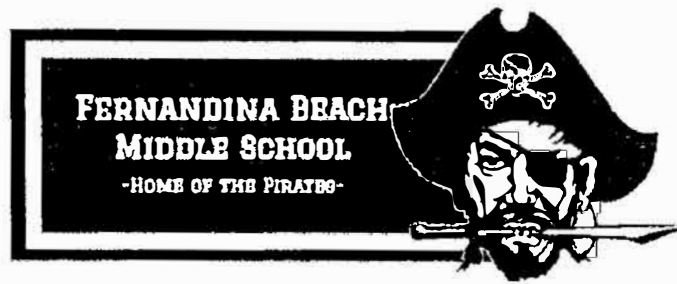


Dr. Anna Crawford
Principal



315 Citrona Drive Fernandina Beach FL, 32034
Phone (904) 491-7938 Fax (904) 261-8919

NEW STUDENT REGISTRATION

Students that need to register with FBMS must visit the school website at FernandinaMiddle.com, to set an appointment with a school counselor. (This registration process is for students new to our school system, not students transitioning from Emma Love Hardee Elementary School.)

Please contact Ms. Brenda Bunch - 904-491-7938 ext. 2470 or email bunchbr@nassau.k12.fl.us.

To enroll your child, you will need to complete the FBMS Registration Packet for 22-23, as well as provide the items listed below:

- Original Birth Certificate
- Social Security Card
- Florida Shot Record (Form DH 680) or out of state to be transferred to the Florida form
- Physical Exam (Does not have to be from Florida, but must be within one year)
- Last year's or current report card
- Most recent test scores (i.e. FSA, SAT 10, TERRA-NOVA, etc.)
- Proof of Residency (A driver's license is not acceptable proof of residency)
 - Current Utility Bill in your name (Gas, Electric, Water, Land-Line Phone)
 - Current Lease Agreement (with Landlord's name, address, and phone number)
 - Home purchase agreement (Mortgage payment statement or Closing papers)
 - Residence Insurance Statement
- IEP or 504 Plan documentation (if applicable)
- Florida Driver's License matching your current residence address
- Legal Guardianship documentation (if applicable)

*Please note: FMBS will request records and work diligently to obtain the records. However, the more information provided by the family upon registration, the more appropriate the placement for the student (i.e. advance courses, academic support courses).

OFFICIAL RECORDS REQUEST

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

Contact Persons:
Registrar: Stephanie Akins – akinsst@nassau.k12.fl.us
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

**NASSAU COUNTY SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

Please Print. Complete Page 1 and 2.

School: _____ Date: ____/____/____

Student's Legal Name:

First _____ Middle _____ Last _____
Name Child Goes By: _____ Gender: Female Male Date of Birth: ____/____/____

Social Security Number: _____

STUDENT ADDRESS

Home Address:				
Street, Route-Box, Apt. No.	City	State	Zip	
Mailing Address (If different from Home Address):				
Street, Route-Box, Apt. No.	City	State	Zip	
Primary Phone: (____) _____				

SCHOOL ENROLLMENT HISTORY

Grade Level: _____	
1) School last attended: _____	Grade: _____ Promoted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	City: _____ State: _____ Zip: _____
2) Has the student previously attended school in Nassau County ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide prior school information: Name of school last attended in Nassau County: _____ Grade: _____ Year: _____
3) a) Has the student previously been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe: _____
b) Has the student been arrested, resulting in a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe: _____
c) Has the student received Juvenile Justice actions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe: _____
d) Has the student ever been referred to mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe: _____
4) Has the student previously been enrolled in Exceptional Student Education (ESE) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please check all programs:
<input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Language Impaired	
<input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Emotionally/Behavioral Disability <input type="checkbox"/> Specified Learning Disability <input type="checkbox"/> Gifted	
<input type="checkbox"/> Hospital/Homebound <input type="checkbox"/> Dual-Sensory Impaired <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Traumatic Brain Injured <input type="checkbox"/> Developmentally Delayed	
<input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other: _____	
5) Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Does the student have a Student Health Care Plan (A plan for specific health related services)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7) For Students entering KG only – Did the student attend a Preschool Program BEFORE entering Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide the following information:	
Name of Preschool: _____	City/State/Zip: _____
How long did this child attend (in months)? _____	Preschool was: <input type="checkbox"/> Public <input type="checkbox"/> Private

STUDENT INFORMATION

Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
Location of Birth (City, State): _____ Country of Birth: _____
If the student's country of birth is not US , has your child ever attended a U.S. school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what date did the student first enroll in a US school? ____/____/____

NASSAU COUNTY SCHOOL DISTRICT STUDENT REGISTRATION FORM

Please Print. Complete Page 1 and 2.

Student's Legal Name: _____		
First	Middle	Last

HOME LANGUAGE SURVEY

Is a language other than English used in the home? Yes No If Yes, list Primary Home Language: _____

Did the student have a first language other than English? Yes No If Yes, list Native Student Language: _____

Does the student most frequently speak a language other than English? Yes No If Yes, list Language spoken: _____

Has the student been in a program for English for Speakers of Other Languages (ESOL)? Yes No

PARENT / GUARDIAN INFORMATION

Who has custody? Both Parents Mother Father Grandparent Aunt/Uncle Legal Guardian Other: _____
(Current legal documentation must be on file in student's cumulative record)

Student lives with? Both Parents Mother Father Grandparent Aunt/Uncle Legal Guardian Parent & Step-parent
 Other: _____ Relationship to Student: _____

1) _____ () _____

First
Last
Relationship
Home Phone Number

 _____ @ _____ () _____

Email Address
Cell Phone Number

2) _____ () _____

First
Last
Relationship
Home Phone Number

 _____ @ _____ () _____

Email Address
Cell Phone Number

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

1) _____ () _____ () _____

First
Last
Relationship
Cell Phone Number
Other Phone Number

2) _____ () _____ () _____

First
Last
Relationship
Cell Phone Number
Other Phone Number

3) _____ () _____ () _____

First
Last
Relationship
Cell Phone Number
Other Phone Number

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

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

FOR SCHOOL USE ONLY:

ENTRY CODE: _____ ENTRY DATE: ____/____/____	Birth Certificate Documentation: <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: ____/____/____

**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

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

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	NC
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"/> 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-Tornado (T) | <input type="checkbox"/> Natural Disaster-Tropical Storm (S) |
| <input type="checkbox"/> Pandemic (Major) | <input type="checkbox"/> Natural Disaster-Wildfire (W) |
| <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) | <input type="checkbox"/> Man-made Disaster (Major) (D) |
| | <input type="checkbox"/> Earthquake (E) |

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: 2/16/21

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"/>	First and Last Name of: MOTHER <input type="checkbox"/>	STEPMOTHER <input type="checkbox"/>
COURT-APPOINTED GUARDIAN* <input type="checkbox"/> FOSTER PARENT* <input type="checkbox"/>	COURT-APPOINTED GUARDIAN* <input type="checkbox"/>	FOSTER PARENT* <input type="checkbox"/>
OTHER CAREGIVER* <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

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.
-----------------	-----------------------------	--	---	--	--

Verified By:	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



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

Property # _____

School: _____

STUDENT/PARENT LAPTOP AGREEMENT

Student/Parent Information

Student Name:

Last

First

Student ID #

Parent/Guardian Name:

Last

First

Terms of Agreement

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

Terms:	<p>You will be issued a NCSD laptop and power cord/charger.</p> <ul style="list-style-type: none"> • Grades PK-5 will leave the devices at school. • Grades 6-12 will bring the devices to/from school daily. <p>You will comply with the NCSD's Responsible Use Agreement (RUP) and the NCSD Digital Learning Overview available at https://www.nassau.k12.fl.us/Page/2404.</p>
Title:	<p>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.</p>
Lost, Stolen, or Damaged Equipment:	<p>You must report any lost, stolen, or damaged equipment to the school immediately. For stolen equipment, you must also file a police report.</p> <p>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. A fee list can be viewed in the NCSD Digital Learning Overview.</p>
Sanctions for Violations	<p>Any activity that violates the NCSD 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.</p>

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 NCSD Acceptable Use Policy, and the NCSD Digital Learning Overview available at <https://www.nassau.k12.fl.us/Page/2404>.

Parent/Guardian Signature

Date

Student Signature (Required for Middle & High School Students)

Date

Parent Phone Number

Parent Email Address