

1

**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? ___/___/___

**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.

Student Housing Information- 2020-2021

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 #: _____ 2nd best #: _____ 3rd 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.		
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 No		
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. (O)	

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 X & 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.

MEDICAL AUTHORIZATION FORM

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



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 (NCS D) 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 in class and in the school.
- Students will remember that it is a privilege, not a right, to use the Nassau County digital network.
- Students should have no expectation of privacy at any time while using the Nassau County digital network.
- The district is authorized to do random audits of Internet histories of students.
- Students may not share user IDs or passwords necessary for access to the network and other programs.
- 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 illegal copies of music, videos, or other media forms.

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.

Please Print

School _____

Student Name _____

Grade _____

Physical Address _____

City _____ **Zip** _____

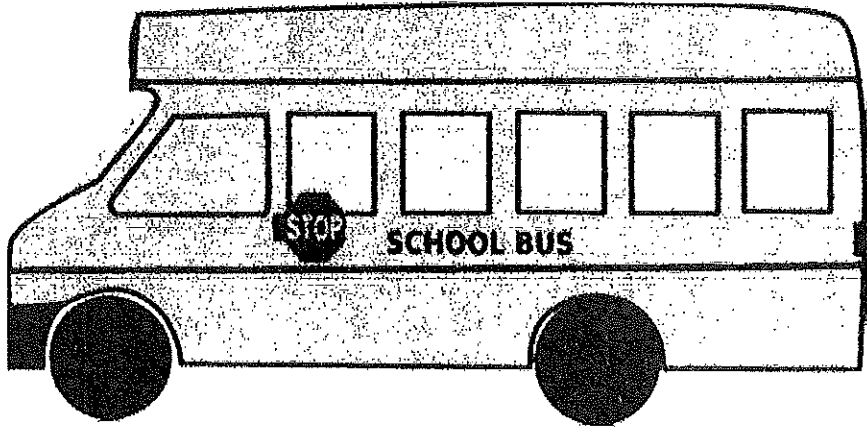
Home Phone _____

Mom's Name _____

Mom's Cell _____

Dad's Name _____

Dad's Cell _____





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Superintendent of Schools

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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: _____



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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;
3. For other purposes when consent of the parent or adult is granted.

(Authority: Section 1008.386, Florida Statutes; 6A-1.0955, State Board of Education Rules)

Parent Signature

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.

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.

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

Student's Last Name	First Name	Middle Name
Date of Birth	Grade	Social Security Number
Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT <i>*Must attach appropriate documentation of status if not the parent/stepparent.</i>		
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*

RESIDENCE ADDRESS: Post Office Box Number is Not Acceptable as Residence Address

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

PERSON PROVIDING PROOF OF RESIDENCY
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
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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.

<input type="checkbox"/> Joint Residency	<input type="checkbox"/> Proof of Residency Verified	<input type="checkbox"/> Other Caregiver: <u>Authority for Delegation of Parental Authority</u> provided. Must also have transfer approved as per Adm. Rule 6.77.	<input type="checkbox"/> Court-Appointed Guardian: Court Document provided	<input type="checkbox"/> Foster Parent: <u>Authorization for Out-of-Home Placement</u> (FL Department of Children and Families form) provided	<input type="checkbox"/> Student determined to be homeless. No proof of residency required.
Verified By: _____				Date _____	