



____ 1st Fax Attempt

____ 2nd Fax Attempt

____ 3rd Fax Attempt

FERNANDINA BEACH MIDDLE SCHOOL

DEPARTMENT OF SCHOOL COUNSELING

OFFICIAL REQUEST OF RECORDS RELEASE

Student's Name: _____

DOB: _____

Previous School: _____

State/District: _____

Fax#:() _____

PH#:() _____

Grade: _____

Record to be released:

____ Psychological ____ Academic Grades ____ Test Scores ____ Attendance

____ Health & Medical ____ ESE/IEP ____ 504 Plan

The records indicated above are to be released to:

FERNANDINA BEACH MIDDLE

315 Citrona Dr. Fernandina Beach, FL 32034

Office: (904) 491-7938 Fax: (904) 261-8919

Contact Persons

Registrar: Mrs. Sofia Klingele (klingeleso@nassau.k12.fl.us)

Boys Counselor: Murtavius Miller(millermu@nassau.k12.fl.us)

Girls Counselor: Brenda Bunch(bunchbr@nassau.k12.fl.us)

I hereby grant permission for release of the above records.

Date: _____

Parent Signature

*Parental permission is no longer required when records are requested by authorized school personal.

Fernandina Beach Middle School

Student Name : _____ Grade 6 7 8

Welcome to Fernandina Beach Middle School. In order to register for school, the following documents must be presented if you are coming from in/out of state.

- _____ Birth Certificate
- _____ Immunization Record
- _____ Physical exam within the last year (you have 30 days to get this)
- _____ Most Recent Report Card
- _____ Proof of Residency
- _____ Social Security Card
- _____ Test Scores

Instate transfer students have 30 days for physical, birth certificate and immunization.

The health department phone number for immunizations and physicals is 557-9130. It is located on 1620 Nectarine St.

Directions to Health Dept. from school:

Turn right onto Citrona Dr. After stop sign, go straight, then make right onto Lime St. (Hospital Sign) Take a left at the hospital. Follow to end of road. Then make a right onto Nectarine St. Health Dept. is on the left.

**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) Has the student been: a) Expelled; b) Arrested resulting in a charge and/or; c) had Juvenile Justice Actions imposed? Yes No
If Yes, describe the incident and outcome for **each** occurrence: _____
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 Health Care Plan? 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 BOARD
STUDENT REGISTRATION FORM**

School: _____
Date: _____

STUDENT INFORMATION: (Please Print All Information Requested)

Legal Name: _____ Gender: M F Entering Grade: _____
Last First Middle

Social Security No. _____ Florida Student ID Number _____ Date of Birth _____ Location of Birth (City, State/Country) _____
 Ethnicity: Hispanic or Latino Yes No
 Race: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

HOME LANGUAGE SURVEY:

Is a language other than English used in the home? Yes: _____ No: _____ If yes, list language spoken: _____
 Did the student have a first language other than English? Yes: _____ No: _____ If yes, list language spoken: _____
 Does the student most frequently speak a language other than English? Yes: _____ No: _____ If yes, list language spoken: _____
 Has student been in a program for English for Speakers of Other Languages (ESOL)? Yes: _____ No: _____

IMMIGRANT STATUS:

Date Entered U. S. Schools (DEUSS): _____
 Was your child born outside of the U.S.? Yes No
 Has your child ever attended a U. S. school? Yes No
 (If answer is marked No and student is born outside of the U.S.-excluding Puerto Rico & District of Columbia-student MUST be marked YES as an immigrant in FOCUS).

PARENT/GUARDIAN INFORMATION:

Who has custody? Mother Father Grandparent Legal Guardian Other (_____) Current legal documentation required _____

1) _____ (_____) _____
Last Name First Relationship Home Phone No.

_____ (_____) _____
Email address Cell Phone Number

2) _____ (_____) _____
Last Name First Relationship Home Phone No.

_____ (_____) _____
Email address Cell Phone Number

Home Address: _____
Street, Route-Box, Apt. No. City State Zip

In case of an emergency and I cannot be reached at home or work, call:

1) _____ (_____) _____ 2) _____ (_____) _____
Last Name First Phone No. Last Name First Phone No.

SCHOOL ATTENDANCE HISTORY:

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

2) Has student been: a) expelled; b) arrested resulting in a charge and/or; c) had juvenile justice actions imposed? Yes: _____ No: _____ If so, describe incident and outcome for **each** occurrence. _____

3) Previously enrolled in ESE Programs? Yes No
 If yes, list previous programs: _____

4) Has student previously attended school in Nassau County? Yes: _____ No: _____ If yes, name of school: _____ Gr: _____ Yr: _____

FLORIDA STATUTES 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 Signature: _____ Date: _____

FOR SCHOOL USE ONLY: Check (4) the document provided for each category

ENTRY CODE: _____	EVIDENCE OF BIRTH DATE and (Code) (keep copy for documentation) <input type="checkbox"/> Transcript of birth record (1) <input type="checkbox"/> # _____ <input type="checkbox"/> Transcript of baptismal record (3) <input type="checkbox"/> Ins. Policy (4) <input type="checkbox"/> Sch. Record (7) <input type="checkbox"/> Bible Record (5) <input type="checkbox"/> Cert. of Age (8) <input type="checkbox"/> Passport (6)	EVIDENCE OF SOC. SEC. NO. * (keep copy for documentation) <input type="checkbox"/> original card <input type="checkbox"/> copy of card <input type="checkbox"/> bank statement <input type="checkbox"/> insurance record <input type="checkbox"/> FL. school district no. <input type="checkbox"/> Other (describe) _____ * not required for enrollment	EVIDENCE OF PHYSICAL EXAM (keep copy for documentation) <input type="checkbox"/> medical record attached <input type="checkbox"/> in-state transfer EVIDENCE OF IMMUNIZATION (keep record for documentation) <input type="checkbox"/> medical record attached <input type="checkbox"/> in-state transfer
ENTRY DATE: ____/____/____			

**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.: () _____

SCHOOL USE ONLY	
Form Reviewed By:	
_____ Initials	_____ Date

PLEASE READ REVERSE SIDE FOR COMPLETE STATEMENT OF REQUIREMENTS



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

John L. Ruis, Ed.D.
Superintendent of Schools

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

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

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

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

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

Parent Signature

Date

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

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

AN EQUAL OPPORTUNITY EMPLOYER.

**NASSAU COUNTY SCHOOL 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

**Must attach appropriate documentation of status if not the parent/stepparent.*

First and Last Name of: FATHER, STEPFATHER, COURT-APPOINTED GUARDIAN*, FOSTER PARENT*, OTHER CAREGIVER*

First and Last Name of: MOTHER, STEPMOTHER, COURT-APPOINTED GUARDIAN*, FOSTER PARENT*, OTHER CAREGIVER*

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

Street Address - House Number and Street Name

City	State	Zip Code
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Home Telephone	Father/Guardian Work Phone	Mother/Guardian Work Phone
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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.

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

Student Housing Information- 2019-2020

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.**

<hr/>	<hr/>	<hr/>	/ /	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In	
<hr/>	<hr/>	<hr/>	/ /	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In	
<hr/>	<hr/>	<hr/>	/ /	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In	
<hr/>	<hr/>	<hr/>	/ /	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In	
<hr/>	<hr/>	<hr/>	/ /	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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, <u>substandard housing (multiple major repair issues needed)</u> , 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 or Fire (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, 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.

DO NOT mark "homeless" in FOCUS nor fax to Food Service. Updated: 5/29/19

SCHOOL HEALTH PARENT INFORMATION REGARDING STUDENT MEDICAL AND/OR MEDICATION NEEDS

The Nassau County School District works in conjunction with the Florida Department of Health in Nassau County (DOH) to promote the health and overall well-being of all students. All medications or medical issues will be managed by the parent(s) and the school nurse to ensure the safety of each child.

A shot record is required for all new students before entry into the school system. The Florida DH 680 form can be obtained from your doctor or from the Health Department. If you do not have a doctor, or are unable to obtain the immunization from your provider, the Health Department offers free vaccinations. For more information, please contact the Department of Health at (904) 875-6110 for clinic hours.

A school physical exam is also required for all new students. It must have been completed within the 12 months immediately preceding the date your child starts school. An out of state physical exam is acceptable provided it contains a review of body systems (head, neck, chest, etc.) and a medical provider's signature.

All medications must be brought to the school by the parent and the appropriate paperwork needs to be completed. Emergency medications such as Glucagon, Epi-pens and inhalers can be given to the nurse in the clinic or carried on the student, provided the proper documentation has been completed by the parent AND doctor. It is advised that extra emergency medication should be left in the clinic for those students who will be carrying their own medications to be used should the student forget to bring his/her medicine. Deliver medications to the clinic, not the teacher.

Your doctor can complete medical plans for students with chronic diseases such as asthma, cardiac disease, cystic fibrosis, diabetes, seizures or severe allergies and also for any medical procedures which will be performed during the school day. Written instructions regarding your child's medical needs will help make a smoother transition for the upcoming school year.

Please contact your school's nurse directly or the Health Department's School Health Team at (904) 875-6110 regarding your child's medical needs so that a plan of care can be developed.

We appreciate your help with getting all medical information in place before starting school, and look forward to working with you and your child.

Thank You,
School Health Nurses for Fernandina Schools
Jodie Hearn, LPN (904) 321-5867 Ext: 2460
Sharon Kittrell, RN (904) 813-6837