

Nassau County School District

Registration Checklist

You must have ALL required documents to complete the registration process, unless you are determined to be experiencing homelessness as defined by the McKinney-Vento Act.

- 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) |
|--|--|--|
| <ul style="list-style-type: none"> ● Current mortgage statement ● Property Deed ● <u>Signed</u> settlement statement (for new home purchases only; sales/builders contracts not acceptable) ● Homesteaded property tax statement | <ul style="list-style-type: none"> ● Current utility bill** <ul style="list-style-type: none"> ○ Cable ○ Electric ○ Gas ○ Internet ○ Landline Phone ○ Water <p>**For new service, an activation notice may be accepted – must show name, address, & start of service date.</p> | <ul style="list-style-type: none"> ● Driver's license with enrolling address (Driver's license must be updated within 30 days)** <p>**If the driver's license address does not match enrolling address, provide 1 of the following:</p> <ul style="list-style-type: none"> ● 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. | <ul style="list-style-type: none"> ● Current utility bill** <ul style="list-style-type: none"> ○ Cable ○ Electric ○ Gas ○ Internet ○ Landline Phone ○ Water <p>**For new service, an activation notice may be accepted – must show name, address, & start of service date.</p> <p>***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.</p> | <ul style="list-style-type: none"> ● Driver's license with enrolling address (Driver's license must be updated within 30 days)** <p>**If the driver's license address does not match enrolling address, provide 1 of the following:</p> <ul style="list-style-type: none"> ● 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) |
|--|--|---|--|
| <ul style="list-style-type: none"> ● Current mortgage statement ● Property Deed ● <u>Signed</u> settlement statement (for new home purchases only; sales/builders contracts not acceptable) ● Homestead property tax statement | <ul style="list-style-type: none"> ● Current utility bill** <ul style="list-style-type: none"> ○ Cable ○ Electric ○ Gas ○ Internet ○ Landline Phone ○ Water <p>**For new service, an activation notice may be accepted – must show name, address, & start of service date.</p> | <ul style="list-style-type: none"> ● Driver's license with enrolling address (Driver's license must be updated within 30 days)** <p>**If the driver's license address does not match enrolling address, provide 1 of the following:</p> <ul style="list-style-type: none"> ● 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. | <ul style="list-style-type: none"> ● Current utility bill** <ul style="list-style-type: none"> ○ Cable ○ Electric ○ Gas ○ Internet ○ Landline Phone ○ Water <p>**For new service, an activation notice may be accepted – must show name, address, & start of service date.</p> | <ul style="list-style-type: none"> ● Driver's license with enrolling address (Driver's license must be updated within 30 days)** <p>**If the driver's license address does not match enrolling address, provide 1 of the following:</p> <ul style="list-style-type: none"> ● 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? ____/____/____

2025-2026 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: <input type="checkbox"/> Male <input type="checkbox"/> 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.) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Other: _____ | | | | | |
| Mother / Guardian | Last Name: | | First: | | | |
| | Home Address (if different from student): | | City, State, Zip: | | | |
| | Employer: | | Work Phone: | | Email: | |
| | <i>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.</i> | | | | | |
| | Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications | | Home Phone: <input type="checkbox"/> 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: | |
| | <i>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.</i> | | | | | |
| | Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications | | Home Phone: <input type="checkbox"/> 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? <input type="checkbox"/> Car Dropoff <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site before-care program (Program: _____) | | | | | |
| | Regular Dismissal Procedures. On a typical day, how will your child leave school? <input type="checkbox"/> Car Pickup <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site after-care program (Program: _____) <input type="checkbox"/> Attend ON-site after school program (Program: _____) | | | | | |



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): | |
| | <input type="checkbox"/> Asthma. If checked, does the student use an inhaler? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication |
| | <input type="checkbox"/> Seizures. If checked, is the student on medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Diabetes. If checked, is the student insulin dependent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Movement limitations (Describe): | |
| | <input type="checkbox"/> Recent illness/hospitalization/surgery (Describe): | |
| | <input type="checkbox"/> Other DOCUMENTED medical/mental health diagnoses (Describe): | |
| <input type="checkbox"/> Severe Allergies. If checked, please check the type below: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/drugs: Specify: _____ Specify: _____ Specify: _____ | | Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____ |
| Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 written 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: _____

Student Housing Information 2025-2026

ONLY COMPLETE this application if you meet 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 |
| 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 |

Circle relationship 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:

Relationship _____

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 are: (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. (Caregiver’s Authorization Affidavit must be completed for students under 18) 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.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Hurricane (H) | <input type="checkbox"/> Natural Disaster-Tropical Storm (S) |
| <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Wildfire (W) | <input type="checkbox"/> Man-made Disaster (Major) (D) |
| <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Major Pandemic (P) | <input type="checkbox"/> 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. Email all forms to cresseymol1@nassau.k12.fl.us.



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 on the DH 680 form.

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 Form 680 if needed. 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 |
|--|---|---|
| <input type="checkbox"/> ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Migraines <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Hemophilia <input type="checkbox"/> Other: _____ _____ | <input type="checkbox"/> Dairy (Milk/Cheese) <input type="checkbox"/> Eggs <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Soy <input type="checkbox"/> Wheat <input type="checkbox"/> Food Dye <input type="checkbox"/> Other: _____ _____ | <input type="checkbox"/> Bees <input type="checkbox"/> Fire Ants <input type="checkbox"/> Hornets <input type="checkbox"/> Wasps <input type="checkbox"/> Yellow Jackets <input type="checkbox"/> Gnats <input type="checkbox"/> Mosquitoes <input type="checkbox"/> 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: _____

Nassau County School District

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: 2025-2026

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.

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
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Dr. Kathy K. Burns
Superintendent of Schools

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

STUDENT ACCEPTABLE 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. When properly used, these technologies promote educational excellence in the District by facilitating learning, resource sharing, innovation, collaboration, and communication. For students to have access to these valuable resources, parents and students must sign the Student Acceptable Use of Technology Agreement. The student must follow the guidelines below and demonstrate ethical behavior and positive digital citizenship.

STUDENT GUIDELINES

- Students will follow teachers' 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 using the Nassau County digital network and device is a privilege, not a right.
- Students should not expect privacy at any time while using district-assigned applications and devices.
- The district has the authority to conduct random and necessary audits of students' Internet or computer histories.
- Students must not share user IDs or passwords.
- Students should not give out Personal Identifiable Information (PII), such as their address, social security number, or any other personal information.
- Students are prohibited from tampering with or altering configurations, intentionally downloading viruses, or causing any physical damage to equipment provided by the District.
- Students may not download any media, programs, or applications that are not district-approved.

STUDENT USE OF DISTRICT EMAIL

Email is a powerful communication tool. Students in grades 3 through 12 are given a district email address to enable direct communication with their teacher. Students may receive emails from their teachers for assignment reminders or course-related communication, and students can also use email to send questions or comments about their classes.

- District network security policies will control whom email messages can be sent to and from whom they can be received.
- Students will only be able to email teachers/staff members.
- Students will not be able to email or receive emails from any other student.
- 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 24/7 for inappropriate content. Any such content will be blocked and reported to the student's school administrator.

SECURITY

Every District computer equipped with Internet access is installed with filtering software designed to block visual depictions deemed obscene, inappropriate for students, or harmful to minors, in accordance with the federal Children's Internet Protection Act (CIPA). The District makes every effort to limit access to objectionable material.

Please turn over to complete the back of the form.

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 to review their child's digital files at any time. Contact your student’s site administrator to submit your request.

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 Acceptable 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 Schools Transportation Information



Transportation help is just a click away through our Bus Stop Request Portal

Use the portal to:

- Register to ride the bus for the first time
- Request a bus stop
- Have a current bus stop moved or reviewed

To access the Bus Stop Request Portal, follow these steps:

- Go to www.nassau.k12.fl.us
- Click on the School Bus icon on the page
- Click on Bus Stop Requests & Guidelines
- Click on the Bus Stop Request Portal link

- A student cannot be routed or assigned to a bus until fully registered at the school level and his or her information appears in the FOCUS student information portal.
- Transportation assignments are based on the student's address of record used for school registration.
- Allow up to 10 days to process requests.
- Students that have do not have an existing stop are given priority.

FAC 6A-3.0121: Parents are responsible to ensure the safe travel of their students during the portions of each trip to and from school and home when the students are not under the custody and control of the school district, including during each trip to and from home and the assigned bus stop when the school district provides bus transportation.

Here Comes the Bus: HCTB is an easy-to-use app that enables you to see the location of your child's school bus on a smartphone, tablet, or personal computer. You will need your child's student ID# and our district's school code, **76491**, to sign up. You can download the app from the Google Play or Apple Store or visit www.herecomesthebus.com. More information can be found on our website.

FAQs:

- **I've never ridden the bus before and need to set up a bus stop. How do I register to ride?**
 - Use the online portal to request a stop.
- **My HCTB app isn't showing my students stop or information?**
 - This usually happens when you are not registered for a bus. Use the portal to make a request and put in the comments that your HCTB app isn't working.
- **How can I look up my child's bus stop information?**
 - Bus numbers, stop locations, and times can be found in your child's FOCUS portal on the transportation tab.
 - If there is no transportation information on FOCUS, then we don't have you registered to a bus. Use the Portal to make a stop request and we will get you registered.
- **I don't have a computer, or I am unable to access the online Portal—how do I register?**
 - Call us at the number below and we will help get your request submitted.
- **I submitted my request, when will I get a response?**
 - If there is already an existing bus stop in place or we just need to activate you as a rider, you will usually get a response the next day.
 - If a new stop needs to be created and routed to a bus, it may take 5-10 days to get a response depending on the complexity.

Contact Information:

- You can call us at **(904) 225-0127**, but using the Portal or email is preferred
- Westside Route Coordinator (Callahan, Hilliard, Bryceville)
 - Kathy Gammons: Gammonskal@nassau.k12.fl.us
- Eastside Route Coordinator (Fernandina, Yulee)
 - Evelyn McKie: Mckieev@nassau.k12.fl.us
- Special Routes Coordinator
 - Megan Johnson: Johnsonme4@nassau.k12.fl.us

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 Parent & Guardian Account Management, 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

LINQ Connect - School Lunch



- Visit <https://linqconnect.com> to set up your parent or student account.
- View menus and meal prices, make online payments, add restrictions, apply for free/reduced lunch, or set up low balance alerts.
- You can download the app on your phone: LINQ Connect
- For more information about our program, please check out our website <https://www.nassau.k12.fl.us/foodservice>

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