatwright, Secretary/Bookkeeper

Kathy Dubberly, Guidance Counselor  
Angela Lawson, Guidance Counselor  
Sherry McKimm, Data

# YULEE PRIMARY SCHOOL

86426 Goodbread Drive Yulee, Florida 32097 • Phone: 904-225-9711 • Fax: 904-225-8269

April 20, 2022

Dear Parents/ Guardians,

As you may know, for several years now, Florida voters have instituted a class size limit for K-12 students. Once school begins and we turn in our official student counts, it will likely be necessary for us to reassign some students to a new classroom to meet the mandatory Florida Class Size Amendment Law.

You are receiving this letter to alert you to the fact that your child will be placed in a class that potentially may exceed the maximum class size, depending on how many "No Shows" we have once school begins. If that occurs, students will be selected to move to a new class based on a last enrolled, first transferred approach. Over the last few years, we have been extremely fortunate to add highly qualified, effective teachers when this has occurred. I anticipate doing the same should it be necessary this year.

Sincerely,



Kerri Boatright

*Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.*



# NASSAU COUNTY SCHOOL DISTRICT STUDENT REGISTRATION FORM

Please Print. Complete Page 1 and 2.

School: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name:

\_\_\_\_\_  
FirstMiddleLast  
 Name Child Goes By: \_\_\_\_\_ Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**STUDENT ADDRESS**

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
Street, Route-Box, Apt. No.CityStateZip  
 Mailing Address (If different from Home Address): \_\_\_\_\_  
 \_\_\_\_\_  
Street, Route-Box, Apt. No.CityStateZip  
 Primary Phone: (\_\_\_\_) \_\_\_\_\_

**SCHOOL ENROLLMENT HISTORY**

Grade Level: \_\_\_\_\_

1) School last attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Promoted:  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Has the student previously attended school in Nassau County?  Yes  No If yes, please provide prior school information:  
 Name of school last attended in Nassau County: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

3) a) Has the student previously been expelled?  Yes  No If Yes, please describe: \_\_\_\_\_  
 b) Has the student been arrested, resulting in a charge?  Yes  No If Yes, please describe: \_\_\_\_\_  
 c) Has the student received Juvenile Justice actions?  Yes  No If Yes, please describe: \_\_\_\_\_  
 d) Has the student ever been referred to mental health services?  Yes  No If Yes, please describe: \_\_\_\_\_

4) Has the student previously been enrolled in Exceptional Student Education (ESE)?  Yes  No If yes, please check all programs:  
 Orthopedically Impaired  Occupational Therapy  Physical Therapy  Speech Impaired  Language Impaired  
 Deaf or Hard of Hearing  Visually Impaired  Emotionally/Behavioral Disability  Specified Learning Disability  Gifted  
 Hospital/Homebound  Dual-Sensory Impaired  Autism Spectrum Disorder  Traumatic Brain Injured  Developmentally Delayed  
 Other Health Impaired  Intellectual Disability  Other: \_\_\_\_\_

5) Does the student have a 504 Plan?  Yes  No

6) Does the student have a Student Health Care Plan (A plan for specific health related services)?  Yes  No

7) For Students entering KG only – Did the student attend a Preschool Program BEFORE entering Kindergarten?  Yes  No  
 If Yes, please provide the following information:  
 Name of Preschool: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 How long did this child attend (in months)? \_\_\_\_\_ Preschool was:  Public  Private

**STUDENT INFORMATION**

Ethnicity: Hispanic or Latino  Yes  No

Student Race (Check all that apply):  
 White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

Location of Birth (City, State): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If the student's country of birth is not US, has your child ever attended a U.S. school?  Yes  No If Yes, what date did the student first enroll in a US school? \_\_\_\_/\_\_\_\_/\_\_\_\_



**ACKNOWLEDGEMENT OF RESPONSIBILITY  
TO PROVIDE LEGAL DOCUMENTS TO ENTER  
NASSAU COUNTY SCHOOLS**

**STUDENT'S LEGAL NAME:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Middle

**Sex:**  Male  Female      **Race/Ethnic**  White (W)  Black (B)  Hispanic (H)  Multiracial(M)  
**Category:**  Asian/Pacific Islander (A)  American Indian/Alaskan Native (I)

**Date of Birth:** \_\_\_\_\_

Student is transferring from (School) \_\_\_\_\_ located in

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

If yes, where?

Has student ever been enrolled in a Florida school?  No;  Yes; \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to provide Nassau County Schools with  
Name of Parent/Guardian

the necessary legal documents checked (✓) below to complete the enrollment of my child:

- Immunization Records
- Evidence of date of birth (birth certificate, baptismal certificate, passport, or other legally acceptable record)
- Evidence of health examination within the last year

**IN-STATE TRANSFERS:** I understand that if these documents are not in my child's records from the previous school, that I must furnish the missing records within thirty (30) days from the date of entry.

**NEW ENTRANTS AND OUT-OF-STATE TRANSFERS:** I understand that I must present my child's immunization record, evidence of date of birth (or prior school records), evidence of health examination within thirty (30) days of entry.

**FAILURE TO PROVIDE SUCH RECORDS WITHIN THIRTY (30) DAYS WILL RESULT IN:**

1. Student will not be permitted to attend class or ride the bus to school.
2. The school principal will institute a process that will assure compliance with compulsory attendance laws.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Address: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_

**PLEASE READ REVERSE SIDE FOR COMPLETE STATEMENT OF REQUIREMENTS**

## ORIGINAL ENTRY REQUIREMENTS

Except as noted in this section, all students entering a Florida school for the first time shall meet the requirements as enumerated below.

- I. Immunization—All students enrolled in the school district of Nassau County shall be required to present a certification of immunization for those communicable diseases for which immunization is required by section 1003.22 Florida Statutes. Before attending school, each child or adult applying for admission to pre-kindergarten through grade 12 shall have been fully immunized for poliomyelitis, diphtheria, rubella, pertussis, mumps, and tetanus, and may be required to be immunized for such other communicable diseases as may be determined by the Department of Health. The provisions of 1003.22 F.S. shall not apply if:
  - (a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;
  - (b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;
  - (c) A physician licensed under the provisions of chapter 458 or chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;
  - (d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or
  - (e) An authorized school official issues a temporary exemption, for a period not to exceed 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. A homeless child, as defined in s. 1003.01, shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for follow up of each such student until proper documentation or immunizations are obtained.
- II. Health examination—A student initially entering pre-kindergarten through grade 12 in a Florida school shall present a certification of a school entry health examination performed within one (1) year prior to enrollment in school.
  - A. Thirty (30) school days will be allowed to present certification requirements for all students from Florida or other states.
  - B. Students whose parents do not provide the required certification in accordance with the statute shall be excluded from further attendance by the principal.
  - C. Any student may be granted an exemption from this requirement if his or her

parent or guardian objects in writing because the requirement(s) conflicts with his or her religious tenets or practices. This request for exemption must be on a form approved by the Department of Health

- III. Age requirement—Before admitting a child, the principal shall require evidence that the child meets the age requirement for compulsory attendance or for admittance to pre-kindergarten or kindergarten, as appropriate.
  - A. Evidence of date of birth may be established by the following evidence, listed in descending order of acceptability:
    1. Transcript of the child's birth record; or
    2. Transcript of Certificate of Baptism; or
    3. An insurance policy on the child's life in force for not less than two (2) years; or
    4. A bona fide contemporary Bible record of the child's birth, accompanied by an affidavit sworn to by the parent; or
    5. A passport or Certificate of Arrival in the United States showing the age of the child; or
    6. A transcript of record of age shown in the child's school record of at least 4 years prior to application, stating date of birth; or
    7. If none of these evidences can be produced, an affidavit of age sworn to by the parent, accompanied by a certificate of age signed by a public health officer or by a public school physician, or if neither of these is available in the county, by a licensed practicing physician designated by the district school board, which certificate states that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct. A homeless child, as defined in s. 1003.01, shall be given temporary exemption from this requirement for 30 school days.
  - B. A student enrolled as an original entry shall present evidence of date of birth as provided in these rules or a transcript of record of age recorded on his/her school record of at least four (4) years prior to application. In addition, a report card from the school last attended is requested. The student may be temporarily assigned by the principal to the grade deemed proper until a copy of his/her official record is received or proper grade placement is determined.
  - C. A child who does not meet the Florida entrance age requirement and who enrolls in a Florida non-public school may not transfer to kindergarten in this district later during the school year.
  - D. A student previously enrolled in a public school outside the State of Florida, a private or parochial school, or enrolled in the home education program, who seeks admission to a school within the district shall only be admitted under the admission requirements as specified in the Student Progression Plan.

Authority: 1003.21 F.S., 1003.22 F.S.

School \_\_\_\_\_

**NASSAU COUNTY SCHOOL BOARD  
AFFIDAVIT VERIFICATION OF RESIDENCY**

Student's Last Name	First Name	Middle Name
Date of Birth	Grade	Social Security Number ____ - ____ - ____
<b>Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT</b> *Must attach appropriate documentation of status if not the parent/stepparent.		
First and Last Name of: FATHER, STEPFATHER, COURT-APPOINTED GUARDIAN*, FOSTER PARENT*, OTHER CAREGIVER*		First and Last Name of: MOTHER, STEPMOTHER, COURT-APPOINTED GUARDIAN*, FOSTER PARENT*, OTHER CAREGIVER*

<b>RESIDENCE ADDRESS: Post Office Box Number Is Not Acceptable as Residence Address</b>		
Street Address - House Number and Street Name		
City	State	Zip Code
Home Telephone	Father/Guardian Work Phone	Mother/Guardian Work Phone

I hereby declare and affirm that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has changed. I understand that a new affidavit and a new proof of residency must be submitted if residency changes. If I move outside the attendance area for this school, I must submit a transfer request for my child to continue attending this school. I understand that transfers may not be accepted by the district. Falsification of information or document required for residency verification, use of an address other than that of my residence, use of a business address, or use of the address of another person without actually residing at the address may result in revocation of the student's enrollment.

Signature of Parent/Guardian	Date
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**AFFIDAVIT OF JOINT RESIDENCY**  
To Be Completed if Parent(s)/Guardian(s) and Student Are Living With Another Family/Individual

<b>PERSON PROVIDING PROOF OF RESIDENCY</b> I hereby declare and affirm that the parties listed above live at the given address with me. I also agree to notify the school within two (2) weeks when residency has changed. Check one: ____ Student and Parent(s) ____ Student Only	
First Name / Last Name	Signature of Person Providing Proof of Residency

**PROOF OF RESIDENCY DOCUMENTATION**

In order to verify residency within the Nassau County School District, one current document (dated within the past 60 days) listed below must be provided showing the parent, legal guardian or other caregiver's name and street address. If the family is living in another person's household as listed in Affidavit of Joint Residency section above, the document must have the listed person's name and street address on it.

Utility Bill: Gas, Electricity, Water, Land Line Telephone  
 Lease Agreement/Rental Contract with Landlord's name, address, and telephone number  
 Current Rent Receipt  
 Letter on official letterhead, signed by the Landlord, stating that the parent/guardian/caregiver lives at the given address  
 Mortgage, Real Estate Closing Papers, Mortgage Statement/Payment Book, Homeowner's Association Fee Statement  
 Residence Insurance Statement  
 Verification of Social Services with residence address specified

**\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\***  
Check one or more and sign below.

Joint Residency	Proof of Residency Verified	Other Caregiver: <u>Authority for Delegation of Parental Authority</u> provided. Must also have transfer approved as per Adm. Rule 5.77.	Court-Appointed Guardian: Court Document provided	Foster Parent: <u>Authorization for Out-of-Home Placement</u> (FL Department of Children and Families form) provided	Student determined to be homeless. No proof of residency required.
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Verified By:	Date
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# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034

"Empowering others through a commitment to excellence"

Kathy K. Burns, Ed.D.  
Superintendent of Schools

(904) 491-9900  
Fax (904) 277-9042  
info@nassau.k12.fl.us

## Student Data Collection Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? (Please mark only one.)

- No, my child is not Hispanic or Latino
- Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? (Please mark all that apply, however mark at least one.)

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT ATTENDANCE

### 1. Attendance

Regular school attendance is a necessary part of a student's education. Excessive absences impair a student's educational progress, impacts whether the student passes or fails a grade, and may result in court proceedings and/or the loss of driving privileges. Students will be considered absent when they miss 50% of their school day. Absences shall be classified and treated as follows:

#### Excused Absences

Students must be in school unless the absence has been excused for one of the reasons listed below. Excused absences include the following:

- Personal illness.
- Illness of an immediate family member.
- Death in the family.
- Religious holidays of the student's religious faith.
- Required court appearance or subpoena by a law enforcement agency.
- Special events, including, but not limited to, important public functions, student conferences, student state/national competitions that are school-sponsored, administrative approved post-secondary educational institution visitation, as well as exceptional cases of family need.
- Doctor or dentist appointments.
- Students having or suspected of having a communicable disease or infestation that can be transmitted are to be excluded from school and are not allowed to return to school until they no longer present a health hazard (Florida Statute 1003.22). Examples of communicable diseases and infestations include, but are not limited to, fleas, head lice, ringworm, impetigo, and scabies. Students are allowed a maximum of two (2) days excused absence for an infestation of head lice.

#### Unexcused Absences

Unexcused absences include, but are not limited to, the following:

- Shopping trips
- Pleasure/Vacation trips
- Truancy
- Other avoidable absences.

### 2. Reporting Absences

Any student who has been absent from school shall bring a note from a parent or guardian within forty-eight (48) hours of returning to school stating the cause of the absence. Failure to bring in a note will result in an automatic unexcused absence. However, the fact that the student brings in a note does not require the school administration to excuse the absence. The principal or designee will decide whether the absence meets the criteria for an excused

absence, and that decision will be final. The administration may request additional documentation, such as a doctor's note. The excuse must state specific dates of absence; and must be signed by the treating, licensed physician. After fifteen (15) days of absence, whether excused or unexcused, a student must present verification from a licensed doctor for all subsequent absences due to illness.

**3. Make-Up Work**

When a student is absent from school the student shall be responsible for all work and assignments missed during the student's absence. The student shall make arrangements with teachers for "make-up" work. The number of days allowed to make up the work shall be the same as the number of days the student was absent. This deadline may be extended with approval of the teacher or principal. Previously assigned projects or tests are due upon return from absence or as determined by the teacher's grading standards.

**4. Truancy**

A student may be deemed truant after (i) five (5) unexcused absences, or absences for which the reasons are unknown, within a calendar month, or (ii) ten (10) unexcused absences, or absences for which the reasons are unknown, within a 90-calendar-day period.

Students are subject to the following actions for preventing and correcting truancy:

- When a student may be exhibiting a pattern of non-attendance, the principal shall refer the student to the school's attendance team to determine if a pattern of truancy is developing.
- The school's attendance team shall meet with the student and parent or guardian to determine if a pattern of truancy is developing and to identify and implement potential remedies.

- If the school-based efforts to resolve non-attendance are unsuccessful, the student shall be referred to the Superintendent or his designee for truancy.
- The Superintendent or his designee will review the case and may refer the student to the District Truancy Prevention Task Force. The District Truancy Prevention Task Force is conducted with representation from law enforcement, school district, State Attorney's Office, Department of Juvenile Justice, Department of Children and Families, Youth Crisis Center, the parent, and the student. A decision may be made to file a petition in court for truancy.

**5. Tardiness**

Tardiness is disruptive to the learning environment and can have a negative impact on student achievement. Disciplinary action for unexcused tardiness shall be progressive and will be specifically defined in each individual school's discipline plan.

**6. Driver's License**

Florida law requires that minors who fail to satisfy attendance requirements will be ineligible for driving privileges. The School District is required to notify the Department of Highway Safety and Motor Vehicles of the following:

- Students ages 14-18 who accumulate fifteen (15) unexcused absences, not including out of school suspensions, in a ninety (90) calendar-day period.
- Students between the ages of 16-18 who have signed a declaration of intent to terminate school enrollment.
- Students ages 14-18 who are expelled.
- Students ages 14-18 who did not enter school and for whom the school has received no indication of transfer to another educational setting.

These students may not be issued a driver's license or learner driver's license. Also, the Department of Motor Vehicles shall suspend any previously issued driver's license or learner driver's license of any such minor pursuant to Florida Statute 322.091. In order to have a driver's license reinstated, the student must attend school regularly for thirty (30) days with no unexcused absences and pay the appropriate reinstatement fee.



# Yulee Primary School

86426 Goodbread Road  
Yulee, FL 32097  
(904) 225-9711

I have read and understand the Nassau County Attendance Policy.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Nassau County School District's attendance policy can be found at  
<http://www.nassau.k12.fl.us/Domain/967>**

## Student Housing Information- 2022-2023

This survey is intended to address the requirements of the No Child Left Behind Act: Title IX/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

**PLEASE PRINT VERY CLEARLY AND COMPLETE THE FORM ENTIRELY, INCOMPLETE FORMS WILL RESULT IN A DELAY IN SERVICES.**

List names of your children living with you, even if not enrolled in school. **Caregivers, list only students being 'hosted' in your home.**

Last Name	First Name	MI	/ / Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	/ / Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	/ / Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	/ / Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	/ / Birth date	Gender	Race	Grade	School Enrolling In

Print Name of person completing form: \_\_\_\_\_ (Unaccompanied Youth? )

Circle relation to above student(s): Parent, Legal Guardian, or Caregiver of displaced student(s) above. (See definition of "Caregiver" on #5 below. Temporary Guardianship or Notarized parent note are examples of situations that fit "Caregiver/Host.")

Other Parent, Legal Guardian, or Caregiver (circle relation) in listed student(s)' home: \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Best phone #: \_\_\_\_\_ 2<sup>nd</sup> best #: \_\_\_\_\_ 3<sup>rd</sup> best #: \_\_\_\_\_  
(Phone numbers may be used for automated, informational calls several times during the school year.)

Length of time at this address: \_\_\_\_\_ Former City/County/State: \_\_\_\_\_

Signature of Parent/Guardian/Caregiver/or Unaccompanied Youth: \_\_\_\_\_  
(Signature is required for Food Service and M-V/FIT programs) Signature

Title IX	The student(s) listed above: (Please check 'yes' or 'no' in each column.)	YES	NO
1.	- lives in an emergency or transitional shelter or FEMA trailer.		
2.	- is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason ("doubled-up"). Name of host: _____		
3.	- is living in a car, park, temporary trailer park or campground, public space, abandoned building, substandard housing (multiple major repair issues needed), bus or train station, or any other public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.		
4.	- lives in a hotel or motel due to lack of adequate alternative accommodations		
5.	If a child/youth lives with an adult other than his/her parent/guardian, he/she is considered "unaccompanied." Please mark "yes" if a student listed above is unaccompanied. (Caregivers for students under 18 must complete the Caregiver's Authorization Affidavit.) Form obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Title I		YES	NO
1.	Have you moved to a new town to find work within the last 3 years?		
2.	Did you find work in agriculture or fishing (e.g., field work, canneries, lumber industry, dairy work)?		
3.	Is work in agriculture or fishing a major source of income for your family?		

*\*If you answered "Yes" on more than one of the Title I questions above, a school representative may call you for more information.*

**There are additional services provided for students in a temporary situation due to loss of housing.**

**\*If you marked "Yes" on a Title IX question above, please indicate the cause by placing an "X" in the appropriate box below.**

- |  |  |
|--|--|
| <input type="checkbox"/> Mortgage Foreclosure  | <input type="checkbox"/> Convenience or family unit with host- ineligible for Title IX add'l services                |
| <input type="checkbox"/> Natural Disaster-Flooding (F)   | <input type="checkbox"/> Natural Disaster-Hurricane (H) <input type="checkbox"/> Natural Disaster-Tropical Storm (S) |
| <input type="checkbox"/> Natural Disaster-Tornado (T)  | <input type="checkbox"/> Natural Disaster-Wildfire (W) <input type="checkbox"/> Man-made Disaster (Major) (D)        |
| <input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, house fire or flood, etc. (N) <input type="checkbox"/> Major Pandemic (P) |  |

**As stated in NCSB Policy 6.23, purposefully giving false information on District documents is fraud. If the above information is found to have been false (at any point in this school year), the student(s) may be removed from the school.**

School staff: For students with positive responses to questions 1-5 under Title IX & not "for convenience", discuss & complete Interview and Dispute Resolution Process forms. Fax all forms to 904-548-0439. For positive responses to questions 1-3 under Title I, send a copy of this form only.

DO NOT mark "homeless" in FOCUS nor fax to Food Service. Updated: 3/1/22

# Food & Nutrition Services Student Household Matching Form

**New Student Information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has this student previously attended a Nassau County Public School?    Yes    No

Has student attended any other Public School in Florida or another state? Yes No

If yes please provide the name of school, city and state:

\_\_\_\_\_

Students Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any other children living in the home that attend Nassau County Public Schools:

<u>Name</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information will only be used for the purpose of identifying students who currently reside together and may possibly be eligible for free or reduced priced meals based upon eligibility extension. Return this form to your school.

**For official use only:**

	Yes	No	Date	Initials
Former school CEP				
Spoke with parent				
Extended eligibility				
Additional notes:				

Medical & Allergy Notification

My child, \_\_\_\_\_, has the following insect/food allergies:

**(Please check ALL that apply)**

**INSECTS**

\_\_\_\_ Ants: \_\_\_\_\_  
**(Please list what kind of ants or ALL ants)**

\_\_\_\_ Bees  
\_\_\_\_ Hornets  
\_\_\_\_ Wasps  
\_\_\_\_ Yellow Jackets  
\_\_\_\_ Mosquitos  
\_\_\_\_ Gnats  
\_\_\_\_ Other: \_\_\_\_\_

**FOODS**

\_\_\_\_ Dairy: \_\_\_\_\_  
**(Please list what kind of dairy or ALL dairy)**

\_\_\_\_ Eggs  
\_\_\_\_ Fish/ Shell Fish  
\_\_\_\_ Food Dye: \_\_\_\_\_  
**{List color(s) above}**

\_\_\_\_ Tree Nuts: \_\_\_\_\_  
\_\_\_\_ Peanuts  
\_\_\_\_ Soy  
\_\_\_\_ Wheat

**MEDICAL**

\_\_\_\_ ADD/ADHD  
\_\_\_\_ DIABETES  
\_\_\_\_ ASTHMA  
\_\_\_\_ SEIZURES  
\_\_\_\_ ALLERGIES: \_\_\_\_\_  
\_\_\_\_ NOSEBLEEDS  
\_\_\_\_ MIGRAINES  
\_\_\_\_ HEMOPHILLIA  
\_\_\_\_ OTHER: \_\_\_\_\_  
**{Please list above}**

\_\_\_\_ NKA {No known Allergies}  
\_\_\_\_ Medication Allergy: \_\_\_\_\_ {List Medication}  
\_\_\_\_ Medication {Please list any medication student is currently taking}:  
\_\_\_\_\_

There are two types of allergy reaction. Please check one:

\_\_\_\_ Local {intense swelling, itching, and raised bump(s)}.

\_\_\_\_ Systemic {hives, fever, difficulty breathing, and/or severe drop in blood pressure}

If your child should become exposed to this allergen at school, your preferred course of action is:

\_\_\_\_\_

Keep in mind the medications, if listed, must be accompanied by a prescription and be brought to the school to be signed into the clinic, by the parent/guardian.

Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent's Name {Printed}: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## *The Nassau County School District*

1201 Atlantic Avenue  
Fernandina Beach, FL 32034

(904) 491-9900  
Fax: (904) 277-9042  
www.nassau.k12.fl.us

School Board Rules and procedures for maintaining student records shall be consistent with Florida Statutes, State Board of Education rules, and federal laws relating to Family Educational Rights and Privacy Act and Privacy Rights of Parents and Students.

The Nassau County School Board collects Social Security numbers from students for the following reasons:

1. To be used as student identification numbers as required by Florida Statutes.
2. To facilitate the processing of student scholarships, college admission and other applications; and
3. For the purposes when consent of the parent or adult student is granted.

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Parent Signature

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Date

This form is to be placed in the student's cumulative folder.

*Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.*

AN EQUAL OPPORTUNITY EMPLOYER



# Nassau County School District Transportation

## Registration Form

This form is only necessary if the new student is eligible to ride a bus and will ride a bus.

Please Print

School \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

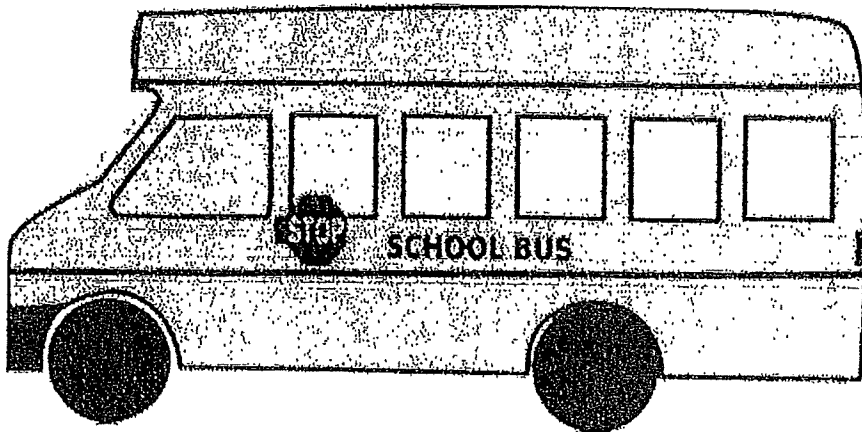
Home Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's Cell \_\_\_\_\_



## MEDICAL AUTHORIZATION FORM

\_\_\_\_\_ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by \_\_\_\_\_ Yulee Primary \_\_\_\_\_ School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize The School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is \_\_\_\_\_ Policy Number \_\_\_\_\_.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by The School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_ (Date)

\_\_\_\_\_, who is personally known to me or who has \_\_\_\_\_ (Name of person acknowledged)

produced \_\_\_\_\_ as identification and who did (did not) take an oath. \_\_\_\_\_ (Type of Identification)

\_\_\_\_\_  
(Title or Rank)

\_\_\_\_\_  
(Signature of Notary taking Acknowledgment)

\_\_\_\_\_  
(Serial Number, if any)

\_\_\_\_\_  
(Name of Notary, typed, printed or stamped)

### MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of The School Board of Nassau County and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_