

**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 <i>*Must attach appropriate documentation of status if not the parent/stepparent.</i>		
First and Last Name of: FATHER, STEPFATHER, COURT-APPOINTED GUARDIAN*, FOSTER PARENT*, OTHER CAREGIVER*		First and Last Name of: MOTHER, STEPMOTHER, COURT-APPOINTED GUARDIAN*, FOSTER PARENT*, OTHER CAREGIVER*
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: <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: Authority for Delegation of Parental Authority provided. Must also have transfer approved as per Adm. Rule 5.77.
Court-Appointed Guardian: Court Document provided		Foster Parent: Authorization for Out-of-Home Placement (FL Department of Children and Families form) provided
		Student determined to be homeless. No proof of residency required.
Verified By:		Date

Student Housing Information- 2023-2024

This application is intended to address the requirements of the McKinney-Vento/ Homeless Act. The answers to the questions below will assist in determining if your student may qualify for services provided to those living in a temporary situation due to loss of housing. **Please print clearly and complete the entire form. Incomplete forms will result in a delay of services.**

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

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

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

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

Address or Location: _____

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

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

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Hurricane (H) | <input type="checkbox"/> Natural Disaster-Tropical Storm (S) |
| <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Wildfire (W) | <input type="checkbox"/> Man-made Disaster (Major) (D) |
| <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Major Pandemic (P) | <input type="checkbox"/> For Convenience or Family Unit with Host (Ineligible) |
- ☐ Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, mental illness, domestic violence, forced eviction, house fire or flood, etc. (N)

School staff: For students with positive responses to questions 1-5 under Title IX & not "for convenience", discuss & complete the Interview Response Sheet and Dispute Resolution Process. Complete the Caregiver Form, if applicable. Fax all forms to 904-548-0439.

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MEDICAL AUTHORIZATION FORM

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

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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? ____/____/____

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NASSAU COUNTY SCHOOL DISTRICT
STUDENT REGISTRATION FORM

Please Print. Complete Page 1 and 2.

Student's Legal Name: _____
First Middle Last

HOME LANGUAGE SURVEY

Is a language other than English used in the home? ☐ Yes ☐ No If Yes, list Primary Home Language: _____
Did the student have a first language other than English? ☐ Yes ☐ No If Yes, list Native Student Language: _____
Does the student most frequently speak a language other than English? ☐ Yes ☐ No If Yes, list Language spoken: _____
Has the student been in a program for English for Speakers of Other Languages (ESOL)? ☐ Yes ☐ No

PARENT / GUARDIAN INFORMATION

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

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

1) _____ () _____
First Last Relationship Home Phone Number
_____ @ _____ () _____
Email Address Cell Phone Number

2) _____ () _____
First Last Relationship Home Phone Number
_____ @ _____ () _____
Email Address Cell Phone Number

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

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

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

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

FOR SCHOOL USE ONLY:

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

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

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The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

"Empowering others through a commitment to excellence"

Kathy K. Burns, Ed.D.
Superintendent of Schools

(904) 491-9900
Fax (904) 277-9042
Info@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 Statutes.
2. To facilitate the processing of student scholarships, college admission and other applications;
3. For other purposes when consent of the parent or adult is granted.

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

Parent Signature

Date

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

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.

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Superintendent of Schools

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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. In order for students to have access to these valuable resources, parents and students must sign the Student Responsible Use of Technology Agreement. The student is expected to follow the guidelines below and demonstrate ethical behavior and digital citizenship.

STUDENT GUIDELINES

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

STUDENT USE OF DISTRICT EMAIL

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

- District network security will control whom email messages can be sent to and whom they can be received from.
- Students will only be able to email their teacher or staff member.
- Students will not be able to email any other student.
- Students will not be able to receive email from other students.
- Students will not be allowed to receive email from outside the school domain except for approved senders. (Ex. College Board, Colleges, Universities, and 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

Student - v 1.0 2022-2023

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Student Data Collection Form

Student's Name: _____

Grade: _____

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? (Please mark only one.)

- ☐ No, my child is not Hispanic or Latino
- ☐ Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? (Please mark all that apply, however mark at least one.)

- ☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- ☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____ Date: _____