Nassau County School District

Registration Checklist

You must have ALL required documents to complete the registration process.

- ☐ **Parent/Guardian Photo Identification**
- ☐ **Official Birth Certificate**
- ☐ **Social Security Card** (Optional)
- ☐ **Florida Immunization Form** - Must be on Florida DH 680 form
- ☐ **Physical Examination** - Florida DH 3040 (or equivalent) dated within 12 months of the enrollment date
- ☐ **Proof of Custody** (If applicable) - Court documentation is required if parental names/legal custody differs from the birth certificate

- ☐ **Proof of Residency** - See the Residency and Guardianship document for more information.
  a. **If You Are A Homeowner** (1 from each Category)
     - Category A: Current mortgage statement, Property Deed, Signed settlement statement (for new home purchases only; sales/builders contracts not acceptable), Homesteaded property tax statement
     - Category B: Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
     - Category C: Driver's License with enrolling address
  b. **If You Are A Renter** (1 from each Category)
     - Category A: Current lease which must have both tenant and landlord/ property manager's signature and contact information
     - Category B: Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
     - Category C: Driver's License with enrolling address
  c. **If You Are Living With A Person Who Owns Their Home/Shared Residency** - Do Not Have Proof Of Ownership in the Parent/Guardian's Name (1 from each Category)
     - Category A (HOMEOWNER): Current mortgage statement, Property Deed, Signed settlement statement (for new home purchases only; sales/builders contracts not acceptable), Homesteaded property tax statement
     - Category B (HOMEOWNER): Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
     - Category C (PARENT/GUARDIAN): Driver's License with enrolling address
     - Category D (HOMEOWNER): Signed Affidavit Verification of Residency form
  d. **If You Are Living With A Person Who Is A Renter** - Do Not Have A Lease in the Parent/Guardian's Name (1 from each Category)
     - Category A (RENTER): Current lease which must have both tenant and landlord/ property manager's signature and contact information
     - Category B (RENTER): Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
     - Category C (PARENT/GUARDIAN): Driver's License with enrolling address
     - Category D (RENTER): Signed Affidavit Verification of Residency form

- ☐ **Report Card/Records from Previous School** - Official transcript from previous school, final/last report card , and most recent test scores
- ☐ **Copy of Individual Education Plan (IEP)/504 Plan** (If applicable)

Nassau County School District

Residency & Guardianship

For a student to enroll in Nassau County Schools, the student's residence must be in Nassau County. Administrative Rule 5.01 defines a student's residence as the home of the student's parents or such other person with whom the student resides pursuant to court order or the residence where the student is placed by a state or federal agency which has jurisdiction over the student. If a minor student's parents or legal guardians live in separate residences while sharing physical custody under the terms of a court order or otherwise, the student may attend the school zoned for either residence with appropriate residency documentation.

The location of the student's residence determines the student's school zone and the school to which the student will be assigned unless the student enrolls in another school in accordance with the district's School Choice transfer policy.

Proof Of Residency

All documents must be current, valid, and include the residential address used for enrollment. Follow the requirements below that best describes your residency situation. Bills must be in the last 30 days.

If You Are A Homeowner

Category A (1 from this category)	**Category B** (1 from this category)	**Category C** (1 from this category)

• Current mortgage statement
• Property Deed
• Signed settlement statement (for new home purchases only; sales/builders contracts not acceptable)
• Homesteaded property tax statement
	• Current utility bill**
	  ○ Cable
	  ○ Electric
	  ○ Gas
	  ○ Internet
	  ○ Landline Phone
	  ○ Water
	
	**For new service, an activation notice may be accepted – must show name, address, & start of service date.
		• Driver's license with enrolling address (Driver's license must be updated within 30 days)**
		
		**If the driver's license address does not match enrolling address, provide 1 of the following:
		
		• Additional utility bill
		• Bank statement
		• Cell phone statement
		• Credit card statement
		• HOA statement
		• Insurance statement (any)
		• Paycheck stub
		• Property tax
		• Vehicle registration

If You Are A Renter

Category A (1 from this category)	**Category B** (1 from this category)	**Category C** (1 from this category)

Current lease which must have both tenant and landlord/ property manager's signature and contact information.	• Current utility bill**
	  ○ Cable
	  ○ Electric
	  ○ Gas
	  ○ Internet
	  ○ Landline Phone
	  ○ Water
	
	**For new service, an activation notice may be accepted – must show name, address, & start of service date.
	
	***If utilities are included in your rent it must specify it in the lease and you will need an additional item from Category C, totaling 2.
		• Driver's license with enrolling address (Driver's license must be updated within 30 days)**
		
		**If the driver's license address does not match enrolling address, provide 1 of the following:
		
		• Additional utility bill
		• Bank statement
		• Cell phone statement
		• Credit card statement
		• Insurance statement (any)
		• Paycheck stub
		• Vehicle registration

If You Are Living With A Person Who Owns Their Home/Shared Residency *(Do Not Have Proof Of Ownership in the Parent/Guardian's Name)*

Category A HOMEOWNER (1 from this category)	**Category B** HOMEOWNER (1 from this category)	**Category C** PARENT/GUARDIAN (1 from this category)	**Category D** HOMEOWNER (1 from this category)

• Current mortgage statement
• Property Deed
• Signed settlement statement (for new home purchases only; sales/builders contracts not acceptable)
• Homestead property tax statement
	• Current utility bill**
	  ○ Cable
	  ○ Electric
	  ○ Gas
	  ○ Internet
	  ○ Landline Phone
	  ○ Water
	
	**For new service, an activation notice may be accepted – must show name, address, & start of service date.
		• Driver's license with enrolling address (Driver's license must be updated within 30 days)**
		
		**If the driver's license address does not match enrolling address, provide 1 of the following:
		
		• Additional utility bill
		• Bank statement
		• Cell phone statement
		• Credit card statement
		• Insurance statement (any)
		• Paycheck stub
		• Vehicle registration
			Signed Affidavit Verification of Residency form

If You Are Living With A Person Who Is A Renter (Do Not Have A Lease in the Parent/Guardian's Name)

Category A RENTER (1 from this category)	Category B RENTER (1 from this category)	Category C PARENT/GUARDIAN (1 from this category)	Category D RENTER (1 from this category)

Current lease which must have both tenant and landlord/ property manager's signature and contact information.	• Current utility bill**
	  ○ Cable
	  ○ Electric
	  ○ Gas
	  ○ Internet
	  ○ Landline Phone
	  ○ Water
	
	**For new service, an activation notice may be accepted – must show name, address, & start of service date.
		• Driver's license with enrolling address (Driver's license must be updated within 30 days)**
		
		**If the driver's license address does not match enrolling address, provide 1 of the following:
		
		• Additional utility bill
		• Bank statement
		• Cell phone statement
		• Credit card statement
		• Insurance statement
		• Paycheck stub
		• Vehicle registration
			Signed Affidavit Verification of Residency form

Residency Fraud

Parent(s)/Guardian(s) are committing residency fraud if they submit an address during the enrollment process that is not their true residence.

If there is reasonable suspicion that the student is not residing at the claimed address, the following procedures may be implemented at the discretion of the Superintendent or designee.

- A letter may be sent to parent(s) who have conflicting address information requesting that the parent verify and update enrollment information. This may be followed by a phone conversation or home visit.
- The school staff may examine the Property Appraiser's website to determine the parent's homestead (permanent residence) location. The homestead address of the parent will be used as a factor to determine the student's zoned school. A conflicting address indicates that further investigation is required.

If it is determined that the student is attending a school outside of their zone, the student shall be withdrawn by the school and must be registered and enrolled in the appropriate zoned school.

The Superintendent or designee reserves the right to make an independent investigation and to make the final determination as to the residence of a student.

Change Of Residence

If the student's permanent residence changes, notification and updated documentation must be provided to the school within 10 school days.

Guardianship

Pursuant to Administrative Rule 5.01(II), when a student resides with a person who is not the student's parent seeks to enroll in school, the student shall present a court order appointing the person with whom they reside as either their legal guardian or legal custodian or shall present other proper documentation from a state or federal agency placing the child with the person with whom they reside.

Homeless

Homeless children shall have equal access to free public education in Nassau County schools. They will be enrolled in accordance with Administrative Rule 5.13, based on the McKinney-Vento Act.

Dependence Or Delinquency

Students who have been adjudicated to be dependent or delinquent pursuant to Chapter 39, Florida Statutes, shall be assigned by the Superintendent to the school best meeting the special needs of the student in consultation with the Department of Children and Family Services or such other agency or person having responsibility for the student's welfare.

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

Please Print. Complete Page 1 and 2.

Student's Legal Name: _____
First Middle Last

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

_____@_____ (____)_____
Email Address Cell Phone Number

2) _____ (___)_____
First Last Relationship Home Phone Number

_____@_____ (____)_____
Email Address Cell Phone Number

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:

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

Processed By: _____ **Date:** _____/_____/_____

Entered in Student Database By: _____ **Date:** _____/_____/_____

2023-2024 Nassau County Student Emergency Medical Information

Teacher: _____

(*Teacher is for Elementary Schools Only*)

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below).
Fill in the information on both sides of this form carefully and accurately. Please use ink and print clearly.

Student Information

Last Name:	First Name:	Middle Name (or initial):
Date of Birth: / /	Grade Level:	Gender: ☐ Male ☐ Female
Student's Physical Address:	City, State, Zip:	
Mailing Address (If different from above):	City, State, Zip:	
Primary Phone:	Student Cell Phone:	
Student Email:		

Who has custody: (Current legal documentation must be on file in the student's cumulative record.)

☐ Both Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Legal Guardian ☐ Other:_____

Student lives with:

☐ Both Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Legal Guardian ☐ Parent & Step-Parent ☐ Other:_____

Mother/ Guardian

Last Name:	First:	
Home Address (if different from student):	City, State, Zip:	
Employer:	Work Phone:	Email:

The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.

Cell Phone: ☐ Callout - Check to receive school mass notifications	Home Phone: ☐ Callout - Check to receive school mass notifications

Father / Guardian

Last Name:	First:	
Home Address (if different from student):	City, State, Zip:	
Employer:	Work Phone:	Email:

The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.

Cell Phone: ☐ Callout - Check to receive school mass notifications	Home Phone: ☐ Callout - Check to receive school mass notifications

Emergency Contacts

List the names of persons to whom we may release your child or whom we may contact if we cannot reach you.

Name	Address	Relationship	Phone Number

Transportation

Regular Arrival Procedures. On a typical day, how will your child **arrive** to school?

☐ Car Dropoff ☐ Walker ☐ Ride School Bus ☐ Drive (High School Students)

☐ Attend OFF-site before-care program (Program:_____)

Regular Dismissal Procedures. On a typical day, how will your child **leave** school?

☐ Car Pickup ☐ Walker ☐ Ride School Bus ☐ Drive (High School Students)

☐ Attend OFF-site after-care program (Program:_____) ☐ Attend ON-site after school program (Program:_____)

PLEASE TURN OVER TO COMPLETE THE BACK

NASSAU COUNTY STUDENT EMERGENCY MEDICAL INFORMATION

Student Last Name: First: Middle:

Physician/ Hospital

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Physician:	Phone:
Hospital:	Phone:

Medical Information

Please check or list any DOCUMENTED medical/mental health diagnoses which may affect the child's progress in school, sports, etc. (Check all that apply):

☐ Asthma. If checked, does the student use an inhaler?	☐ Yes ☐ No ☐ On daily medication
☐ Seizures. If checked, is the student on medication?	☐ Yes ☐ No
☐ Diabetes. If checked, is the student insulin dependent?	☐ Yes ☐ No

☐ Movement limitations (Describe):

☐ Recent illness/hospitalization/surgery (Describe):

☐ Other DOCUMENTED medical/mental health diagnoses (Describe):

☐ Severe Allergies. If checked, please check the type below:

☐ Food/environmental: Specify:_____

☐ Insect stings/bites: Specify:_____

☐ Medicines/drugs: Specify: _____

Allergies require:

☐ EpiPen ☐ Benadryl

☐ Other:_____

Does your child wear glasses/contacts? ☐ Yes ☐ No Does your child wear hearing aid(s)? ☐ Yes ☐ No

Sibling(s)

Please list any sibling(s) who currently attend a Nassau County Public School.

First and Last Name	School	Grade Level

Parents will be notified of any problems detected and no treatment, including shots, skin tests or blood tests, will be given without additional parental permission. The Public Health Nurse will assist parents/guardians in obtaining medical help for their child(ren). Health problems will be treated in a confidential manner. You must notify the school principal in writing if you do NOT want your child to participate in one or more of the activities listed.

The Nassau County Health Department, in cooperation with the School Board, will be conducting School Health Screenings during this year. Nursing assessments are a part of the scheduled screenings. A student may be referred by a parent or a member of the school staff at any time for the screenings listed below.

I understand that my child will receive emergency care in the school and health services at school that may include: * First aid for minor injuries, accidents or illnesses * Immunization status and health history reviews * Vision, hearing, height-weight, dental and scoliosis screenings * Assistance with medical/mental health crisis response * Assistance with administration of doctor ordered medications * Health education on specific health topics and approaches to wellness * Assistance with doctor ordered minor, complex or chronic health conditions or procedures

I authorize the School District of Nassau County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and, if applicable, to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP), or other applicable plan, and receive Medicaid reimbursement for Exceptional Student Education (ESE) or other necessary services provided to my child while at school. I understand that my child will receive services referenced on his/her plan(s).

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate physical or mental health services to students. I also understand and agree that my child's treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact person(s) listed on this form as the emergency contact(s) may be contacted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Has your family temporarily lost housing? ☐ Yes ☐ No

Your family may qualify for additional resources through the FIT program if you are living in one of these situations because of loss of housing: sharing housing, camper, motel, car, substandard, etc. Call 277-9021 for more information.

These situations, in and of themselves, do not count as abuse and are not reported to any agency.

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.

Signature:_____ Date:_____

Relationship to Student:_____

Revised 4-10-2023

Student Housing Information- 2023-2024

This application is intended to address the requirements of the McKinney-Vento/ Homeless Act. The answers to the questions below will assist in determining if your student may qualify for services provided to those living in a temporary situation due to loss of housing.
Please print clearly and complete the entire form. Incomplete forms will result in a delay of services.

List names of all children living in the household, even if not enrolled in school.

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

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

Print Name of Parent(s), Legal Guardian(s) by Court Order, Caregiver(s), or Unaccompanied Youth:

_____

Address or Location: _____
City Zip

Best phone #: _____ 2nd best #: _____ Email: _____

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

Signature of Parent/Guardian/Caregiver/or Unaccompanied Youth: _____
Signature Date

Title IX	**The student(s) listed above: (Please check 'yes' or 'no' in each column.)**	**YES**	**NO**
1. Living in an emergency or transitional shelter or FEMA trailer.	(A)		
2. Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason ("doubled-up"). Name of host(s): _____	(B)		
3. 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.	(D)		
4. Living in a hotel or motel due to lack of adequate alternative accommodations.	(E)		
5. If a child/youth lives with an adult other than his/her parent/guardian, he/she is considered "unaccompanied." Mark "yes" if a student listed above is unaccompanied. **(Caregivers for students under 18 must complete the Caregiver's Authorization Affidavit.) Form obtained? Yes__ No___**			
Title I Part C		**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 marked "Yes" on a Title IX question above, please indicate the cause by placing an "X" in the appropriate box.***

☐ Mortgage Foreclosure (M) ☐ Natural Disaster-Hurricane (H) ☐ Natural Disaster-Tropical Storm (S)
☐ Natural Disaster-Flooding (F) ☐ Natural Disaster-Wildfire (W) ☐ Man-made Disaster (Major) (D)
☐ Natural Disaster-Tornado (T) ☐ Major Pandemic (P) ☐ For Convenience or Family Unit with Host (Ineligible)
☐ Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, mental illness, domestic violence, forced eviction, house fire or flood, etc. (N)

School staff: For students with positive responses to questions 1-5 under Title IX & not "for convenience", discuss & complete the Interview Response Sheet and Dispute Resolution Process. Complete the Caregiver Form, if applicable. Fax all forms to **904-548-0439**.

DO NOT mark "homeless" in FOCUS nor fax to Food Service**.** Updated: 3/28/2023

Nassau County School District

Immunization Requirements

By the time your child starts school he/she should already have several required immunizations. However, new and transferring students, Kindergarten students, and those entering seventh grade will need to provide proof of immunization prior to enrollment in Nassau County Schools.

PROOF OF THE FOLLOWING IS REQUIRED FOR STUDENTS TO REGISTER

Grade Level	Shots Required
Pre K	4 DTaP 3 Polio* 1 MMR 1-4 HIB (age appropriate) 3 Hep B 1 Varicella (or certification of disease)
Kindergarten	4-5 DTaP** 3-5 Polio (last dose must be after age 4) 2 MMR 3 Hep B 2 Varicella (or certification of disease)

Grade Level	Shots Required
1 – 6	4-5 DTaP** 3-4 Polio* 2 MMR 3 Hep B 2 Varicella (or certification of disease)
7 – 12	4-5 DTaP** 1 Tdap 3-4 Polio* 2 MMR 3 Hep B 2 Varicella (or certification of disease)

Notes of Exception:

- A child who commenced vaccination after 7 years of age would have only 3 Tdap/TD doses.
- DTP is acceptable for DTaP.
- *3 Polio doses are accepted only if the last dose is given after 4 years of age and 6 months after the 2nd dose.
- ** 4 DTaP doses are accepted only if the last dose is given after 4 years of age and 6 months after the 3rd dose.

- Parents should get their child's shots with their child's doctor if they have private insurance or Medicaid.
- For those without insurance, shots are provided through the Florida Department of Health, Nassau County, at no charge for children in school through a Federal Vaccine for Children Program.
- Parents must bring their child's up-to-date shot record to help identify needed shots and prevent unnecessary shots for their child.
- The Health Department will also provide parents with a required Proof of Immunization Florida DH 680 form. We must have an up-to-date shot record to produce a Certified 680 in FL Shots for the school to download.
- The Health Department DOES NOT provide School Entry or Sports Physicals.
- For more information about our clinics, call our Yulee Clinic at 904-875-6110 #1.

For more information on vaccines and school requirements, visit www.immunizeflorida.org

Nassau County School District

Medical & Allergy Notification

Please complete and return even if there are no health concerns. Indicate below the medical conditions which are severe enough to affect the student's school program or performance.

Student's Name_____ Date of Birth:_____ Grade____

Medical (Documented)	Food Allergy	Insect Allergy
☐ ADHD ☐ Diabetes ☐ Asthma ☐ Seizures ☐ Migraines ☐ Nosebleeds ☐ Hemophilia ☐ Other:_____	☐ Dairy (Milk/Cheese) ☐ Eggs ☐ Fish/Shellfish ☐ Peanuts ☐ Tree Nuts ☐ Soy ☐ Wheat ☐ Food Dye ☐ Other:_____	☐ Bees ☐ Fire Ants ☐ Hornets ☐ Wasps ☐ Yellow Jackets ☐ Gnats ☐ Mosquitoes ☐ Other: _____

☐ No Known Allergies
☐ Medication Allergy: _____
☐ Medication (List any current medication taken):_____

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)

Keep in mind that all medications must be brought to the school by the parent/guardian along with a prescription and physician documentation, action plan, or a management plan.

Physician's Name:_____ Phone #:_____

Parent/Guardian's Name (Printed):_____

Parent/Guardian's Signature:_____ Date:_____

MEDICAL AUTHORIZATION FORM

_____(Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by _____ 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: _____

Release of Student Information Non-Consent Form
Directory Information, Photographs, Videos, Creative Works
School Year: 2023-2024

Student's Full Name:_____ Date of Birth:_____
(Please Print)

School Name:_____ Student ID #:_____

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated directory information without written consent, unless you have advised the District to the contrary. According to the District's Administrative Rules (Chapter 5 - Part III), directory information includes the student's name, address, telephone number if it is a listed number, electronic mail address , photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, grade level, degrees, honors and awards received, and the most recent educational agency or institution attended by student.

Directory information can be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. This form will be used to allow you the opportunity to restrict the release of directory information. Please complete this form and return it to your child's school. If this signed form is not received by the school with options selected, it will be assumed that permissions for the release of directory information have been granted.

Directory Information
The district shall not release my child's directory information to a third party. I understand that choosing this option will prevent my child's information from being included in school publications (yearbooks, athletic programs, playbills) and recognition lists (graduation programs, honor rolls) or being released to the yearbook and ring vendors.

Armed Forces
The district shall not release my child's directory information to Armed Forces or Military Recruiters.

Postsecondary Educational Institutions
The district shall not release my child's directory information to postsecondary educational institutions.

Media Release
The district shall not release my child's name, photograph, audio and/or video recording for the purposes of student achievement and accomplishment to the media, website(s), or various social media channels.

Creative Works
The district shall not use my child's creative work or writing for publication.

Parent/Guardian's Name :_____ Relationship to Student: _____
(Please Print)

Parent/Guardian's Signature: _____ Date: _____

For School Use Only
Received by:_____ Date:_____
Entered in Focus by:_____ Date:_____

THIS AUTHORIZATION IS IN EFFECT UNTIL SEPTEMBER 15 OF THE FOLLOWING SCHOOL YEAR AND MUST BE RENEWED ANNUALLY.

Version 1.2 (ITIS) – 4/12/2023

STUDENT RECORDS

Student information is protected by federal and state laws as well as policies of the Nassau County School Board. These regulations for determining who can or cannot obtain student information were enacted to protect the privacy rights of students and parents.

What rights do students and parents have?
According to Florida Statute 1002.22, students and their parents have the right to:

- Access their education records maintained by a school, including the right to inspect and review those records.
- Waive their right to access to their education records in certain circumstances.
- Challenge the information contained in the education records in order to ensure the records are not inaccurate, misleading, or otherwise a violation of privacy or other rights.
- Privacy with respect to such records and reports.
- Annual notice of their rights with respect to education records.

What information is included in a student's record?
Florida Statute 1003.25 requires all principals to maintain permanent cumulative records for all students enrolled in a public school. The state law also determines what should be in the record and its format. A student's education records include personally identifiable data (social security number, address, birth date, sex, and race), registration forms and information, birth certificate, academic records, standardized test scores, legal documents (custody, guardianship, name change, etc.), ESE documents, ELL documents, 504 documents, RtI documents, attendance records, and health data. The record also may contain family background information, extracurricular activities, verified reports of serious or recurrent behavior patterns, honors and awards, and a list of schools attended.

How can parents review their child's records?
Parents can request to review student records. Schools must comply with that request within a 45-day period. If a parent feels that the record contains information that is inaccurate, misleading, or in violation of the student's rights to privacy, the parent contacts the principal of the responsible school. Requests for a correction, deletion, or expunging of the record must be made to the appropriate principal in writing and must clearly identify the part of the record they want changed and why.

Who, other than parents, can access student records?
Parents have the legal right to any and all information in a student's permanent cumulative record. If parents are divorced or separated, both parents have the right to student records unless a judicial order to the contrary is on file in the student's permanent cumulative record. Eligible students take on all the rights of a parent. An eligible student is one who is 18-years old or who is attending a postsecondary educational institution. Parents of eligible students still have access to the student's records as long as the student continues to be listed as a dependent on the parent's income tax return. A stepparent may have access to a child's record only with the written consent of the natural parent, legal guardian, or eligible student. School staff who need the information to work effectively with the student may also have access to it.

The law generally prohibits people from being able to inspect or review a student's education record without prior permission of the parent. Written consent is not required for disclosure of personally identifiable information for the following people: Principal and Assistant Principal, School Counselor(s), homeroom teacher, teacher of one or more subjects to the student, Dean of Students, NCPHU nurse or aide (access only to health records, stored separately), Occupational Specialist, Educational Support Employee aide assigned to guidance, student's academic advisor, and Administrative Data Entry Operator. Those persons who must sign and date an individual student access record are the following: school social worker, school psychologist, coach (if not the student's teacher), media specialist, activity sponsor (if not the student's teacher), designated school representatives, ESE staffing specialist, district administrative staff, parent/guardian of the student, law enforcement official, CFS official, fiscal or compliance auditor, other official who, in conduct of mandated duties may have access, and a person authorized by parent/guardian or adult student.

Please note that directory information can be made available for broad categories of students.

The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

Dr. Kathy K. Burns
Superintendent of Schools

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

STUDENT RESPONSIBLE USE OF TECHNOLOGY AGREEMENT

Nassau County School District (NCSD) makes a variety of communications and information technologies available to students through computer/network/Internet access. These technologies, when properly used, promote educational excellence in the District by facilitating learning, resource sharing, innovation, collaboration, and communication. In order for students to have access to these valuable resources, parents and students must sign the Student Responsible Use of Technology Agreement. The student is expected to follow the guidelines below and demonstrate ethical behavior and digital citizenship.

STUDENT GUIDELINES

- Students will follow teacher instructions regarding the use of the Nassau County digital network.
- Students will handle hardware and software tools with care and respect at all times.
- Students will remember that it is a privilege, not a right, to use the Nassau County digital network and device.
- Students should have no expectation of privacy at any time while using district assigned applications and devices.
- The district is authorized to do random audits of Internet histories of students.
- Students may not share user IDs or passwords.
- Students may not give out personal information about themselves or where they live.
- Students may not tamper with, change configurations, intentionally download viruses or in any way physically damage School Board provided equipment.
- Students may not download any media or programs that are not district approved.

STUDENT USE OF DISTRICT EMAIL

Students in 3rd through 12th grade are given a district email address to enable communication directly with their teacher. Email is a powerful communication tool and students may receive an email from their teachers to remind them of upcoming assignments or communicate about course content. Students may use their email to send questions or comments to teachers regarding their class.

- District network security will control whom email messages can be sent to and whom they can be received from.
- Students will only be able to email their teacher or staff member.
- Students will not be able to email any other student.
- Students will not be able to receive email from other students.
- Students will not be allowed to receive email from outside the school domain except for approved senders. (Ex. College Board, Colleges, Universities, and U.S. Military)
- Student email will be monitored 24 hours a day, 7 days a week for inappropriate content. Any inappropriate email content will be blocked from delivery and reported to school administration.

Please turn over to complete the back of the form.

SECURITY

Each District computer with Internet access has filtering software that blocks access to visual depictions that are obscene, inappropriate for students, or harmful to minors, as defined by the federal Children's Internet Protection Act (CIPA). The District makes every effort to limit access to objectionable material.

PARENT GUIDELINES

Parents are responsible for monitoring their student's use of the school district system and of the Internet if the student is accessing the school district system from home or a remote location. Parents have the right at any time to investigate or review the contents of their child's digital files.

Student's Last Name: _____ First Name: _____ M.I.: ____
(**Please Print**)

Student's School:_____Grade: _____

By signing this document, you are indicating that you have read and understand the terms and conditions set forth in the ***Student Responsible Use of Technology Agreement*** relating to the use of the school district digital network and Internet. In addition, you are acknowledging that any violation of these terms could result in the termination of your account, revocation of your computer access, and/or other disciplinary actions.

Student's Signature: _____ Date: ___ /____ /____
(*Required for Middle and High School Students)

Parent/Guardian's Name: _____Phone #: _____
(**Please Print** First and Last Name)

Parent/Guardian's Signature: _____Date: ___ /____ /____

THIS FORM MUST BE RETURNED TO SCHOOL

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.

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. For questions or complaints, please call (904) 491-9900.

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

Please Print.

School: _____

Student Name: _____

Grade:_____

Physical Address: _____

City: _____ Zip: _____

Home Phone: _____

Mom's Name: _____

Mom's Cell: _____

Dad's Name: _____

Dad's Cell: _____

Nassau County School District

PARENT TOOLS

(Student Information, School Lunches, & Transportation)

Focus - Schedule, Grades, Attendance, Assessments

- To establish a Parent Portal account, you must be the parent/guardian and have a valid email address, the student's ID #, and the student's birthday.
- Go to https://nassau.focusschoolsoftware.com
- Under the For Parents: heading, click the box titled *Click here to register for a new account* (If you already have an account, click the box to add another student to your existing account)
- Enter the required information
- Once you complete the process, you must visit your child's school and present a government-issued photo ID to verify your identity
- You can download the app on your phone: NCSD Focus

Titan School Solutions - School Lunch

- Go to https://www.nassau.k12.fl.us/foodservice and click on Titan School Services
- Meal payments, pricing, restrictions, menus
- Applications for free and reduced prices meals are available online
- You can download the app on your phone: Titan School Solutions

Transportation - Bus Routes

- Go to https://www.nassau.k12.fl.us and click on the Transportation button.
- Bus routes and Here Comes the Bus (enables you to see the location of your child's school bus)
- You can download the app on your phone: Here Comes the Bus