

**NASSAU COUNTY SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

Please Print. Complete Page 1 and 2.

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

Student's Legal Name:

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

**STUDENT ADDRESS**

**Home Address:**  
\_\_\_\_\_  
Street, Route-Box, Apt. No. City State Zip

**Mailing Address** (If different from Home Address):  
\_\_\_\_\_  
Street, Route-Box, Apt. No. City State Zip

**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? \_\_\_\_/\_\_\_\_/\_\_\_\_

# NASSAU COUNTY SCHOOL DISTRICT STUDENT REGISTRATION FORM

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Student's Legal Name: _____
<span style="margin-right: 100px;">First</span> <span style="margin-right: 100px;">Middle</span> <span>Last</span>

### HOME LANGUAGE SURVEY

Is a language other than English used in the home?  Yes  No If Yes, list Primary Home Language: \_\_\_\_\_

Did the student have a first language other than English?  Yes  No If Yes, list Native Student Language: \_\_\_\_\_

Does the student most frequently speak a language other than English?  Yes  No If Yes, list Language spoken: \_\_\_\_\_

Has the student been in a program for English for Speakers of Other Languages (ESOL)?  Yes  No

### PARENT / GUARDIAN INFORMATION

Who has custody?  Both Parents  Mother  Father  Grandparent  Aunt/Uncle  Legal Guardian  Other: \_\_\_\_\_  
*(Current legal documentation must be on file in student's cumulative record)*

Student lives with?  Both Parents  Mother  Father  Grandparent  Aunt/Uncle  Legal Guardian  Parent & Step-parent  
 Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

1)	_____	_____	_____	_____	_____
	First	Last	Relationship	( )	Home Phone Number
	_____			( )	_____
	@			Cell Phone Number	
	Email Address				
2)	_____	_____	_____	_____	_____
	First	Last	Relationship	( )	Home Phone Number
	_____			( )	_____
	@			Cell Phone Number	
	Email Address				

### Emergency Contacts – Please provide name(s) of person(s), other than Parent or Guardian, allowed to pick up student.

1)	_____	_____	_____	_____	_____
	First	Last	Relationship	Cell Phone Number	Other Phone Number
2)	_____	_____	_____	_____	_____
	First	Last	Relationship	Cell Phone Number	Other Phone Number
3)	_____	_____	_____	_____	_____
	First	Last	Relationship	Cell Phone Number	Other Phone Number

FLORIDA STATUTE 837.06 PROVIDES THAT 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.

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

### FOR SCHOOL USE ONLY:

<p><b>ENTRY CODE:</b> _____</p> <p><b>ENTRY DATE:</b> ____/____/____</p>	<p><b>Birth Certificate Documentation:</b>                  _____ Transcript of Birth Record [1]                  _____ Baptismal Certificate &amp; Sworn Affidavit [3]                  _____ Insurance Policy in force 2 years [4]                  _____ Bible Record &amp; Sworn Affidavit [5]                  _____ Passport – no copies allowed [6]                  _____ School Record, at least 4 years prior [7]                  _____ Health Exam &amp; Sworn Affidavit [8]                  _____ No Verification [9]                  _____ Out-of-State Transfer Records [T]</p>	<p><b>Social Security Number* Documentation:</b>                  _____ Original SS Card                  _____ Copy of SS Card</p> <p><small>*Social Security Number is not required for enrollment. However, it is required that we request the SSN upon student enrollment.</small></p>	<p><b>Physical Exam:</b>                  _____ Medical record attached                  _____ In-State Transfer</p> <p><b>Immunization:</b>                  _____ Medical record attached                  _____ In-State Transfer</p>
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Processed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered in Student Database By: \_\_\_\_\_ 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](http://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 Statute
2. To facilitate the processing of student scholarships, college admission and other applications; and
3. For the other 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

**Hilliard Middle Senior High School**  
**1 Flashes Avenue**  
**Hilliard, FL 32046**  
**Phone (904) 845-2171**  
**Fax (904) 845-4943 or (904) 845-7662**

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

Prior School Name: \_\_\_\_\_

Prior School Address: \_\_\_\_\_

Prior School Phone #: \_\_\_\_\_ Prior School Fax: \_\_\_\_\_

Student Information

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Grade Level:** \_\_\_\_\_

**Please send copies of all records and /or required documentation pertaining to this student which may include but not limited to the following:**

- |   |   |
|---|---|
| Withdraw Form _____                       | Current Withdrawal Grades _____             |
| Immunization Records & Sch Physical _____ | Permanent Record _____                      |
| Birth Certificate _____                   | Social Security Card _____                  |
| Standardized Test Results _____           | Home Language Survey _____                  |
| Current Report Card _____                 | Current Progress Report _____               |
| Prior quarter report cards _____          | Final Report Cards for previous years _____ |

**Please indicate if the student was served in any of the following programs and include copies of these records:**

- |  |                          |
|--|--------------------------|
| Special Education (IEP) _____                          | Gifted _____             |
| Speech _____   | OP/PT _____              |
| ESOL _____   | 504 Plan _____           |
| Reading Level (Intensive, On Level, Above Level) _____ | Discipline Records _____ |

**Please mail or fax all copies of records as well as a copy of this form to the attention of: Data Operator**

Thank you in advance for your assistance in getting our student started off right.

Parent permission is no longer required when requested by authorized school personnel. (Family Educational Rights and Privacy Act. Final Rule on Educational Records. Federal Register, June 17, 1976. Vol.41, No. 118, Page 24673)

Upon entry into our school, parents and students are notified of their rights: (1) to inspect and review educational records, (2) to challenge contents of records, (3) to obtain a copy of records.

Date Requested	2 <sup>nd</sup> Request	3 <sup>rd</sup> Request	4 <sup>th</sup> Request	Received
_____	_____	_____	_____	_____

# MEDICAL AUTHORIZATION FORM

\_\_\_\_\_ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by **Hilliard Middle Senior High** 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 Signature: \_\_\_\_\_ 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: \_\_\_\_\_

# 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 Hilliard Middle Senior High School

My Child \_\_\_\_\_ has the following:

Please check ALL that apply:

Medical	Medical	INSECTS
_____ ADHD	_____ ALLERGIES	_____ Bees
_____ DIABETES	_____ NOSEBLEEDS	_____ Fire Ants
_____ ASTHMA	_____ MIGRAINES	_____ Hornets
_____ SEIZURES	_____ HEMOPHILLIA	_____ Wasps
_____ MEDICATION:	_____ OTHER	_____ Yellow Jackets
		_____ Other (List below)
Please list any medication: _____	Please list issue if OTHER is checked: _____	_____
		_____

FOOD	
_____ Dairy (Milk / Cheese)	_____ Nuts/Peanuts
_____ Eggs	_____ Soy
_____ Fish / Shell Fish	_____ Wheat
_____ Food Dye	_____ Other: _____
	_____

**There are two types of allergy reactions. Please check one:**

- \_\_\_\_\_ Local (intense swelling, itching, and a raised bump)
- \_\_\_\_\_ 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 by the parent/guardian.

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**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. Send completed form via county mail to Route Coordinator at Yulee Transportation once complete.

**PLEASE PRINT**

**SCHOOL** Hilliard Middle Senior High School

**STUDENT NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**MOM'S NAME** \_\_\_\_\_

**MOM'S CELL** \_\_\_\_\_

**DAD'S NAME** \_\_\_\_\_

**DAD'S CELL** \_\_\_\_\_





**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, rubeola, 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.



# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, FL 32034

(904) 491-9900  
Fax (904) 277-9042  
www.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 people 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 people of the Far East, Southeast Asian 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 African 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 people of Hawaii, Guam, Samoa, or other Pacific Islands.
  - White – A person having origins in any of the original people of Europe, the Middle East, or North Africa

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Parent Signature

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Date

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