

Nassau County School District

Registration Checklist

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

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

☐ **Proof of Residency** - See the Residency and Guardianship document for more information.

a. **If You Are A Homeowner** (1 from each Category)

- Category A: Current mortgage statement, Property Deed, Signed settlement statement (for new home purchases only; sales/builders contracts not acceptable), Homesteaded property tax statement
- Category B: Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
- Category C: Driver's License with enrolling address

b. **If You Are A Renter** (1 from each Category)

- Category A: Current lease which must have both tenant and landlord/ property manager's signature and contact information
- Category B: Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
- Category C: Driver's License with enrolling address

c. **If You Are Living With A Person Who Owns Their Home/Shared Residency** - Do Not Have Proof Of Ownership in the Parent/Guardian's Name (1 from each Category)

- Category A (HOMEOWNER): Current mortgage statement, Property Deed, Signed settlement statement (for new home purchases only; sales/builders contracts not acceptable), Homesteaded property tax statement
- Category B (HOMEOWNER): Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
- Category C (PARENT/GUARDIAN): Driver's License with enrolling address
- Category D (HOMEOWNER): Signed Affidavit Verification of Residency form

d. **If You Are Living With A Person Who Is A Renter** - Do Not Have A Lease in the Parent/Guardian's Name (1 from each Category)

- Category A (RENTER): Current lease which must have both tenant and landlord/ property manager's signature and contact information
- Category B (RENTER): Current Utility Bill (Cable, Electric, Gas, Internet, Landline Phone, Water)
- Category C (PARENT/GUARDIAN): Driver's License with enrolling address
- Category D (RENTER): Signed Affidavit Verification of Residency form

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

Nassau County School District

Residency & Guardianship

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

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

Proof Of Residency

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

If You Are A Homeowner

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

Immunization Requirements

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

PROOF OF THE FOLLOWING IS REQUIRED FOR STUDENTS TO REGISTER

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

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

Notes of Exception:

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

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

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

**NASSAU COUNTY SCHOOL DISTRICT
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

_____ @ _____ () _____
Email Address Cell Phone Number

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

_____ @ _____ () _____
Email Address Cell Phone Number

Emergency Contacts – Please provide name(s) of person(s), other than Parent or Guardian, allowed to pick up student.

1) _____ () _____ () _____
First Last Relationship Cell Phone Number Other Phone Number

2) _____ () _____ () _____
First Last Relationship Cell Phone Number Other Phone Number

3) _____ () _____ () _____
First Last Relationship Cell Phone Number Other Phone Number

FLORIDA STATUTE 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Parent/Guardian's Signature: _____ Date: ____/____/____

FOR SCHOOL USE ONLY:

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

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

**ACKNOWLEDGEMENT OF RESPONSIBILITY
TO PROVIDE LEGAL DOCUMENTS TO ENTER
NASSAU COUNTY SCHOOL**

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 (1)
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.

FAILURE TO PROVIDE SUCH RECORDS WITHIN THIRTY (30) DAYS WILL RESULT IN:

The school principal will institute a process that will assure compliance with compulsory attendance laws.

_____ **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), and evidence of health examination at the time of registration.

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

Student Housing Information- 2023-2024

This application is intended to address the requirements of the McKinney-Vento/ Homeless Act. The answers to the questions below will assist in determining if your student may qualify for services provided to those living in a temporary situation due to loss of housing.

Please print clearly and complete the entire form. Incomplete forms will result in a delay of services.

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

Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In
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 relation to above student(s): Parent(s), Legal Guardian(s) by Court Order, or Caregiver(s) of displaced student(s) above. (See definition of "Caregiver" on #5 below. Temporary Guardianship or Notarized parent note are examples of situations that fall under "Caregiver/Host.")

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

Address or Location: _____

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

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

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

Title IX	The student(s) listed above: (Please check 'yes' or 'no' in each column.)	YES	NO
1.	Living in an emergency or transitional shelter or FEMA trailer. (A)		
2.	Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason ("doubled-up"). Name of host(s): (B)		
3.	Living in a car, park, temporary trailer park or campground, public space, abandoned building, substandard housing (multiple major repair issues needed), bus or train station, or any other public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings. (D)		
4.	Living in a hotel or motel due to lack of adequate alternative accommodations. (E)		
5.	If a child/youth lives with an adult other than his/her parent/guardian, he/she is considered "unaccompanied." Mark "yes" if a student listed above is unaccompanied. (Caregivers for students under 18 must complete the Caregiver's Authorization Affidavit.) Form		
obtained? Yes No			
Title I Part C		YES	NO
1.	Have you moved to a new town to find work within the last 3 years?		
2.	Did you find work in agriculture or fishing (e.g., field work, canneries, lumber industry, dairy work)?		
3.	Is work in agriculture or fishing a major source of income for your family?		

***If you marked "Yes" on a Title IX question above, please indicate the cause by placing an "X" in the appropriate box.**

- | | | |
|--|---|--|
| <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. Fax all forms to **904-548-0439**.

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

NASSAU COUNTY SCHOOL DISTRICT
AFFIDAVIT VERIFICATION OF RESIDENCY

Student's Name _____ Date of Birth: _____ Grade _____

STUDENT LIVES WITH: Print Name(s) and Relationship to the Student

- 1) _____
First Name Last Name Relationship to the Student
- 2) _____
First Name Last Name Relationship to the Student

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

Street Address – House/Apt. Number and Street Name _____

City _____ State _____ Zip Code _____

I hereby swear/attest that my child(ren) and I are currently residing with or in the home of _____
(Print the Name of the Homeowner/Renter)

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 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 residing at the address may result in revocation of the student's enrollment. Under the penalty of perjury and Florida law (Statute 837.06) governing false statements made to public servants, I certify that the information included in this form is true and correct.

Parent/Legal Guardian's Signature _____ Date _____

State of _____ County of _____

SUBSCRIBED and SWORN before me on this _____ day of _____, 20_____

BY _____, who () is personally known to me or () has produced a valid photo ID.

(Print the Name of the Notary)

Notary's Signature _____

TO BE COMPLETED BY HOMEOWNER/RENTER

I _____, hereby swear/attest that the above statement is true and accurate, and the above-named individuals are indeed residing at the above address.
(Print the Name of the Homeowner/Renter)

Homeowner/Renter's Signature _____ Date _____

State of _____ County of _____

SUBSCRIBED and SWORN before me on this _____ day of _____, 20_____

BY _____, who () is personally known to me or () has produced a valid photo ID.

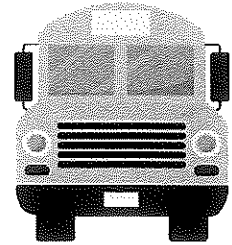
(Print the Name of the Notary)

Notary's Signature _____

Nassau County School District

Transportation Registration Form

This form is only necessary if the new student is eligible to ride a bus and will ride a bus. Send completed form via county mail to Route Coordinator at Yulee Transportation once complete.



Please Print.

School: _____

Student Name: _____

Grade: _____

Physical Address: _____

City: _____ Zip: _____

Home Phone: _____

Mom's Name: _____

Mom's Cell: _____

Dad's Name: _____

Dad's Cell: _____



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



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, FL 32034

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

Student Data Collection Form

Student's Name: _____

Grade: _____

Please answer BOTH questions 1 and 2.

1. Is your child Hispanic or Latino? (Please mark only one)
 - ☐ No, my child is not Hispanic or Latino
 - ☐ Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? (Please, mark all that apply, however mark at least one)
 - ☐ American Indian or Alaska Native – A person having origins in any of the original people of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 - ☐ Asian – A person having origins in any of the original people of the Far East, Southeast Asian or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - ☐ Black or African American – A person having origins in any of the black racial groups of African Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
 - ☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
 - ☐ White – A person having origins in any of the original people of Europe, the Middle East, or North Africa

Parent Signature

Date

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

AN EQUAL OPPORTUNITY EMPLOYER

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, Rtl documents, attendance records, and health data. The record also may contain family background information, extracurricular activities, verified reports of serious or recurrent behavior patterns, honors and awards, and a list of schools attended.

How can parents review their child's records?

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

Who, other than parents, can access student records?

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

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

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



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

Dr. Kathy K. Burns
Superintendent of Schools

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

STUDENT RESPONSIBLE USE OF TECHNOLOGY AGREEMENT

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

STUDENT GUIDELINES

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

STUDENT USE OF DISTRICT EMAIL

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

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

Please turn over to complete the back of the form.

SECURITY

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

PARENT GUIDELINES

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

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

Student's School: _____ Grade: _____

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

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

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

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

THIS FORM MUST BE RETURNED TO SCHOOL

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

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

AN EQUAL OPPORTUNITY EMPLOYER

Student – v 1.0 2023-2024

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: _____

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): _____

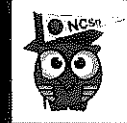
Parent/Guardian's Signature: _____ Date: _____

Nassau County School District

PARENT TOOLS

(Student Information, School Lunches, & Transportation)

FOCUS - Schedule, Grades, Attendance, Assessments



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

Titan School Solutions - School Lunch

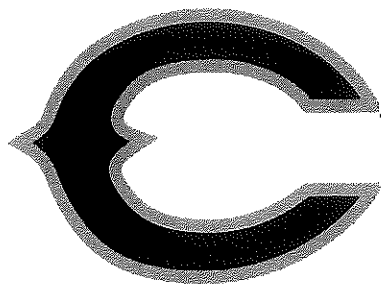


- Go to <https://www.nassau.k12.fl.us/foodservice> and click on Titan School Services
- Meal payments, pricing, restrictions, menus
- Applications for free and reduced prices meals are available online
- You can download the app on your phone: Titan School Solutions

Transportation - Bus Routes



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



Callahan Middle School

450121 Old Dixie Highway
Callahan, Florida 32011
(904) 879-3606 FAX (904) 879-2860

Kimberly Shumate, Principal
Jonathan Goodwin, Assistant Principal

Kyanne Way & Heather Davidson, School Counselors
Susan Kegley, Secretary/Bookkeeper

STUDENTS REQUIRING MEDICATION WHILE IN SCHOOL DURING THE SCHOOL YEAR

If your child must take medication at school, it will be necessary for you to complete a new parent authorization form when you bring medication to school. If we are to give medications to your child at school, the School Board also requires the following:

- Medications must be in the original container, labeled with an unexpired prescription.
- The only medications a student can carry includes inhalers, Epi-Pens, and diabetic supplies if the school has been provided with parental and physician authorization stating he student can carry the medication.
- Over the counter medications such as Benadryl, Tylenol, or Ibuprofen can only be given if we have parental and physician authorization. A new, unopened container must be provided to the school by the parent/guardian. Please make sure doctor's note includes the dosage.
- Students are not permitted to carry any cough or cold medicine, or cough drops without a prescription.

Please contact the Nurse at (904) 879-3606 if you have any questions or concerns.

