

# **YULEE MIDDLE SCHOOL**

85439 MINER ROAD  
YULEE, FLORIDA 32097  
(904) 225-5116  
(904) 225-0104 Fax

George Rayson, Principal  
Dr. Tara Middleton, Assistant Principal

Rachel Norfleet, Guidance Counselor (A-K)  
Kelly Fletcher, Guidance Counselor (L-Z)

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

## **Registration Requirements**

All items listed below are required at time of registration. Please return this form with your packet.

### **\_\_\_\_\_ Proof of Residence (1required)**

- Electric, water, landline phone, gas bill
- Rental Agreement
- Mortgage Payment
- In County or Out of County School Paperwork  
(must be approved by Nassau County District Office prior to enrollment)

### **\_\_\_\_\_ Legal Guardianship Documents (Required for all Guardians)**

### **\_\_\_\_\_ Student Registration Form**

### **\_\_\_\_\_ Emergency Card (provided by School)**

### **\_\_\_\_\_ Birth Certificate**

### **\_\_\_\_\_ Social Security Card**

### **\_\_\_\_\_ Immunization Record(HRS Form – 680 for out of state students)**

- In State and Out of state records have a 30 day grace period
- 7<sup>th</sup> Graders must have the TDAP Shot to enroll

### **\_\_\_\_\_ Florida physical**

- In State and Out of state records have 30 day grace period
- Out of state must be within 1 year

### **\_\_\_\_\_ ESE Paperwork (if applicable)**

- Individual Education Plan (IEP)
- Psychological Evaluation
- 504 Plan

### **\_\_\_\_\_ Report Card/Withdrawal**

- Most recent report card
- Current withdrawal form from previous school

### **\_\_\_\_\_ FSA or Standardized Test Results**

Please note: Copy machine and Notary are available at the school

**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 <b>Nassau County</b> ? <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 <b>Exceptional Student Education (ESE)</b> ? <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) <b>For Students entering KG only</b> – 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 <b>not US</b> , 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:

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

Entered in Student Database By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Nassau District Schools Bus Stop Request

Complete all fields and fax to (904) 225-9404 or email to [boydni@nassau.k12.fl.us](mailto:boydni@nassau.k12.fl.us) or [mckieev@nassau.k12.fl.us](mailto:mckieev@nassau.k12.fl.us)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

School(s): Westside Eastside

Bryceville Elementary

Callahan Elementary

Callahan Intermediate

Callahan Middle

West Nassau High

Hilliard Elementary

Hilliard Middle-Senior

Eastside

Southside Elementary

Emma Love Hardee

Fernandina Beach Middle

Fernandina Beach High

Yulee Primary

Yulee Elementary

Yulee Middle

Yulee High

Wildlight Elementary

Requested Location (street address or intersection):

Reason for request:

[illegible]

**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**

## 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.

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

Student's Last Name	First Name	Middle Name
Date of Birth	Grade	Social Security Number ____ - ____ - ____
<b>Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT</b>		
<small>*Must attach appropriate documentation of status if not the parent/stepparent.</small>		
First and Last Name of: FATHER COURT-APPOINTED GUARDIAN* OTHER CAREGIVER*	STEPPFATHER FOSTER PARENT*	First and Last Name of: MOTHER COURT-APPOINTED GUARDIAN* OTHER CAREGIVER* STEPMOTHER FOSTER PARENT*
<b>RESIDENCE ADDRESS: Post Office Box Number Is Not Acceptable as Residence Address</b>		
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
<b>AFFIDAVIT OF JOINT RESIDENCY</b>		
To Be Completed if Parent(s)/Guardian(s) and Student Are Living With Another Family/Individual		
<b>PERSON PROVIDING PROOF OF RESIDENCY</b>		
<p>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</p>		
First Name / Last Name	Signature of Person Providing Proof of Residency	
<b>PROOF OF RESIDENCY DOCUMENTATION</b>		
<p>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.</p> <p> <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         </p>		
<b>***** OFFICE USE ONLY *****</b>		
Check one or more and sign below.		
Joint Residency	Proof of Residency Verified	Other Caregiver: <u>Authority for Delegation of Parental Authority</u> provided. Must also have transfer approved as per Adm. Rule 5.77.
		Court-Appointed Guardian: Court Document provided
		Foster Parent: <u>Authorization for Out-of-Home Placement</u> (FL Department of Children and Families form) provided
		Student determined to be homeless. No proof of residency required.
Verified By:		Date

# Student Housing Information- 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 #: \_\_\_\_\_ 2<sup>nd</sup> best #: \_\_\_\_\_ 3<sup>rd</sup> 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.		
2.	- is <b>sharing</b> the housing of other persons due to loss of housing, economic hardship or a similar reason ("doubled-up"). <b>Name of host:</b> _____		
3.	- is living in a car, park, temporary trailer park or campground, public space, abandoned building, <u>substandard housing</u> (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." Please mark "yes" if a student listed above is unaccompanied. ( <b>Caregivers for students under 18 must complete the Caregiver's Authorization Affidavit.</b> ) Form obtained? Yes <u>  </u> No <u>  </u>		
Title I		YES	NO
1.	Have you moved to a new town to find work within the last 3 years?		
2.	Did you find work in agriculture or fishing (e.g., field work, canneries, lumber industry, dairy work)?		
3.	Is work in agriculture or fishing a major source of income for your family?		

*\*If you answered "Yes" on more than one of the Title I questions above, a school representative may call you for more information.*

**There are additional services provided for students in a temporary situation due to loss of housing.**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Mortgage Foreclosure   | <input type="checkbox"/> <u>Convenience or family unit with host- ineligible for Title IX add'l services</u>          |
| <input type="checkbox"/> Natural Disaster-Flooding (F)  | <input type="checkbox"/> Natural Disaster-Hurricane (H) <input type="checkbox"/> Natural Disaster-Tropical Storm (S)  |
| <input type="checkbox"/> Natural Disaster-Tornado (T)   | <input type="checkbox"/> Natural Disaster-Wildfire 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 **Yulee 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](http://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.

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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, FL 32034

(904) 491-9900  
Fax (904) 277-9042  
[www.nassau.k12.fl.us](http://www.nassau.k12.fl.us)

## 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 people 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 people of the Far East, Southeast Asian 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 African 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 people of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White – A person having origins in any of the original people of Europe, the Middle East, or North Africa

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Parent Signature

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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.

AN EQUAL OPPORTUNITY EMPLOYER



# 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- 9047  
[info@nassau.k12.fl.us](mailto:info@nassau.k12.fl.us)

## 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 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 anytime 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.

### 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: \_\_\_\_\_ Yulee Middle 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 2017-18

# **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 <sup>th</sup> dose not required if 4 <sup>th</sup> given after 4 <sup>th</sup> 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 <sup>st</sup> dose must be given on or after 1 <sup>st</sup> 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 <sup>st</sup> 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 4<sup>th</sup> 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](http://www.immunizeflorida.org)



## Medical & Allergy Notification

My Child \_\_\_\_\_ has the following:

Please check ALL that apply:

### Medical

\_\_\_\_\_ ADHD  
\_\_\_\_\_ DIABETES  
\_\_\_\_\_ ASTHMA  
\_\_\_\_\_ SEIZURES  
\_\_\_\_\_ MEDICATION:

Please list any medication:

\_\_\_\_\_

### Medical

\_\_\_\_\_ ALLERGIES  
\_\_\_\_\_ NOSEBLEEDS  
\_\_\_\_\_ MIGRAINES  
\_\_\_\_\_ HEMOPHILLIA  
\_\_\_\_\_ OTHER

Please list issue if OTHER is checked:

\_\_\_\_\_

### INSECTS

\_\_\_\_\_ Bees  
\_\_\_\_\_ Fire Ants  
\_\_\_\_\_ Hornets  
\_\_\_\_\_ Wasps  
\_\_\_\_\_ Yellow Jackets  
\_\_\_\_\_ Other (List below)

\_\_\_\_\_  
\_\_\_\_\_

### FOOD

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

\_\_\_\_\_

There are two types of allergy reactions. Please check one:

\_\_\_\_\_ Local (intense swelling, itching, and a raised bump)  
\_\_\_\_\_ Systemic (hives, fever, difficulty breathing, and/or severe drop in blood pressure)

If your child should become exposed to this allergen at school, your preferred course of action is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Keep in mind the medications, if listed, must be accompanied by a prescription and be brought to the school by the parent/guardian.

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Food & Nutrition Services

## Student Household Matching Form

**New Student Information:**

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Has this student previously attended a Nassau County Public School?      Yes                  No

Has student attended any other **Public School** in Florida or another state? Yes                  No

If **yes** please provide the name of school, city and state:

\_\_\_\_\_

**Students Full Legal Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Please list any other children living in the home that attend **Nassau County Public Schools**:

<u>Name</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information will only be used for the purpose of identifying students who currently reside together and may possibly be eligible for free or reduced priced meals based upon eligibility extension. **Return this form to your school.**

**For official use only:**

	Yes	No	Date	Initials
Former school CEP				
Spoke with parent				
Extended eligibility				

Additional notes:

**YULEE MIDDLE SCHOOL**

**85439 MINER ROAD**

**YULEE, FLORIDA 32097**

**(904) 225-5116**

**(904) 225-0104 Fax**

**George Raysor, Principal**  
**Dr. Tara Middleton, Assistant Principal**

**Rachel Norfleet, Guidance Counselor (A-K)**  
**Kelly Fletcher, Guidance Counselor (L-Z)**

**PERMISSION FOR RELEASE OF RECORDS  
AND/OR INFORMATION FROM RECORDS**

**Date:** \_\_\_\_\_ **Student's Full Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Previous School Name:** \_\_\_\_\_

**Dates Attended Previous School (Enrolled)** \_\_\_\_\_ **(Withdrew)** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Records To Be Released:**

- All Medical and Immunization records
- A current transcript of previous courses and grades for this student
- Any withdrawal grades the student may have when leaving your school
- A copy of the student's most recent report card
- Results from the FSA (FL Schools Only) EOCs/State Assessments
- Discipline records
- Pertinent Legal Documentation
- 504 Plan
- Copy of Birth Certificate and Social Security Card
- Any Exceptional Student Education information, including but not limited to: Recent IEP, Psychological testing results, Social History, Recent vision/hearing test results, Educational evaluation, Speech/Language Evaluation, Occupational Therapy (OT) /Physical Therapy (PT) Evaluation, Functional Behavior Assessment (FBA), Positive Behavior Intervention Plan (PBIP).

I hereby grant permission for release of the above records to Yulee Middle School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Guidance Counselors Signatures

\_\_\_\_\_ 1<sup>st</sup> Fax Request \_\_\_\_\_ 2<sup>nd</sup> Fax Request \_\_\_\_\_ 3<sup>rd</sup> Fax Request





## Sign up for important updates from Yulee Middle

Get information for Yulee Middle School right on your phone-not on handouts.

Pick a way to receive messages for Yulee Middle:

- A. If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

**rmd.at/yuleem**

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



Full name

Phone number or email address ?

Sign up

OR

Sign up with Google

By signing up, you agree to our [Terms of Service](#) and [Privacy Policy](#).

- B. If you don't have a smartphone, get text notifications.

Text the message **@yuleem** to the number **81010**

If you're having trouble with 81010, try texting **@yuleem** to **(904) 342-1155**



## Yulee Middle School PE Uniforms 2020

You can now purchase your items online in 3 easy steps:

1. Scan the QR code or go online to <https://bakerssport-com-ymspe2020.itemorder.com>
2. Choose your items and add them to your cart
3. Securely checkout with your credit card

Online Store Deadline: **Monday July 13th, 2020 (11:59pm EDT)**

**Badger 7 Inch Mesh  
Tricot Short**



3 Colors

\$10.60

**Badger 9 Inch Mesh  
Tricot Short**



3 Colors

\$10.60

**Gildan Gildan® Youth  
Heavy Blend Open  
Bottom Sweatpant**



2 Colors

\$15.00

**Gildan Heavy Blend  
Adult Open Bottom  
Sweatpants**



2 Colors

\$15.60

**JERZEES Youth T-  
Shirt**



3 Colors

\$7.20

**Jerzees Adult T-Shirt**



3 Colors

\$7.20

**JERZEES Youth  
Pullover Hooded  
Sweatshirt**



3 Colors

\$21.60

**JERZEES Adult  
Pullover Hooded  
Sweatshirt**



3 Colors

\$21.60

powered by



**ORDERMYGEAR**

Questions?

Branden Allen

(888) 388-8126

[customerservice@bakerssport.com](mailto:customerservice@bakerssport.com)

<https://bakerssport.com/>



# Registration Information

***Where:*** Yulee Middle School

***When:*** Appointments beginning July 27th! Please sign- up now using the appropriate link:

Last Name starting A-K: <https://signup.com/go/oqCmnbF>

Last Name starting L-Z: <https://signup.com/go/LvPqbNr>

- ♦ In order to comply with our COVID-19 State Guidelines, we ask that only the student and parent attend the appointment.

***What to Bring:*** Registration packets with specific requirements are available on-line at:

<https://www.nassau.k12.fl.us/Page/3278>

- ♦ Packets are also available for pick-up at Yulee Middle School.

Yulee Middle School

85439 Miner Rd.

Yulee, FL 32097

904-225-5116

