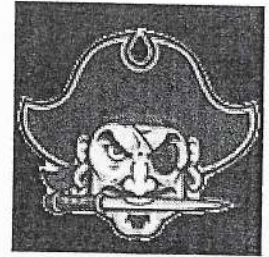


# OFFICIAL RECORDS REQUEST

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](mailto:akinsst@nassau.k12.fl.us)  
Boys Counselor: Murtavius Miller – [millermu@nassau.k12.fl.us](mailto:millermu@nassau.k12.fl.us)  
Girls Counselor: Brenda Bunch – [bunchbr@nassau.k12.fl.us](mailto: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	2 <sup>nd</sup> Request	3 <sup>rd</sup> Request	4 <sup>th</sup> Request	5 <sup>th</sup> Request	Received
_____	_____	_____	_____	_____	_____

# 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:	
	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.					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		
Father / Guardian	Last Name:		First:			
	Home Address (if different from student):			City, State, Zip:		
	Employer:		Work Phone:		Email:	
	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.					
	Cell Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications			Home Phone: <input type="checkbox"/> Callout - Check to receive school mass notifications		
Emergency Contacts	List the names of persons to whom we may release your child or whom we may contact if we cannot reach you.					
	Name		Address		Relationship	
Transportation	<b>Regular Arrival Procedures.</b> 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: _____)					
	<b>Regular Dismissal Procedures.</b> 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:

<b>Physician/ Hospital</b>	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:

<b>Medical Information</b>	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:		Allergies require:
<input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/drugs: Specify: _____ Specify: _____ Specify: _____		<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

<b>Sibling(s)</b>	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	Grade 1	Grade 3	Grade 6	Grade 9
<ul style="list-style-type: none"> <li>• Dental</li> <li>• Hearing</li> <li>• Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Hearing</li> <li>• Vision</li> <li>• Height</li> <li>• Weight</li> </ul>	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Vision</li> <li>• Height</li> <li>• Weight</li> <li>• BMI (selected schools)</li> <li>• Behavioral/mental health screener</li> </ul>	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Hearing</li> <li>• Vision</li> <li>• Height</li> <li>• Weight</li> <li>• Scoliosis</li> <li>• BMI (selected schools)</li> <li>• Behavioral/mental health screener</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral/mental health screener</li> </ul> <p style="text-align: center;"><b>Grades PreK, 2, 4, 5, 7, 8, 9, 10, 11, 12</b></p> <ul style="list-style-type: none"> <li>• Will be Upon Referral</li> </ul>

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><b>Has your family temporarily lost housing?</b> <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><b>These situations, in and of themselves, do not count as abuse and are not reported to any agency.</b></p>
--	--

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: \_\_\_\_\_



# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034

Dr. Kathy K. Burns  
Superintendent of Schools

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

## STUDENT RESPONSIBLE USE OF TECHNOLOGY AGREEMENT

Nassau County School District (NCS D) 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 3<sup>rd</sup> through 12<sup>th</sup> 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, RtI documents, attendance records, and health data. The record also may contain family background information, extracurricular activities, verified reports of serious or recurrent behavior patterns, honors and awards, and a list of schools attended.

### **How can parents review their child's records?**

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

### **Who, other than parents, can access student records?**

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

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



**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:	You will be issued a NCSD laptop and power cord/charger.  You will comply with the NCSD's Student Responsible Use Agreement (AUP) and the NCSD 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 NCSD 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	
--	--

**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 One-to-One Student-Parent Handbook.*

Parent/Guardian Signature

Date

Student Signature

Date