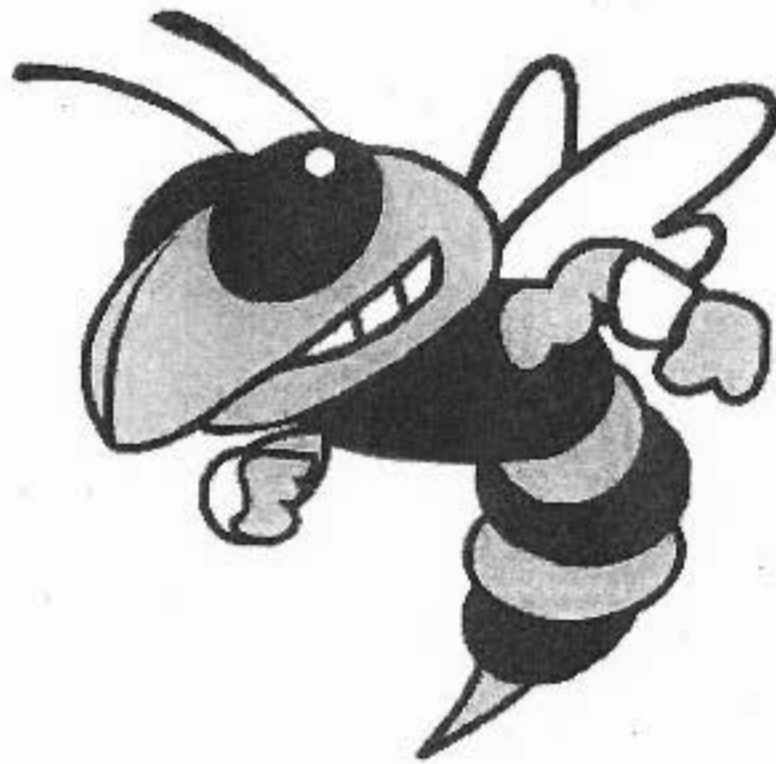


WELCOME TO
YULEE ELEMENTARY SCHOOL

86063 Felmor Rd.

Yulee, FL 32097

(904) 225-5192



Mr. Bryce Cubbal—Principal

Mrs. Vicki Grubbs—Assistant Principal

REGISTRATION PACKET



Yulee Elementary School

86063 Felmor Road

Phone: (904) 225-5192 Fax: (904) 225-9993



Bryce Cubbal
Principal

Marilynn James
Data Entry/Records

Vicki Grubbs
Assistant Principal

Moya Page
Counselor

Registration Requirements

- _____ Proof of residency (1 of the items listed below required)
 - Current Utility Bill in your name (Gas, Electric, Water)
 - Current Lease/Rental Agreement (with Landlord's name, address, & phone)
 - Mortgage payment, Closing papers, or Mortgage payment statement
 - Residence Insurance Statement
 - Notarized Out of School Zone Paperwork (Must be approved by Nassau County School Office prior to enrollment)
- _____ Florida Driver's License matching your current residence.
- _____ Legal Guardianship documents (Required for all guardians)
- _____ Student Registration Packet & Information Entry Form (Provided by school)
- _____ Original Birth Certificate
- _____ Original Social Security Card
- _____ Immunization Record (Form DH 680)
- _____ Florida Physical (Form DH 3040)
- _____ IEP/504/Speech Paperwork (if applicable)
- _____ Report Card (Most recent)
- _____ FSA/FCAT results (or other standardized test results if applicable) _____
- _____ Prior school records if possible

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, punishable as provided in s.775.082, s.775.083, or s.775.084.

The mission of the Nassau County School District is to develop each student as an inspired lifelong learner and problem solver with the strength of character to serve as a productive member of society.

2021-2022 Nassau County Student Emergency Medical Information

Teacher: _____
(Teacher is for Elementary Schools Only)

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Fill in the information on both sides of this form carefully and accurately. Please use ink and print clearly.

Student Information	Last Name:		First:		Middle:	
	Date of Birth: / /		Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Student's Physical Address:			City, State, Zip:		
	Mailing Address (if different from above):			City, State, Zip:		
	Primary Phone:			Student Cell Phone:		
	Student Email:					
	Who has custody: (Current legal documentation must be on file in the student's cumulative record.) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____					
	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Other: _____					
Mother / Guardian	Last Name:		First:			
	Home Address (if different from student):			City, State, Zip:		
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		
Father / Guardian	Last Name:		First:			
	Home Address (if different from student):			City, State, Zip:		
	Employer:		Work Phone:		Email:	
	<i>The school mass notification system is used to communicate news, attendance, emergencies, etc. If you want to receive these messages on your cell or home number, please select the appropriate Callout box. Otherwise, the messages will be sent to the Primary Phone number listed under Student Information.</i>					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		
Emergency Contacts	List the names of persons to whom we may release your child or whom we may contact if we cannot reach you.					
	Name	Address	Relationship	Phone Number		
Transportation	Regular Arrival Procedures. On a typical day, how will your child arrive to school? <input type="checkbox"/> Car Dropoff <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus (AM Bus # _____) <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site before-care program (Program: _____)					
	Regular Dismissal Procedures. On a typical day, how will your child leave school? <input type="checkbox"/> Car Pickup <input type="checkbox"/> Walker <input type="checkbox"/> Ride School Bus (PM Bus # _____) <input type="checkbox"/> Drive (High School Students) <input type="checkbox"/> Attend OFF-site after-care program (Program: _____) <input type="checkbox"/> Attend ON-site after school program (Program: _____)					



NASSAU COUNTY STUDENT EMERGENCY MEDICAL INFORMATION

Student Last Name: _____

First: _____

Middle: _____

Physician/ Hospital	In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.	
	Physician:	Phone:
	Hospital:	Phone:

Medical Information	Please check or list any medical/mental health diagnoses/concerns which may affect the child's progress in school, sports, etc. (Check all that apply):			
	<input type="checkbox"/> Asthma. If checked, does the student use an inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication		
	<input type="checkbox"/> Seizures. If checked, is the student on medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Diabetes. If checked, is the student insulin dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Movement limitations (Describe): _____			
	<input type="checkbox"/> Recent illness/hospitalization/surgery (Describe): _____			
	<input type="checkbox"/> Other medical/mental health diagnoses/concerns (Describe): _____			
	<input type="checkbox"/> Severe Allergies. If checked, please check the type below: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Food/environmental: Specify: _____</td> <td style="width: 33%;"><input type="checkbox"/> Insect stings/bites: Specify: _____</td> <td style="width: 33%;"><input type="checkbox"/> Medicines/drugs: Specify: _____</td> </tr> </table>		<input type="checkbox"/> Food/environmental: Specify: _____	<input type="checkbox"/> Insect stings/bites: Specify: _____
<input type="checkbox"/> Food/environmental: Specify: _____	<input type="checkbox"/> Insect stings/bites: Specify: _____	<input type="checkbox"/> Medicines/drugs: Specify: _____		
Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____				
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Sibling(s)	Please list any sibling(s) who currently attend a Nassau County Public School.		
	First and Last Name	School	Grade Level

Parents will be notified of any problems detected and no treatment, including shots, skin tests or blood tests, will be given without additional parental permission. The Public Health Nurse will assist parents/guardians in obtaining medical help for their child(ren). Health problems will be treated in a confidential manner. You must notify the school principal in writing if you do NOT want your child to participate in one or more of the activities listed.

The Nassau County Health Department, in cooperation with the Nassau County School Board, will be conducting the following School Health Screenings during this year. Nursing assessments and health counseling are a part of the scheduled screenings. A student may be referred by a parent or a member of the school staff at any time for the screenings listed below.

Grade K • Dental • Hearing • Vision	Grade 1 • Dental • Hearing • Vision • Height • Weight	Grade 3 • Dental • Vision • Height • Weight • BMI (selected schools) • Behavioral/mental health screener	Grade 6 • Dental • Hearing • Vision • Height • Weight • Scoliosis • BMI (selected schools) • Behavioral/mental health screener	Grade 9 • Behavioral/mental health screener Grades PreK, 2, 4, 5, 7, 8, 9, 10, 11, 12 • Will be Upon Referral
---	---	---	---	--

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

	Has your family temporarily lost housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Your family may qualify for additional resources through the FIT program if you are living in one of these situations because of loss of housing: sharing housing, camper, motel, car, substandard, etc. Call 277-9021 for more information. These situations, in and of themselves, do not count as abuse and are not reported to any agency.
--	---

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.

Signature: _____ Date: _____
 Relationship to Student: _____

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>ENTRY CODE: _____</p> <p>ENTRY DATE: ____/____/____</p>	<p>Birth Certificate Documentation:</p> <ul style="list-style-type: none"> ___ 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] 	<p>Social Security Number* Documentation:</p> <ul style="list-style-type: none"> ___ Original SS Card ___ Copy of SS Card <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>Physical Exam:</p> <ul style="list-style-type: none"> ___ Medical record attached ___ In-State Transfer <p>Immunization:</p> <ul style="list-style-type: none"> ___ Medical record attached ___ In-State Transfer
--	---	---	--

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: _____
Last First Middle

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

Date of Birth: _____

Student is transferring from (School) _____ located in

City: _____, State: _____ Zip: _____

If yes, where?

Has student ever been enrolled in a Florida school? No; Yes; _____

I, _____, hereby agree to provide Nassau County Schools with
Name of Parent/Guardian

the necessary legal documents checked (✓) below to complete the enrollment of my child:

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

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

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

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

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

Signature of Parent/Guardian Date

Address: _____

Phone No.: () _____

PLEASE READ REVERSE SIDE FOR COMPLETE STATEMENT OF REQUIREMENTS

School _____

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

Student's Last Name	First Name	Middle Name
Date of Birth	Grade	Social Security Number ____-____-____
Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT <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"/>	
RESIDENCE ADDRESS: Post Office Box Number Is Not Acceptable as Residence Address		
Street Address - House Number and Street Name		
City	State	Zip Code
Home Telephone	Father/Guardian Work Phone	Mother/Guardian Work Phone
<p>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.</p>		
Signature of Parent/Guardian		Date
AFFIDAVIT OF JOINT RESIDENCY <small>To Be Completed if Parent(s)/Guardian(s) and Student Are Living With Another Family/Individual</small>		
PERSON PROVIDING PROOF OF RESIDENCY I hereby declare and affirm that the parties listed above live at the given address with me. I also agree to notify the school within two (2) weeks when residency has changed. Check one: <input type="checkbox"/> Student and Parent(s) <input type="checkbox"/> Student Only		
First Name / Last Name	Signature of Person Providing Proof of Residency	
PROOF OF RESIDENCY DOCUMENTATION		
In order to verify residency within the Nassau County School District, one current document (dated within the past 60 days) listed below must be provided showing the parent, legal guardian or other caregiver's name and street address. If the family is living in another person's household as listed in Affidavit of Joint Residency section above, the document must have the listed person's name and street address on it.		
<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		
***** OFFICE USE ONLY ***** Check one or more and sign below.		
Joint Residency	Proof of Residency Verified	Other Caregiver: <u>Authority for Delegation of Parental Authority</u> provided. Must also have transfer approved as per Adm. Rule 5.77.
Court-Appointed Guardian: Court Document provided	Foster Parent: <u>Authorization for Out-of-Home Placement</u> (FL Department of Children and Families form) provided	Student determined to be homeless. No proof of residency required.
Verified By:		Date

Student Housing Information- 2021-2022

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 qualifies for additional educational support services.

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

List information for all children living in your household, even if not enrolled in school and even if you are not their parent/guardian.

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

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

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

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

Street Address (Location of House): _____

Best phone #: _____ 2nd best #: _____ 3rd best #: _____
 (Phone numbers may be used for automated, informational calls several times during the school year.)

Signature of Parent/Guardian/Caregiver/or Unaccompanied Youth: _____
 (Signature is required for Food Service and M-V/FIT programs.)

Title IX My student(s) listed above: (Please check 'yes' or 'no' in each column.)	YES	NO
1. - lives in an emergency or transitional shelter or FEMA trailer.		
2. - is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason ("doubled-up"). Name(s) of host(s): _____		
3. - is 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.		
4. - lives in a hotel or motel.		
5. If a child/youth lives with an adult other than his/her parent/guardian, he/she is considered "unaccompanied," and the adult caring for/helping the child/youth is the "caregiver." Mark "yes" if a student listed above is unaccompanied. (Caregivers for students under 18 must complete the Caregiver's Authorization Affidavit.) <div style="text-align: right;">Form completed? Yes No</div>		
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 (M) | <input type="checkbox"/> <u>Convenience or family unit with host- ineligible for Title IX add'l services</u> |
| <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) <input type="checkbox"/> Natural Disaster-Tropical Storm (S) |
| <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire (W) <input type="checkbox"/> Man-made Disaster (Major) (D) |
| <input type="checkbox"/> Pandemic (Major) | <input type="checkbox"/> Earthquake (E) |
| <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. (O) | |

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



Yulee Elementary School

86063 Felmor Road

Yulee, Florida 32097

Phone: (904) 225- 5192 Fax: (904) 225- 9993



Bryce Cubbal
Principal

Moya Page
Counselor

Vicki Grubbs
Asst. Principal

Marilynn James
Data Entry

Dear Parents/ Guardians,

As you may know, for several years now, Florida voters have instituted a class size limit for K-12 students. Once school begins and we turn in our official student counts, it may be necessary for us to reassign some students to a new classroom to meet the mandatory Florida Class Size Amendment Law.

You are receiving this letter to alert you to the fact that your child will be placed in a class that potentially may exceed the maximum class size, depending on how many "No Shows" we have once school begins. If that occurs, students will be selected to move to a new class based on a last enrolled, first transferred approach. Over the last few years, we have been extremely fortunate to add highly qualified, effective teachers when this has occurred. I anticipate doing the same should it be necessary this year.

We appreciate your understanding and flexibility and look forward to working with you and your son/daughter at Yulee Elementary School!

Sincerely,

Bryce Cubbal
Principal

____ Yes, I have read and understand the class size amendment.

Library Policies and Procedures

This is a letter to inform you of the library policies and procedures at our school. Please read the information carefully and sign at the bottom. Library barcodes will be issued to students once this form is signed and returned.

All library books checked out from other schools in Nassau County must be returned, or paid for, in order for a student to check out books at Yulee Elementary. If there are extenuating circumstances, please let me know.

Library books have a 14-day check-out, If a student is not finished with their book, they may bring it in to the library and re-check it out. Overdue books will cause the student's account to become locked until the book is returned. Students are permitted to check out two books.

If a student loses or damages their library book they must pay to replace it or purchase a new copy of the book (Amazon.com, etc.).

At the end of the year, any student owing money to the library for missing or damaged books will be unable to participate in end-of-the-year activities.

Feel free to contact me with any questions you may have.

Ms. Solis

Chandra.solis@nassau.k12.fl.us

I have read the above library policies and procedures. I understand that missing or damaged books will result in my child not being able to participate in end-of-the-year activities.

(Please print your child's first and last name.)

Teacher: _____

Grade: _____

Student Name: _____

Parent Signature: _____

Date: _____

NASSAU COUNTY SCHOOL DISTRICT TRANSPORTATION
REGISTRATION FORM

PLEASE PRINT

SCHOOL Yulee Elementary

STUDENT NAME _____

GRADE _____

PHYSICAL ADDRESS _____

CITY _____ ZIP _____

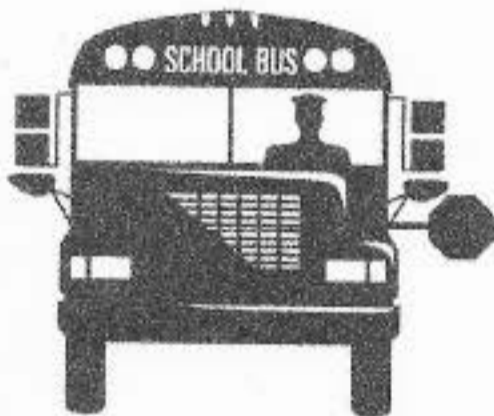
HOME PHONE _____

MOM'S NAME _____

MOM'S CELL _____

DAD'S NAME _____

DAD'S CELL _____



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.

Nassau County Florida Immunization Requirements

School Year 2020-21

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

PROOF OF THE FOLLOWING IS REQUIRED FOR STUDENTS TO REGISTER

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

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

NO SHOTS. NO SCHOOL. NO JOKE!

Parents should get their child's shots with their child's doctor if they have private insurance or Medicaid. For those without insurance shots are provided through the Florida Department of Health, Nassau County at no charge for children birth to 18 years of age through a Federal Vaccine for Children Program. Parents must bring their child's up-to-date shot record to help identify needed shots and prevent unnecessary shots for their child. We will also provide parents with a required Proof of Immunization Form 680 if needed. We must have an up-to-date shot record to provide a 680.

For more information about our clinics, call our Yulee Clinic at 904-875-6110 #1.
For more information on vaccines and school requirements visit www.immunizeflorida.org

MEDICAL AUTHORIZATION FORM

_____ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by Yulee 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 Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

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

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

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

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

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

Student's Signature: _____ Date: _____

**Medical & Allergy Notification
Yulee Elementary**

My Child _____ has the following:

Please check All that apply:

Medical

- _____ ADHD
- _____ DIABETES
- _____ ASTHMA
- _____ SEIZURES
- _____ MEDICATION:

Please list any medication:

Medical

- _____ ALLERGIES
- _____ NOSEBLEEDS
- _____ MIGRAINES
- _____ HEMOPHILLIA
- _____ OTHER

Please list issue if OTHER is checked:

Insects

- _____ Bees
- _____ Fire Ants
- _____ Hornets
- _____ Wasps
- _____ Yellow Jackets
- _____ Other (List below)

FOOD

- | | |
|----------------------------|--------------------|
| _____ Dairy (Milk/ Cheese) | _____ Nuts/Peanuts |
| _____ Eggs | _____ Soy |
| _____ Fish / Shell Fish | _____ Wheat |
| _____ Food Dye | _____ Other: _____ |
- _____

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)

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: _____

Phone Number: _____

Parent Signature

Date

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

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

A shot record is required for all new students before entry into the school system. The Florida DH 680 form can be obtained from your doctor or from the Health Department. If you do not have a doctor, or are unable to obtain the immunization from your provider, the Health Department offers free vaccinations. For more information, please contact the Department of Health at (904) 530-6800 for clinic hours.

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

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

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

Please contact your school's nurse directly or the Health Department's School Health Team at (904) 530-6800 regarding your child's medical needs so that a plan of care can be developed.

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



Yulee Elementary School

86063 Felmor Road

Phone: (904) 225- 5192

Fax: (904) 225- 9993



Bryce Cubbal
Principal

Vicki Grubbs
Assistant Principal

Marilynn James
Data Entry/Records

Moya Page
Counselor

STUDENTS REQUIRING MEDICATION 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 the 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, un-opened container must be provided to the school by the parent/guardian. Please make sure doctor's note includes dosage.
- Students are not permitted to carry any cough or cold medicine or cough drops without a prescription.

Please contact our **Health Aide @ 225-5192** if you have any questions.

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:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:				

Yulee Elementary
86063 Felmor Drive
Yulee, Florida 32097
Phone 904-225-5192 Fax 904-225-9993



Yulee Hornets

Date: _____

Prior School Name: _____

Prior School Address: _____

Prior School Phone #: _____ Prior School Fax: _____

Student Information

Student Name: _____

Date of Birth: _____

Current Grade Level: _____

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

- | | |
|---|---|
| Withdraw Form _____ | Current Withdrawal Grades _____ |
| Immunization Records & Sch Physical _____ | Permanent Record _____ |
| Birth Certificate _____ | Social Security Card _____ |
| Standardized Test Results _____ | Home Language Survey _____ |
| Current Report Card _____ | Current Progress Report _____ |
| Prior quarter report cards _____ | Final Report Cards for previous years _____ |

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

- Special Education (IEP) _____ Gifted _____ Speech _____ OP/PT _____
ESOL _____ 504 Plan _____

Reading Level (Intensive, On Level, Above Level) _____ Discipline Records _____

Please send all copies of records as well as a copy of this form to the attention of: Data Operator. Thank you in advance for your assistance in getting our student started off right.

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

Upon entry into our school, parents and students are notified of their rights: (1) to inspect and review educational records, (2) to challenge contents of records, (3) to obtain a copy of records.

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

Marilynn James, Data Entry Operator jamesma3@nassau.k12.fl.us



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, FL 32034
904-491-9900
904-277-9042 (Fax)
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



Yulee Elementary School

86063 Felmor Road

Phone: (904) 225- 5192 Fax: (904) 225- 9993



Bryce Cubbal
Principal

Vicki Grubbs
Assistant Principal

Marilynn James
Data Entry/Records

Moya Page
Counselor

Dear Parents/Guardians,

Per Florida Statute 232, the compulsory school Attendance Law requires that all children from the ages of 6 to 16 be required to attend school on a regular basis.

Nassau County's attendance policy is summarized below in terms of when we can accept notes to excuse an absence, what is considered an excused absence, and the number of excused absences that are allowed. The full detailed policy is available on the Nassau County School District website: www.nassau.k12.fl.us (click on Students and Parents → Student Progression Plan).

- ❖ *11:15am is our half-day mark for being counted present. Students need to arrive before that time or stay until after 11:15am to be counted present.*
- ❖ *All parents will have a maximum of 48 hours of the child returning to school to turn in excuse notes of ANY kind. After that, all absences will be unexcused no matter what the reason.*
- ❖ *The first 15 absences will be excused for approved reasons (see "Excused Absences" in the "Attendance" section on the back for details) with a parent, doctor note, religious or court documentation.*
- ❖ *After a student has been absent for 15 days for any reason, no parent notes will be accepted for illness. The student will be **REQUIRED** to present a doctor's note or the absence will be unexcused.*
- ❖ *Students may make missed work for any absence, excused or unexcused. They will have one day to make up their work for every day missed.*

Thank you for understanding that your child's attendance is imperative to their success here at Yulee Elementary School. **Please sign, date, and return the second page to your child's teacher indicating you have received a copy of this policy.**

Sincerely,

Mr. Bryce Cubbal
Principal

The mission of the Nassau County School District is to develop each student as an inspired lifelong learner and problem solver with the strength of character to serve as a productive member of society.

STUDENT ATTENDANCE

1. 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.
- 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
- Other avoidable absences.

YULEE ELEMENTARY SCHOOL

86063 Felmor Rd • Yulee, FL 32097 • Office: (904) 225-5192 • Fax: (904) 225-9993

I have read and understand the Nassau County Attendance Policy.

Name (Print): _____

Signature: _____ Date: _____

Child's Name: _____

Child's Teacher: _____

STUDENT RECORDS

Student information is protected by federal and state laws as well as policies of the Nassau County School Board. These regulations for determining who can or cannot obtain student information were enacted to protect the privacy rights of students and parents.

What rights do students and parents have?

According to Florida Statute 1002.22, students and their parents have the right to:

- Access their education records maintained by a school, including the right to inspect and review those records.
- Waive their right to access to their education records in certain circumstances.
- Challenge the information contained in the education records in order to ensure the records are not inaccurate, misleading, or otherwise a violation of privacy or other rights.
- Privacy with respect to such records and reports.
- Annual notice of their rights with respect to education records.

What information is included in a student's record?

Florida Statute 1003.25 requires all principals to maintain permanent cumulative records for all students enrolled in a public school. The state law also determines what should be in the record and its format. A student's education records include personally identifiable data (social security number, address, birth date, sex, and race), registration forms and information, birth certificate, academic records, standardized test scores, legal documents (custody, guardianship, name change, etc.), ESE documents, ELL documents, 504 documents, RTI documents, attendance records, and health data. The record also may contain family background information, extracurricular activities, verified reports of serious or recurrent behavior patterns, honors and awards, and a list of schools attended.

How can parents review their child's records?

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

Who, other than parents, can access student records?

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

The law generally prohibits people from being able to inspect or review a student's education record without prior permission of the parent. Written consent is not required for disclosure of personally identifiable information for the following people: Principal and Assistant Principal, School 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.

LUNCH MONEY PROCEDURE

The Nassau County School District has adopted a procedure in regards to meal charging and unpaid meal charges. Students and adults are expected to pay daily for all food purchases at the point of service or pay in advance through cash or check or online at www.schoolcafe.com. It is the responsibility of the family to maintain their student(s)' account throughout the school year.

National School Lunch Program (NSLP) and School Breakfast Program (SBP) regulations require school food authorities (SFAs) to "comply with the requirements to account for all revenues and expenditures of [its] nonprofit school food service" and to "meet the requirements for the allowability of nonprofit school food service expenditures in accordance with this part and 2 CFR 200, Subpart E" [7 CFR 210.19(a)(1) and 7 CFR 220.13(i)]. Therefore, expenditures from the nonprofit school food service account (NSFSA) must meet the standards for allowable costs set out in the Federal cost principles at 2 CFR Part 200, Subpart E. Section 200.426 of Subpart E states that "Bad debts...arising from uncollectable accounts and other claims; are unallowable. Related collection costs, and related legal costs, arising from such debts after they have been determined to be uncollectable are also unallowable." Therefore, NSFSA resources may not be used to cover costs related to the bad debt, such as continued legal and collection costs.

Therefore, it is the policy of the Nassau County School Board that there be no charging, unless in the event of an emergency per Administrative Rule 7.35 (I). Should there be an emergency please notify your cafeteria manager, principal, or the Food Service office at 904-491-9924 and arrangements will be made for a 5 day charging period. The proper funds should be deposited to the students account as soon as possible.

SchoolCafe is an online service that offers you the convenience and information you need to manage your student's meal account.

- Create your free account at www.schoolcafe.com or download the free app to your device by searching SchoolCafe
- Apply for free and reduced price meal assistance in less than 3 minutes
- View your student's account balance and transactions 24/7
- Receive email and text notifications when your student's account balance is low
- Make payments quickly & easily using a credit card, debit card or e-check (there is a 5% processing fee for this service and a minimum payment of \$20.00)
- Create settings to automatically replenish your student's account when it reaches a low balance

The Nassau County School District recognizes that on occasion, students may forget to bring meal money to school. To ensure that students do not go hungry, but also to promote responsible student behavior and minimize the fiscal burden to the Food & Nutrition Services Department, the District will enforce the following policies by grade level:

A la carte items are not part of the USDA National School Lunch Program and are not allowed to be charged. At 0\$ balance, no a la carte purchases are permitted. Any debt must be paid before a la carte purchases can be made.

Elementary School (Grades PreK-5):

- Upon a low balance of \$5 or less, the cashier will send an envelope home with the student. The Food Service Manager will communicate a low balance alert with the parent(s) or guardian via letter, email, and/or phone call.
- Upon a negative balance, the Food Service Manager will communicate with the parent(s) or guardian via letter, email, and/or phone call. An application for free or reduced lunch will be offered to the parent/guardian.
- Once the negative \$11.25 balance is exceeded, the Food Service Manager will alert school administration of the negative balance issue. A follow-up with school guidance or the Principal's designee will occur if the parent/guardian does not respond.

Middle School (Grades 6-8)

- Upon a negative balance, the Food Service Manager will communicate with the parent(s) or guardian via letter, email, and/or phone call. An application for free or reduced lunch will be offered to the parent/guardian.
- Once the negative \$8.25 balance is exceeded, the Food Service Manager will alert school administration of the negative balance issue. A follow-up with school guidance or the Principal's designee will occur if the parent/guardian does not respond.

High School (Grades 9-12)

- High School students are expected to remain aware of their meal account balance and to bring deposits as necessary. Cashiers remind all students daily when their account is low or overdrawn.
- High School students will only be allowed to charge meals for one (1) day.



Yulee Elementary School

86063 Felmor Road

Phone: (904) 225- 5192

Fax: (904) 225- 9993



Bryce Cubbal
Principal

Vicki Grubbs
Assistant Principal

Marilynn James
Data Entry/Records

Moya Page
Counselor

Focus Parent Portal Registration

- Go to <https://nassau.focusschoolsoftware.com>
- Click on the *Parent Account Registration & Password Reset link.*
 - To register for an account, you must be the parent/guardian and have a valid email address, the student's ID number, and the student's birthday.
 - Once you have created the account, write down your username and password.
- To activate your account, you must go to your child's school with a government issued ID to verify your identity.

We strongly encourage you to create a Focus Parent Account. This will give you access to your child's current grades, attendance, upcoming assignments from their teacher, final prior years grades, and much, much more. It is a wonderful tool for you as a parent to stay connect with what your child is doing in school.

USER NAME: _____

PASSWORD: _____

STUDENT ACCIDENT INSURANCE

Accidents aren't supposed to happen, but they do.

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY

Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

ADULT/VOTECH ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Dental

PAYMENT: Parents or guardians of students are responsible for enrollment and premium payment.

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to <https://www.SchoolInsuranceAgency.com>.

1. Choose Public or Private
2. Select your County if Public
3. Select your School
4. Select your plan, Pay and Print ID card

OR Print the enrollment application from our web site and mail it to our office with your check, credit card or money order. No ID card will be returned on mail in applications.

FOR A FULL LIST OF BENEFITS AND EXCLUSION GO TO:
<https://www.SchoolInsuranceAgency.com>

FOR QUESTIONS, CALL 1-800-541-8256
School Insurance Agency
120 53rd Ave. W. Bradenton, Fl. 34207



Yulee Elementary School

86063 Felmor Road

Phone: (904) 225-5192 Fax: (904) 225-9993



Bryce Cubbal
Principal

Vicki Grubbs
Assistant Principal

Marilynn James
Data Entry/Records

Moya Page
Counselor

Dear Parents,

Student safety is a top priority for the Nassau County School District. However, in spite of our actions to protect students, accidents will sometimes occur. The school district's liability insurance does not cover medical costs for treatment of student accidental injuries. Therefore, the district provides parents with an economical option to purchase a student accident insurance policy to cover student accidents either at school or for 24-hour-a-day coverage. This policy can provide valuable insurance coverage for parents that either do not have insurance or wish to supplement an existing insurance plan.

In addition, all students participating in district-sponsored interscholastic athletics are required to submit proof of insurance. For all sports except high school football, the student accident policy meets the requirement for insurance. Students playing high school football may purchase a separate policy for that sport. A brief description of the plans can be found on the insurance application and on the insurance company's website.

The insurance policies are good for a set time frame, from the first day of school until the last day of school, or for one calendar year beginning the first day of school if a 24-hour-a-day policy is purchased. Therefore, to get the greatest value for our money, please purchase the policies early in the year. There is also a policy for summer only. All policies expired prior to the start of the new school year.

The student accident insurance policy is administered by the Fowinkle School Insurance Agency. If you have any questions concerning the policy, claims, or coverage, you may contact them at 1-800-541-8256, or visit them online at www.schoolinsuranceagency.com

Sincerely,

Bryce Cubbal
Principal

The mission of the Nassau County School District is to develop each student as an inspired lifelong learner and problem solver with the strength of character to serve as a productive member of society.



Instant Parent Contact

Yulee Elementary Telephone Broadcast Service

Dear Parent,

To assist our communication between parents and school, Yulee Elementary is using SchoolReach, a system that enables school personnel to notify all households and parents by phone within minutes of an emergency or of an unplanned event. This service is also used from time to time to communicate general announcements or reminders.

When used, SchoolReach simultaneously calls all phone numbers in our parent contact list and delivers a recorded message from our Principal, Bryce Cubbal or another school district administrator. The service delivers the message to both live answer (a person answering) and answering machines. No answers and busies are automatically retried at least twice in 15 minute intervals after the initial call. In addition, the school district will continue to report important information, such as school closings due to weather, on local radio and TV stations and will use the phone system as an overlay to the public announcements.

NOTE:

- This requires NO registration by the parent on the SchoolReach website.
- All information and contact numbers are strictly secure and confidential and are only used for the purposes described herein.
- To benefit from this service, parents must keep school updated with current telephone numbers on file.

Here is some specific information you should know:

- **Caller ID.** Your Caller ID will display 904-225-5192, which is the main number for Yulee Elementary. In case of a call made by the Superintendent's office, the caller ID will display 904-491-9905.
- **Live Answers:** There is a short pause at the beginning of the message, usually just a few seconds. Answer your phone as you normally would, saying "Hello," and hold for the message to begin. Multiple "Hellos" will delay the message. Inform all family members who may answer your phone of this process.