



# Hilliard Elementary School

27568 Ohio Street, Hilliard, FL 32046

Phone: 904-845-4471

Fax: 904-845-7427

## **REGISTRATION REQUIREMENTS**

### **Student Registration Packet containing:**

1. Original Birth Certificate
  2. Original Social Security Card
  3. Immunization Record
  4. Florida Physical
  5. Proof of Residency (1 of the items listed below):
    - \* Utility bill in your name (gas, electric, water, land-line phone)
    - \* Lease / rental agreement with landlord's name, address, phone #
    - \* Mortgage payment, closing papers, or mortgage payment statement
    - \* Residence insurance statement
    - \* Verification of Social Services with residence address specified
  6. Parent/ Guardian Driver's License or Identification
- \* Court papers or legal documents if person registering is not on birth certificate*

### **Additional requested information for transfer students as applicable:**

- \_\_\_ Report card
- \_\_\_ Most current standardized test scores / results
- \_\_\_ IEP / 504 / Speech paperwork
- \_\_\_ Psychological testing

**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? \_\_\_\_/\_\_\_\_/\_\_\_\_



# 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:

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

Entered in Student Database By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**STUDENT'S LEGAL NAME:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Sex: ☐ Male ☐ Female      Last      First      Middle  
Race/Ethnic ☐ White (W) ☐ Black (B) ☐ Hispanic (H) ☐ Multiracial (M)  
Category: ☐ Asian/Pacific Islander (A) ☐ American Indian/Alaskan Native (I)

**Date of Birth:** \_\_\_\_\_

Student is transferring from (School) \_\_\_\_\_ located in

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has student ever been enrolled in a Florida school? ☐ No; ☐ Yes; \_\_\_\_\_  
If yes, where?

I, \_\_\_\_\_, hereby agree to provide Nassau County Schools with  
Name of Parent/Guardian  
the necessary legal documents checked (✓) below to complete the enrollment of my child:

- ☐ Immunization Records
- ☐ Evidence of date of birth (birth certificate, baptismal certificate, passport, or other legally acceptable record)
- ☐ Evidence of health examination within the last year

☐ **IN-STATE TRANSFERS:** I understand that if these documents are not in my child's records from the previous school, that I must furnish the missing records within thirty (30) days from the date of entry.

☐ **NEW ENTRANTS AND OUT-OF-STATE TRANSFERS:** I understand that I must present my child's immunization record, evidence of date of birth (or prior school records), evidence of health examination within thirty (30) days of entry.

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

1. Student will not be permitted to attend class or ride the bus to school.
2. The school principal will institute a process that will assure compliance with compulsory attendance laws.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Phone No.: (    ) \_\_\_\_\_

**PLEASE READ REVERSE SIDE FOR COMPLETE STATEMENT OF REQUIREMENTS**

Distribution: White: Student's Cumulative Record    Yellow: Attendance Designee    Pink: Parent

2008



#### ORIGINAL ENTRY REQUIREMENTS

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

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

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

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

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

# Student Housing Information- 2022-2023

This survey is intended to address the requirements of the No Child Left Behind Act: Title IX/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

**PLEASE PRINT VERY CLEARLY AND COMPLETE THE FORM ENTIRELY. INCOMPLETE FORMS WILL RESULT IN A DELAY IN SERVICES.**

List names of your children living with you, even if not enrolled in school. **Caregivers, list only students being 'hosted' in your home.**

Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In
Last Name	First Name	MI	Birth date	Gender	Race	Grade	School Enrolling In

Print Name of person completing form: \_\_\_\_\_ (Unaccompanied Youth? \_\_\_\_\_)

Circle relation to above student(s): Parent, Legal Guardian, or Caregiver of displaced student(s) above. (See definition of "Caregiver" on #5 below. Temporary Guardianship or Notarized parent note are examples of situations that fit "Caregiver/Host.")

Other Parent, Legal Guardian, or Caregiver (circle relation) in listed student(s)' home: \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Best phone #: \_\_\_\_\_ 2<sup>nd</sup> best #: \_\_\_\_\_ 3<sup>rd</sup> best #: \_\_\_\_\_

(Phone numbers may be used for automated, informational calls several times during the school year.)

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

Signature of Parent/Guardian/Caregiver/or Unaccompanied Youth: \_\_\_\_\_

(Signature is required for Food Service and M-V/FIT programs)

Signature

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

\*If you answered "Yes" on more than one of the Title I questions above, a school representative may call you for more information.

**There are additional services provided for students in a temporary situation due to loss of housing.**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Mortgage Foreclosure  | <input type="checkbox"/> Convenience or family unit with host- ineligible for Title IX add'l services                |
| <input type="checkbox"/> Natural Disaster-Flooding (F)   | <input type="checkbox"/> Natural Disaster-Hurricane (H) <input type="checkbox"/> Natural Disaster-Tropical Storm (S) |
| <input type="checkbox"/> Natural Disaster-Tornado (T)  | <input type="checkbox"/> Natural Disaster-Wildfire (W) <input type="checkbox"/> Man-made Disaster (Major) (D)        |
| <input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, house fire or flood, etc. (N) <input type="checkbox"/> Major Pandemic (P) |  |

**As stated in NCSB Policy 6.23, purposefully giving false information on District documents is fraud. If the above information is found to have been false (at any point in this school year), the student(s) may be removed from the school.**

School staff: For students with positive responses to questions 1-5 under Title IX & not "for convenience", discuss & complete Interview and Dispute Resolution Process forms. Fax all forms to 904-548-0439. For positive responses to questions 1-3 under Title I, send a copy of this form only.

DO NOT mark "homeless" in FOCUS nor fax to Food Service. Updated: 3/1/22



School \_\_\_\_\_

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

Student's Last Name	First Name	Middle Name
Date of Birth	Grade	Social Security Number ____-____-____
<b>Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT</b> <small>*Must attach appropriate documentation of status if not the parent/stepparent.</small>		
First and Last Name of: FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> COURT-APPOINTED GUARDIAN* <input type="checkbox"/> FOSTER PARENT* <input type="checkbox"/> OTHER CAREGIVER* <input type="checkbox"/>	First and Last Name of: MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> COURT-APPOINTED GUARDIAN* <input type="checkbox"/> FOSTER PARENT* <input type="checkbox"/> OTHER CAREGIVER* <input type="checkbox"/>	
<b>RESIDENCE ADDRESS: Post Office Box Number is Not Acceptable as Residence Address</b>		
Street Address - House Number and Street Name		
City	State	Zip Code
Home Telephone	Father/Guardian Work Phone	Mother/Guardian Work Phone
I hereby declare and affirm that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has changed. I understand that a new affidavit and a new proof of residency must be submitted if residency changes. If I move outside the attendance area for this school, I must submit a transfer request for my child to continue attending this school. I understand that transfers may not be accepted by the district. Falsification of information or document required for residency verification, use of an address other than that of my residence, use of a business address, or use of the address of another person without actually residing at the address may result in revocation of the student's enrollment.		
Signature of Parent/Guardian		Date
<b>AFFIDAVIT OF JOINT RESIDENCY</b> <b>To Be Completed if Parent(s)/Guardian(s) and Student Are Living With Another Family/Individual</b>		
<b>PERSON PROVIDING PROOF OF RESIDENCY</b> I hereby declare and affirm that the parties listed above live at the given address with me. I also agree to notify the school within two (2) weeks when residency has changed. Check one: <input type="checkbox"/> Student and Parent(s) <input type="checkbox"/> Student Only		
First Name / Last Name	Signature of Person Providing Proof of Residency	
<b>PROOF OF RESIDENCY DOCUMENTATION</b>		
In order to verify residency within the Nassau County School District, one current document (dated within the past 60 days) listed below must be provided showing the parent, legal guardian or other caregiver's name and street address. If the family is living in another person's household as listed in Affidavit of Joint Residency section above, the document must have the listed person's name and street address on it.		
<input type="checkbox"/> Utility Bill: Gas, Electricity, Water, Land Line Telephone <input type="checkbox"/> Lease Agreement/Rental Contract with Landlord's name, address, and telephone number <input type="checkbox"/> Current Rent Receipt <input type="checkbox"/> Letter on official letterhead, signed by the Landlord, stating that the parent/guardian/caregiver lives at the given address <input type="checkbox"/> Mortgage, Real Estate Closing Papers, Mortgage Statement/Payment Book, Homeowner's Association Fee Statement <input type="checkbox"/> Residence Insurance Statement <input type="checkbox"/> Verification of Social Services with residence address specified		
<b>***** OFFICE USE ONLY *****</b> <b>Check one or more and sign below.</b>		
Joint Residency _____	Proof of Residency Verified _____	Other Caregiver: Authority for Delegation of Parental Authority provided. Must also have transfer approved as per Adm. Rule 5.77. _____
Court-Appointed Guardian: Court Document provided _____	Foster Parent: Authorization for Out-of-Home Placement (FL Department of Children and Families form) provided _____	Student determined to be homeless. No proof of residency required. _____
Verified By:		Date

# HILLIARD ELEMENTARY SCHOOL

27568 Ohio Street – Hilliard • Telephone: 904-845-4471 • Principal: *Danielle Loudermilk*

Dear Parent/Guardian:

We utilize a Cooperative Discipline Plan at Hilliard Elementary School. The purpose of this program is to build self-esteem through encouragement, establish positive classroom control through appropriate interventions, and involve the parents in the decision-making process.

This program requires that the teacher use a variety of interventions to encourage appropriate behavior. If the student chooses to continue the misbehavior, you will be contacted to assist in implementing a plan to help your child develop the skills necessary for success in the school environment.

Specifically, if a child misbehaves, the behavior is noted on an intervention form. The teacher will chart the exhibited behaviors, the interventions and consequences used. Talking with the child about appropriate choices, loss of a privileges, and time out are a few examples of interventions/ consequences that are used in the classroom.

If the misbehavior continues further, the intervention form is sent to the principal along with a Discipline Referral Form for immediate disciplinary action. Disciplinary action may include but is not limited to in-school detention, after-school work detail, or out-of-school suspension as deemed appropriate by the administration. Severe disruption or misbehavior may result in immediate disciplinary action.

We have found this program to be highly successful in promoting appropriate behavior through increasing the awareness and involvement of both parents and students.

We need your cooperation in providing phone numbers where you can be reached during the school hours should it be necessary to contact you concerning your child. If you have any questions, please call 845-4471.

Sincerely,



*Principal*

---

Return this to your child's teacher

I have read and understand the discipline policy of Hilliard Elementary School.

Student's Name: \_\_\_\_\_ Teacher Name \_\_\_\_\_

Phone numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Parent Signature \_\_\_\_\_

*See example of Intervention Form on back*



# Allergy Notification

My child, \_\_\_\_\_, has the following insect/food allergies.

(Please check all that apply)

- |                      |                  |
|----------------------|------------------|
| _____ Bees           | _____ Soy        |
| _____ Hornets        | _____ Fish       |
| _____ Wasps          | _____ Shell Fish |
| _____ Yellow Jackets | _____ Nuts       |
| _____ Peanuts        | _____ Wheat      |
| _____ Eggs           | _____ Other      |
|                      | _____            |

There are two types of allergy reactions. Please check one:

- \_\_\_\_\_ Local (intense swelling, itching, and raised bumps)
- \_\_\_\_\_ Systemic (hives, fever, difficulty breathing and/or severe drop in blood pressure)

If your child should become exposed to this allergen at school, your preferred course of action is:

\_\_\_\_\_  
\_\_\_\_\_

Keep in mind the medications, if listed, must be accompanied by a prescription and be brought to the school by the parent/guardian.

Physician's name and phone number

\_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

# Medical Notification

My child, \_\_\_\_\_, has the following.

(Please check all that apply)

\_\_\_\_\_ ADHD

\_\_\_\_\_ Allergies

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Nosebleeds

\_\_\_\_\_ Asthma

\_\_\_\_\_ Migraines

\_\_\_\_\_ Seizures

\_\_\_\_\_ Hemophillia

\_\_\_\_\_ Medication

\_\_\_\_\_ Other

\_\_\_\_\_

\_\_\_\_\_

If you checked any of the above, the Health Aide will be contacting you for further discussion.

\_\_\_\_\_

Parent signature

\_\_\_\_\_

Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# *The Nassau County School District*

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034

(904) 491-9900  
Fax (904) 277-9042  
[www.nassau.k12.fl.us](http://www.nassau.k12.fl.us)

Dr. Kathy K. Burns  
Superintendent of Schools

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

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

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

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

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

AN EQUAL OPPORTUNITY EMPLOYER

# Food & Nutrition Services Student Household Matching Form

**New Student Information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has this student previously attended a Nassau County Public School?    Yes    No

Has student attended any other Public School in Florida or another state? Yes No

If yes please provide the name of school, city and state:

\_\_\_\_\_

Students Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any other children living in the home that attend Nassau County Public Schools:

<u>Name</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information will only be used for the purpose of identifying students who currently reside together and may possibly be eligible for free or reduced priced meals based upon eligibility extension. **Return this form to your school.**

**For official use only:**

	Yes	No	Date	Initials
Former school CEP				
Spoke with parent				
Extended eligibility				

Additional notes:

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## MEDICAL AUTHORIZATION FORM

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

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

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

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

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

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

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

\_\_\_\_\_  
(Title or Rank)

\_\_\_\_\_  
(Signature of Notary taking Acknowledgment)

\_\_\_\_\_  
(Serial Number, if any)

\_\_\_\_\_  
(Name of Notary, typed, printed or stamped)

### MIDDLE AND HIGH SCHOOL STUDENTS:

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT 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 Guidance 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.



# ATTENDANCE POLICY

## **Attendance**

Regular school attendance is a necessary part of a student's education. Excessive absences impair a student's educational progress, impacts whether the student passes or fails a grade, and may result in court proceedings and/or the loss of driving privileges. Students will be considered absent when they miss 50% of their school day. Absences shall be classified and treated as follows:

## **Excused Absences**

Students must be in school unless the absence has been excused for one of the reasons listed below.

Excused absences include the following:

- Personal Illness;
- Illness of an immediate family member;
- Death in the family;
- Religious holidays of the student's religious faith;
- Required court appearance or subpoena by a law enforcement agency;
- Special events, including, but not limited to, important public functions, student conferences, student state/national competitions that are school-sponsored, administrative approved post-secondary educational institution visitation, as well as exceptional cases of family need.
- Doctor or dentist appointments; and
- Students having or suspected of having a communicable disease or infestation that can be transmitted are to be excluded from school and are not allowed to return to school until they no longer present a health hazard (Florida Statute 1003.22). Examples of communicable diseases and infestations include, but are not limited to, fleas, head lice, ringworm, impetigo, and scabies. Students are allowed a maximum of two (2) days excused absence for an infestation of head lice.

## **Unexcused Absences**

Unexcused absences include, but are not limited to, the following:

- Shopping trips;
- Pleasure/Vacation trips;
- Truancy; and
- Other avoidable absences.

### **Reporting Absences**

Any student who has been absent from school shall bring a note from a parent or guardian within forty-eight (48) hours of returning to school stating the cause of the absence. Failure to bring in a note will result in an automatic unexcused absence. However, the fact that the student brings in a note does not require the school administration to excuse the absence. The principal or designee will decide whether the absence meets the criteria for an excused absence, and that decision will be final. The administration may request additional documentation, such as a doctor's note. The excuse must state specific dates of absence, and must be signed by the treating, licensed physician. After fifteen (15) days of absence, whether excused or unexcused, a student must present verification from a licensed doctor for all subsequent absences due to illness. COVID-19 related absences will be excused and not count

toward the 15 days of absences for the 2022-2023 school year.

### **Make-Up Work**

When a student is absent from school, the student shall be responsible for all work and assignments missed during the student's absence. The student shall make arrangements with teachers for "make-up" work. The number of days allowed to make up the work shall be the same as the number of days the student was absent. This deadline may be extended with approval of the teacher or principal. Previously assigned projects or tests are due upon return from absence or as determined by the teacher's grading standards.

### **Truancy**

A student may be deemed truant after (i) five (5) unexcused absences, or absences for which the reasons are unknown, within a calendar month, or (ii) ten (10) unexcused absences, or absences for which the reasons are unknown, within a 90-calendar-day period.

Students are subject to the following actions for preventing and correcting truancy:

- When a student may be exhibiting a pattern of non-attendance, the principal shall refer the student to the school's attendance team to determine if a pattern of truancy is developing.
- The school's attendance team shall meet with the student and parent or guardian to determine if a pattern of truancy is developing and to identify and implement potential remedies.
- If the school-based efforts to resolve non-attendance are unsuccessful, the student shall be referred to the Superintendent or his designee for truancy
- The Superintendent or his designee will review the case and may refer the student to the District Truancy Prevention Task Force. The District Truancy Prevention Task Force is conducted with representation from law enforcement, school district, State Attorney's Office, Department of Juvenile Justice, Department of Children and Families, Youth Crisis Center, the parent, and the student. A decision may be made to file a petition in court for truancy.



# SAMPLE

## Hilliard Elementary School Behavior Notice

Student: \_\_\_\_\_ Gender: M F Ethnicity \_\_\_\_\_  
 Classroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### \*1 Form Per Behavior\*

Dear Parent,

We respectfully request your support to resolve the problem behavior mentioned below. This form is used to document a recurring classroom behavior incident. **This is not a referral, but continuation of this behavior could result in an office referral through FOCUS.**

Incident Type (Check One)	Date:	Time:	Location:	
<b>Respect</b> Disruption Disrespect Noncompliance Inappropriate language Excessive talking out Other: _____				<b>Responsibility</b> Lying Cheating Misuse of technology/property Other: _____
				<b>Safety</b> Property damage Physical aggression/ Horseplay Other: _____
				<b>Actively Engaged</b> Lack of Materials Not following directions Other: _____

**Specific Behavior Explanation:** \_\_\_\_\_

**Function of Behavior:** ☐ Seeking Attention: ☐ Adult/Peer (circle) ☐ Avoidance ☐ Seeking Access to Materials ☐ Sensory  
 Other: \_\_\_\_\_

Discuss and conference on the expectation and communicate with the parents. Date: \_\_\_\_\_

**(Check One)** Phone call (attach phone log) \_\_\_\_\_ conference (attach meeting notes) \_\_\_\_\_ email (attach email) \_\_\_\_\_

*I will cooperate with these interventions to improve my behavior.* Student Signature: \_\_\_\_\_

2 <sup>nd</sup> Incident	Date:	Time:	Location:	
Student conference		Re-Teach expectation		Seating change
Character Education Training		"Cool Down" time		Modification to request
Loss of free choice at recess		Loss of privilege		Verbal cue/Visual cue
Other:		Preferential lunch seating		Proximity
				Peer mediation
				Parent Shadowing
				Extra time spent on task
				Behavior Reflection Form

**Specific Intervention/Action Explanation:** \_\_\_\_\_

Discuss and conference on the expectation and communicate with the parents. Date: \_\_\_\_\_

**(Check One)** Phone call (attach phone log) \_\_\_\_\_ conference (attach meeting notes) \_\_\_\_\_ email (attach email) \_\_\_\_\_

3 <sup>rd</sup> Incident	Date:	Time:	Location:	
Student conference		Re-Teach expectation		Seating change
Recovery in room		"Cool Down" time		Modification to request
Phone parent		Loss of privilege		Verbal cue/Visual cue
Other:		Loss of free choice at recess		Preferential lunch seating
				Peer mediation
				Student contract
				Extra time spent on task

**Specific Intervention/Action Explanation:** \_\_\_\_\_

Discuss and conference on the expectation and communicate with the parents. Date: \_\_\_\_\_

**(Check One)** Phone call (attach phone log) \_\_\_\_\_ conference (attach meeting notes) \_\_\_\_\_ email (attach email) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

A discipline notice must be started anew if more than 30 school days occur between incidents.

Gold- 1<sup>st</sup> incident sent home / Pink- 2<sup>nd</sup> incident sent home / Canary- 3<sup>rd</sup> incident sent home / White- School copy (original)