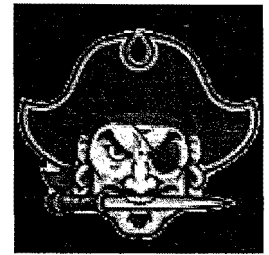


OFFICIAL RECORDS REQUEST

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

Contact Persons:

Registrar: Stephanie Akins – akinsst@nassau.k12.fl.us
Boys Counselor: Murtavius Miller – millermu@nassau.k12.fl.us
Girls Counselor: Brenda Bunch – bunchbr@nassau.k12.fl.us



Date: _____

Student Information

Student Name: _____ Date of Birth: _____

Current Grade Level: _____

Prior School Name: _____

Prior School Address: _____

Prior School Phone #: _____ Prior School Fax #: _____

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

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Withdraw Form | <input type="checkbox"/> Current Withdrawal Grades |
| <input type="checkbox"/> Immunization records & School Physical | <input type="checkbox"/> Permanent Record |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> Current Report Card | <input type="checkbox"/> Current Progress Report |
| <input type="checkbox"/> Prior Quarter Report Card | <input type="checkbox"/> 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:

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

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

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

Date Requested 2nd Request 3rd Request 4th Request 5th Request Received

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

STUDENT'S LEGAL NAME: _____ **Grade:** _____
Last First Middle

Sex: Male Female

Race/Ethnic Category: White (W) Black (B) Hispanic (H) Multiracial (M)
 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

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:

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

Processed By: _____ Date: ____/____/____

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

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

Student's Last Name	First Name	Middle Name
Date of Birth	Grade	Social Security Number _____-_____-_____

Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT
*Must attach appropriate documentation of status if not the parent/stepparent.

First and Last Name of: FATHER <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

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 _____
------------------------------------	------------

AFFIDAVIT OF JOINT RESIDENCY
To Be Completed if Parent(s)/Guardian(s) and Student Are Living With Another Family/Individual

PERSON PROVIDING PROOF OF RESIDENCY
I hereby declare and affirm that the parties listed above live at the given address with me. I also agree to notify the school within two (2) weeks when residency has changed. Check one: Student and Parent(s) Student Only

First Name / Last Name _____	Signature of Person Providing Proof of Residency _____
------------------------------	--------------------------------------------------------

PROOF OF RESIDENCY DOCUMENTATION

In order to verify residency within the Nassau County School District, one current document (dated within the past 60 days) listed below must be provided showing the parent, legal guardian or other caregiver's name and street address. If the family is living in another person's household as listed in Affidavit of Joint Residency section above, the document must have the listed person's name and street address on it.

Utility Bill: Gas, Electricity, Water, Land Line Telephone
 Lease Agreement/Rental Contract with Landlord's name, address, and telephone number
 Current Rent Receipt
 Letter on official letterhead, signed by the Landlord, stating that the parent/guardian/caregiver lives at the given address
 Mortgage, Real Estate Closing Papers, Mortgage Statement/Payment Book, Homeowner's Association Fee Statement
 Residence Insurance Statement
 Verification of Social Services with residence address specified

******* OFFICE USE ONLY *******
Check one or more and sign below.

Joint Residency	Proof of Residency Verified	Other Caregiver: <u>Authority for Delegation of Parental Authority</u> provided. Must also have transfer approved as per Adm. Rule 5.77.	Court-Appointed Guardian: Court Document provided	Foster Parent: <u>Authorization for Out-of-Home Placement</u> (FL Department of Children and Families form) provided	Student determined to be homeless. No proof of residency required.
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Verified By: _____	Date _____
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Student Housing Information- 2020-2021

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

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

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

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

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

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

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

Street Address (Location of House): _____

Best phone #: _____ 2nd best #: _____ 3rd best #: _____

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

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

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

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

Signature

Title IX	The student(s) listed above: (Please check 'yes' or 'no' in each column.)	YES	NO
1.	- lives in an emergency or transitional shelter or FEMA trailer.	<input type="checkbox"/>	<input type="checkbox"/>
2.	- is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason ("doubled-up"). Name of host: _____	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
4.	- lives in a hotel or motel.	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title I		YES	NO
1.	Have you moved to a new town to find work within the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did you find work in agriculture or fishing (e.g., field work, canneries, lumber industry, dairy work)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is work in agriculture or fishing a major source of income for your family?	<input type="checkbox"/>	<input type="checkbox"/>

**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 or Fire (W) <input type="checkbox"/> Man-made Disaster (Major) (D) |
| <input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O) | |

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

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

DO NOT mark "homeless" in FOCUS nor fax to Food Service. Updated: 5/29/19

MEDICAL AUTHORIZATION FORM

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

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

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

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

Parent or Guardian Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

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

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

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

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

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

Student's Signature: _____ Date: _____



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, FL 32034

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

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

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

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

Parent Signature

Date

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

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

AN EQUAL OPPORTUNITY EMPLOYER

ORIGINAL ENTRY REQUIREMENTS

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

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

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

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

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

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

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

A shot record is required for all new students before entry into the school system. The Florida DH 680 form can be obtained from your doctor or from the Health Department. If you do not have a doctor, or are unable to obtain the immunization from your provider, the Health Department offers free vaccinations. For more information, please contact the Department of Health at (904) 875-6110 for clinic hours.

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

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

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

Please contact your school's nurse directly or the Health Department's School Health Team at (904) 875-6110 regarding your child's medical needs so that a plan of care can be developed.

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

Thank You,
School Health Nurses for Fernandina Schools
Jodie Hearn, LPN (904) 321-5867 Ext: 2460
Sharon Kittrell, RN (904) 813-6837

Nassau County Florida Immunization Requirements School Year 2020-21

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

PROOF OF THE FOLLOWING IS REQUIRED FOR STUDENTS TO REGISTER

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

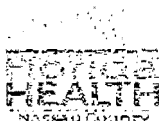
*If four or more doses are administered before age 4, an additional dose should be administered at age 4-6 years and at least six months after the previous dose. A 4th dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

NO SHOTS, NO SCHOOL, NO JOKE!

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

For more information about our clinics, call our Yulee Clinic at 904-875-6110 #1.

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





The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

Dr. Kathy K. Burns
Superintendent of Schools

(904) 491-9900
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STUDENT RESPONSIBLE USE OF TECHNOLOGY AGREEMENT

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

STUDENT GUIDELINES

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

STUDENT USE OF DISTRICT EMAIL

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

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

Please turn over to complete the back of the form.

SECURITY

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

PARENT GUIDELINES

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

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

Student’s School: _____ Grade: _____

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

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

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

Parent/Guardian’s Signature: _____ Date: ___ / ___ / ___

THIS FORM MUST BE RETURNED TO SCHOOL

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

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

AN EQUAL OPPORTUNITY EMPLOYER



**Release of Student Information Non-Consent Form
Directory Information, Photographs, Videos, Creative Works
School Year: 2020-2021**

Student's Full Name: _____ Date of Birth: _____
(Please Print)

School Name: _____ Student ID #: _____

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated directory information without written consent, unless you have advised the District to the contrary. According to the District's Administrative Rules (Chapter 5 - Part III), directory information includes the student's name, address, telephone number if it is a listed number, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, grade level, degrees, honors and awards received, and the most recent educational agency or institution attended by student.

Directory information can be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. This form will be used to allow you the opportunity to restrict the release of directory information. Please complete this form and return it to your child's school. If this signed form is not received by the school with options selected, it will be assumed that permissions for the release of directory information have been granted.

Directory Information

The district shall not release my child's directory information to a third party. I understand that choosing this option will prevent my child's information from being included in school publications (yearbooks, athletic programs, playbills) and recognition lists (graduation programs, honor rolls) or being released to the yearbook and ring vendors.

Armed Forces

The district shall not release my child's directory information to Armed Forces or Military Recruiters.

Postsecondary Educational Institutions

The district shall not release my child's directory information to postsecondary educational institutions.

Media Release

The district shall not release my child's name, photograph, audio and/or video recording for the purposes of student achievement and accomplishment to the media, website(s), or various social media channels.

Creative Works

The district shall not use my child's creative work or writing for publication.

Parent/Guardian's Name : _____ Relationship to Student: _____
(Please Print)

Parent/Guardian's Signature: _____ Date: _____

For School Use Only

Received by: _____ Date: _____

Entered in Focus by: _____ Date: _____

THIS AUTHORIZATION IS IN EFFECT UNTIL SEPTEMBER 15 OF THE FOLLOWING SCHOOL YEAR AND MUST BE RENEWED ANNUALLY.

STUDENT RECORDS

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

What rights do students and parents have?

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

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

What information is included in a student's record?

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

How can parents review their child's records?

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

Who, other than parents, can access student records?

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

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

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

Gr. Level _____



STUDENT/PARENT LAPTOP AGREEMENT

Student/Parent Information

Student Name:

<i>Last</i>	<i>First</i>	<i>Student ID #</i>
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Parent/Guardian Name:

<i>Last</i>	<i>First</i>
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Terms of Agreement

In this agreement, "you" and "your" means the parent/guardian and the student enrolled in Nassau County School District (NCS D). The "equipment" is a laptop and power cord/charger.

Terms:	You will be issued a NCS D laptop and power cord/charger. You will comply with the NCS D's Student Responsible Use Agreement (AUP) and the NCS D One-to-One Parent/Student Handbook at all times.
Title:	Legal title to the equipment belongs to the district and shall at all times remain with the district. Your right to possess and use the equipment is limited to and conditioned upon your full compliance with this Agreement. If the equipment is lost or damaged, either intentionally or due to negligence, the student may be subject to discipline and you may be responsible for the cost of repair or replacement.
Lost, Stolen, or Damaged Equipment:	You must report any lost, stolen, or damaged equipment to the school within 10 business days. For stolen equipment, you must also file a police report and provide a copy of that report to your student's school. If the equipment is lost or damaged, either intentionally or due to negligence, the student may be subject to discipline and you may be responsible for the cost of the repair or replacement.
Sanctions for Violations	Any activity that violates the NCS D Student Responsible Use Agreement should be reported to a school administrator. Disciplinary action, if any, for the students and other users shall be consistent with the district's standard policies and procedures. Violations of the policy can constitute cause for revocation of access privileges, suspension of access to Nassau County School District electronic resources, other school disciplinary action, and/or other appropriate legal or criminal action including restitution, if appropriate. Students shall be subject to the sanctions as appropriate.

Existing Device Damage

Please list any existing device damage	
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Acceptance of Terms

By signing this form, you confirm that you understand the information in this agreement. You also confirm that you have read, understand, and accept the terms of NCS D Acceptable Use Policy, and the One-to-One Student-Parent Handbook.

Parent/Guardian Signature

Date

Student Signature

Date

MEDICAL AUTHORIZATION FORM

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

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

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

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

Parent or Guardian: _____ Date: _____

STATE OF _____ COUNTY OF _____

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

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

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

(Title or Rank) (Signature of Notary taking Acknowledgment)

(Serial Number, if any) (Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

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

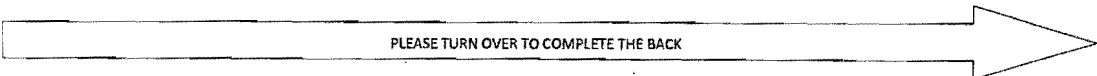
Student's Signature: _____ Date: _____

2020-2021 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 card 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:		Home Phone:			
<input type="checkbox"/> Callout - Check to receive school mass notifications		<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:		Home Phone:			
<input type="checkbox"/> Callout - Check to receive school mass notifications		<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 to 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"/> Medicines/drugs: 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.

	<p>Has your family temporarily lost housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>These situations, in and of themselves, do not count as abuse and are not reported to any agency.</p>
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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: _____