

OFFICIAL RECORDS REQUEST

FERNANDINA BEACH MIDDLE
315 Citrona Dr. Fernandina Beach, FL 32034
Phone (904) 491-7938 / Fax (904) 261-8919



Contact Persons:

Registrar: Mrs. Sofia Klingele : klingeleso@nassau.k12.fl.us
Boy Counselor: Murtavius Miller : millermu@nassau.k12.fl.us
Girls Counselor: Brenda Bunch : bunchbr@nassau.k12.fl.us

Date: _____

Prior School Name: _____

Prior School Address: _____

Prior School Phone #: _____ Prior School Fax: _____

Student Information

Student Name: _____ Date of Birth: _____

Current Grade Level: _____

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

Withdraw Form <input checked="" type="checkbox"/>	Current Withdrawal Grades <input checked="" type="checkbox"/>
Immunization Records & Sch Physical <input checked="" type="checkbox"/>	Permanent Record <input checked="" type="checkbox"/>
Birth Certificate <input checked="" type="checkbox"/>	Social Security Card <input checked="" type="checkbox"/>
Standardized Test Results <input checked="" type="checkbox"/>	Home Language Survey <input checked="" type="checkbox"/>
Current Report Card <input checked="" type="checkbox"/>	Current Progress Report <input checked="" type="checkbox"/>
Prior quarter report cards <input checked="" type="checkbox"/>	Final Report Cards for previous years <input checked="" type="checkbox"/>

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

Special Education (IEP) _____	Gifted _____
Speech _____	OP/PT _____
ESOL _____	504 Plan _____
Reading Level (Intensive, On Level, Above Level) <input checked="" type="checkbox"/>	Discipline Records _____

Please mail or fax all copies of records as well as a copy of this form to the attention of: Registrar
Thank you in advance for your assistance .

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

Date Requested	2 nd Request	3 rd Request	4 th Request	Received
_____	_____	_____	_____	_____

**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

**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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City: _____ State: _____ Zip: _____	
2) Has the student previously attended school in Nassau County? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____	
b) Has the student been arrested, resulting in a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____	
c) Has the student received Juvenile Justice actions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____	
d) Has the student ever been referred to mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____	
4) Has the student previously been enrolled in Exceptional Student Education (ESE) ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all programs:	
<input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Language Impaired	
<input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Emotionally/Behavioral Disability <input type="checkbox"/> Specified Learning Disability <input type="checkbox"/> Gifted	
<input type="checkbox"/> Hospital/Homebound <input type="checkbox"/> Dual-Sensory Impaired <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Traumatic Brain Injured <input type="checkbox"/> Developmentally Delayed	
<input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other: _____	
5) Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Does the student have a Student Health Care Plan (A plan for specific health related services)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7) For Students entering KG only – Did the student attend a Preschool Program BEFORE entering Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide the following information:	
Name of Preschool: _____	City/State/Zip: _____
How long did this child attend (in months)? _____	Preschool was: <input type="checkbox"/> Public <input type="checkbox"/> Private

STUDENT INFORMATION

Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Race (Check all that apply):	
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
	_____	@	_____		_____	Cell Phone Number		
2)	_____	First	_____	Last	_____	Relationship	(____) _____	Home Phone Number
	_____	@	_____		_____	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: <input type="checkbox"/> Transcript of Birth Record [1] <input type="checkbox"/> Baptismal Certificate & Sworn Affidavit [3] <input type="checkbox"/> Insurance Policy in force 2 years [4] <input type="checkbox"/> Bible Record & Sworn Affidavit [5] <input type="checkbox"/> Passport – no copies allowed [6] <input type="checkbox"/> School Record, at least 4 years prior [7] <input type="checkbox"/> Health Exam & Sworn Affidavit [8] <input type="checkbox"/> No Verification [9] <input type="checkbox"/> Out-of-State Transfer Records [T]	Social Security Number* Documentation: <input type="checkbox"/> Original SS Card <input type="checkbox"/> Copy of SS Card <small>*Social Security Number is not required for enrollment. However, it is required that we request the SSN upon student enrollment.</small>	Physical Exam: <input type="checkbox"/> Medical record attached <input type="checkbox"/> In-State Transfer Immunization: <input type="checkbox"/> Medical record attached <input type="checkbox"/> In-State Transfer
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Processed By: _____ Date: ____/____/____

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

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

Student's Last Name	First Name	Middle Name
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Date of Birth	Grade	Social Security Number ____ - ____ - ____
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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*
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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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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, <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"/> <u>Convenience or family unit with host- ineligible for Title IX add'l services</u> |
| <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.

MEDICAL AUTHORIZATION FORM

_____ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by Fernandina Beach Middle School and/or the School Board of Nassau County.

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

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

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

Parent or Guardian Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

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

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

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

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

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

Student's Signature: _____ Date: _____



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, FL 32034

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

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

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

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

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

ORIGINAL ENTRY REQUIREMENTS

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

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

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

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

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

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

Nassau County Florida Immunization Requirements

School Year 2020-21

By the time your child starts school he/she should already have a number of 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

Diphtheria/Tetanus/Pertussis (DtaP)	4 or 5 doses—5 th dose not required if 4 th given after 4 th birthday (REQUIRED FOR GRADES K-12)
*Polio Series (IPV)	3-5 doses (REQUIRED FOR GRADES K-12)
Measles/Mumps/Rubella (MMR)	2 doses (REQUIRED FOR GRADES K-12) (1 st dose must be given on or after 1 st birthday)
Hepatitis B (Hep B)	3 doses or 2 doses if use 2 dose vaccine series (REQUIRED FOR GRADES PRE-K-12)
Tetanus/Pertussis Booster (Tdap)	1 dose Tdap for Grades 7 through 12
Varicella (chickenpox)	2 doses for Kindergarten through Grade 11 1 dose for Grade 12 (1 st dose must be given on or after student's 1st birthday) (Varicella Vaccine is not required if varicella disease is documented by a health care provider)

*If four or more doses are administered before age 4, an additional dose should be administered at age 4-6 years and at least six months after the previous dose. A 4th dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

NO SHOTS, NO SCHOOL, NO JOKE!

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 birth to 18 years of age 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. We will also provide parents with a required Proof of Immunization Form 680 if needed. We must have an up-to-date shot record to provide a 680.

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

