

**ALL OUT OF STATE
IMMUNIZATION RECORDS
MUST BE CONVERTED TO
FLORIDA RECORDS CARDS
(FORM 680) BEFORE YOUR
STUDENT CAN START SCHOOL.**

**TO EXPEDITE THIS SERVICE YOU CAN FAX
YOUR IMMUNIZATION RECORDS,
ATTENTION: PAT REDDICK AT THE
MANATEE COUNTY HEALTH DEPARTMENT
941-714-7337. PLEASE INCLUDE YOUR
NAME, PHONE NUMBER, YOUR NEW
FLORIDA ADDRESS AND YOUR STUDENT'S
DATE OF BIRTH. YOU WILL NEED TO PICK
UP THE IMMUNIZATION FORM 680 FROM
THE HEALTH DEPARTMENT WHEN YOU
ARRIVE IN FLORIDA.**

**Manatee County Health Department
410 6th Ave East
Bradenton, FL 34208
(941) 748-0747**



Please take your out of state immunization and physical records to the above location they will be transferred onto Florida records. Please be advised that there is a 24 turnaround time frame.

Fax out of state immunization records attention: Pat Reddick 941-714-7337 for expected service. Your converted records (Form 680) will be ready to be picked up when you arrive in Florida. Please include your new Florida address, phone number and your name.

To all out of state / out of country parents:

All student's immunization & physical records must be converted to Florida records at the Manatee County Health Department PRIOR to enrolling.

To all parents:

Any requests for advanced and/or high school courses you must have either prior school recommendation or a report card showing advanced courses.

Name: _____

School Search by Address: _____



REGISTRATION CHECKLIST



STEP 1: Gather the documents listed below. *If unable to get any of these please ask your registrar about Project Heart.

- Original Certified Birth Certificate or other proof of date of birth**
- Florida Certificate of Immunization.** Florida Certificate of Immunization (DOH680)
**All PreK, KG, 7TH & 8TH Grade or Students new to Florida schools must have proof of immunization.*
- Physical examination certificate.** Within past 12 months of enrollment date
- Legal Guardianship papers.** (If applicable, assistance @ (941) 708-4971)
- Child's Social Security number.** Section 1008.386, F.S.
- Child's recent report card/transcripts/withdrawal forms.** (Not required for elementary)
- Proof of residency.** Schools accept one of the following:
 - Current mortgage statement, lease agreement, electric, gas or water bill – must include address and name of enrolling parent/guardian
 - Official employer/company statement providing housing to enrolling parent/guardian and family
 - Copy of Migrant Services Certificate of Eligibility
 - Government issued ID/DL with new address or processed USPS change of address documentation AND a notarized statement from the owner/lessee of the residence listing names of all people residing at the address **accompanied** by a current utility bill (power or water) with the owner/lessee's name and address
 - OSP/Choice/Hardship Letter (if enrolling out of your residential attendance zone)

To obtain a change of address on ID/Driver License: Contact Manatee County Tax Collector at (941) 741-4801-various locations. Or online at <http://www.flhsmv.gov/ddl/addresschange.html>
To process USPS change of address: Contact the Bradenton Post Office at (941) 747-0867-various locations. Or online at <https://www.usa.gov/post-office>
To obtain a replacement Florida birth certificate: (941) 748-0747 (option 8) Vital Statistics - 410 6th Av. E. Bradenton. Parent must make the request and show ID.
For assistance with immunizations or physical exam certificates: Contact Manatee County Health Department at 748-0747, Manatee Rural Health Services at 708-8700, or a participating local physician.

STEP 2: Fill out School District of Manatee County Enrollment Packet.

- Enrollment Form**
- School District of Manatee County School Health Services Form**
- Student Collection of Social Security Number Consent**
- Request of Records Form** (Needed for KG only if retained or from out of State)

STEP 3: Deliver all forms.

- School Registrar**
 - At your school's front office.
 - At nearest summer collection site (during summer break).
Contact the Office of Student Assignment at (941)708-4971 for assistance locating your nearest summer collection site.



Manatee County School Enrollment Form

<i>Office use only</i>	Teacher _____
Entry code _____	Calendar _____
ID# _____	TEAM _____
HR _____	CSL _____
Entry date: _____	Assignment code: _____

SCHOOL: _____

Student Legal Name _____ **Grade Enrolling In** _____
 (As listed on Birth Certificate) Last Suffix (Jr, III, etc) First Middle
Any other legal name used _____

Residence address: _____ **Apt Bldg(specify)** _____
 _____ **Home Phone ()** _____
 City State Zip

Mailing address (if different): _____
 Address Apt Bldg # City State Zip

Student resides at the above address with: Both Parents Mother Father Out of Home/Foster Home* Other*

*Explain _____ (Appropriate guardianship documents **MUST BE** on file with School District)

#1 Parent/Guardian e-mail address

#2 Parent/Guardian e-mail address

Is student of Hispanic, Latino or Spanish origin? Yes No

Verification office use _____

Gender: Male Female **Date of Birth (Month/Day/Year)** _____ / _____ / _____

Birthplace: City _____ State _____ Country _____ **Social Security#** _____ / _____ / _____
 Verification office use _____ (Section 1008.386 F.S.)

Race: (Check all that apply but must check at least one)

White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Is student a child of a military family? Yes (if yes, specify below) No **Residence On Base?** Yes No
Active duty Medically discharged Death in the line of duty

Did you move to Manatee County as a result of a hurricane/earthquake? Hurricane _____ Earthquake No
Did you move within Manatee County as a result of a hurricane/earthquake? Hurricane _____ Earthquake No

Emergency Contact/Pick-up List (Only parties marked Y below are allowed to pick up child in emergency and non-emergency situations.)
 (**AC=Automated contact. Parties marked Y will receive non-emergency communications)

Name	Relationship to student	Pick-up (Y/N)	*AC (Y/N)	Place of Employment	Work Phone	Home Phone	Cell Phone
Enrolling Parent/Guardian							
Parent/Other							
Other							
Other							
Other							
Other							

Brothers/Sisters in Manatee County Schools (Public, Charter, Private)

Name: _____ Grade _____ School _____
 Name: _____ Grade _____ School _____

Transportation

Walk Bike Car Rider School Bus# _____ Day Care: Name _____ Phone _____

Enrolling Parent Signature _____ **Date** _____

Print First Name _____ **Print Last Name** _____

Last School Student Attended:

School Name _____ County: _____

Street Address _____ Phone (____) _____

City, State, Zip _____ Fax (____) _____

Has student ever attended a Manatee County school before? If so, name of school _____

Has student ever attended another Florida School? If so, name of school/City/County _____

Has student ever repeated a grade? If so, which grade(s) _____

Has your student ever been or is your student currently in any of the following programs? Check the appropriate boxes.

- | | | |
|--|---|--|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> ESOL | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injured | <input type="checkbox"/> Alternative Ed |
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Dual Sensory Impaired | (specify) _____ |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Autism Spectrum Disorder | |

Florida Statute 1006.07(1)(b) requires that you provide the following information:

- | | | |
|--|------------------------------|-----------------------------|
| Has the student been expelled (not suspended) from a school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student had an arrest resulting in a charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student been involved in the Juvenile Justice System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever been referred for mental health services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is YES to any of the above, please explain: _____

The next three programs have opportunities available, if qualifications are met.

- | (MUST ANSWER) | Home Language Survey | If yes, what language? |
|--|--|------------------------|
| 1. Is a language other than English used in the home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. Does the student have a first language other than English? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3. Does the student most frequently speak a language other than English? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Answering "yes" to one or more of the Home Language Survey questions will require your child to be screened for English language proficiency and may result in his/her eligibility for ESOL services.

If answered "yes" to any one of these questions, please indicate date student entered school in the U.S. for the first time (____ / ____ / ____)

(MUST ANSWER)

Has parent/guardian moved within the last three years from another county/state due to working in agriculture, fishing, or dairy activities? Yes No

Student Housing Questionnaire- Project HEART- McKinney Vento Application

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this housing information help determine the services the student may be eligible to receive.

- Is your current address a temporary living arrangement? Yes No
- Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel/hotel
- In an emergency shelter (Salvation Army, Hope or Family Resources)
- With more than one family in a house or apartment (parent/guardian not on lease)
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Required: Enrolling parent must read, sign and date this section.

Pursuant to section 837.06, FI Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree. I hereby certify that I have custody of my child at least 50% of the time and that I have read all information on this form and that all answers I have given are true and correct.

Enrolling Parent Signature _____ Date _____

Print First Name _____ Print Last Name _____



SUPERINTENDENT OF SCHOOLS

SCHOOL DISTRICT OF MANATEE COUNTY
REQUEST FOR STUDENT RECORDS

_____	1 st request
_____	2 nd request
_____	3 rd request

Date of request _____

TO: Records Dept. _____
(Name of School)

(Address) (City) (State) (Zip)

(Email) (Phone) (Fax)

RE: Student _____
(Last) (First) (Middle) (DOB) (Grade)

Student _____
(Last) (First) (Middle) (DOB) (Grade)

Student _____
(Last) (First) (Middle) (DOB) (Grade)

PLEASE FORWARD RECORDS TO:
(Email is preferred method)

Carol Douglas

(Registrar)

R. Dan Nolan Middle School

(School)

6615 Greenbrook Boulevard, Bradenton, FL 34202
(Address) (City) (State) (Zip)

douglasc@manateeschools.net 941-751-8200 941-751-8210
(Email) (Phone) (Fax)

- Include:**
- Student External ID number
 - Student Alias ID number
 - Student Grades/Transcript
 - Withdrawal Grades (if student left during current year)
 - Health Records (including physical and immunization records)
 - Grading Scale For Your School
 - Test Scores
 - Exceptional Student Education Records
(referral, eligibility/placement data and current IEP (FSP – pre-school))
 - Psycho-Educational Evaluation, Social History 504 Plan, other pertinent educational information
 - English Language Learners

Requestor _____ Date _____

FLORIDA STATE BOARD RULE: 6A-1.0955 (7b)

a. The transfer of records shall be immediately upon request of an adult student a parent or guardian of a pupil or a receiving school. The principal or designee shall transfer a copy of all Category A and Category B information and shall retain a copy of Category A information; however, student records which are required for audit purposes for programs listed in Section 229.565(3), Florida Statute shall be maintained in the district for the time period indicated in Rule 6A-1.04513, FAC.

b. The transfer of adult student or pupil education records shall not be delayed for nonpayment of a fee or fine assessed by the school.



PARENT PORTAL ACCESS AUTHORIZATION FORM

Instructions: Print and complete this form, and mail, fax, email, or hand-deliver it to the school to gain access to the Parent Portal, an online tool you can use to access your child's grades, attendance, and other information.

I _____, having _____ as my
(Print Parent Name) (Print Parent Email Address)

email address, request that the following school: _____ provide me
(Print School Name)

online access to grades, attendance, and other student information for my child(ren) named below:

Printed Student Name _____ Student ID# _____ Student Date of Birth _____

Printed Student Name _____ Student ID# _____ Student Date of Birth _____

Printed Student Name _____ Student ID# _____ Student Date of Birth _____

WARNING: Pursuant to section 837.06, Florida Statutes, falsification of this document is a criminal offense that may result in up to sixty (60) days in jail and a \$500 fine.

By my signature below, I hereby swear or affirm, under penalty of perjury, that all of the following is true and correct:

1. I am the parent or legal guardian of the above-named student(s).
2. My parental rights as to the above-named student(s) have not been legally terminated.
3. I am legally entitled to access the confidential student records of all the above-named students.
4. I have not had my rights under the Family Educational Rights and Privacy Act ("FERPA") removed by a court of law.
5. I am under no restraining order, other court order, or legal document that prohibits me from accessing or obtaining any of the above-named students' records.
6. I hereby consent to the transmission of the above-named students' grades, attendance, and other confidential student information to me via the internet to my email address and through the online parent portal and hereby accept sole responsibility to maintain the confidentiality and security of my login and password used to access the parent portal.

Parent or Legal Guardian Signature

Date

NOTE: Access to the parent portal will be granted no earlier than **November 14, 2011** for high school parents. Please allow the school 72 hours to process this form.

Parent Portal Link: <https://focus.manateeschools.net/>



Collection of Student Social Security Numbers



Section 1008.386, F.S. requires school districts to request a social security number for each student in grades PK-Adult who enroll or are enrolled in school. However, a student is **not** required to provide his or her social security number as a condition of enrollment or graduation.

1008.386 Social security numbers used as student identification numbers.—Each district school board shall request that each student enrolled in a public school in this state provide his or her social security number. Each school district shall use social security numbers as student identification numbers in the management information system maintained by the school district. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. A student satisfies this requirement by presenting to school enrollment officials his or her social security card or a copy of the card. The school district shall include the social security number in the student’s permanent records and shall indicate if the student identification number is not a social security number. The Commissioner of Education shall provide assistance to school districts to assure that the assignment of student identification numbers other than social security numbers is kept to a minimum and to avoid duplication of any student identification number.

The collected social security number may be used for all or some of the following purposes:

1. Registration and tracking of students, including State Reporting
2. Local Accountability
3. FASTER
4. Migrant Tracking

Instructions: Please check one of the boxes below to indicate your choice, and complete the information at the bottom of the form.

I will provide the school district with a copy of the above student’s social security card/number.

**If this information is provided, please give the parent a signed copy of this form for their records.*

Student’s Social Security Number

I will not provide the school district with a copy of the above student’s social security card/number.

I cannot provide the school district with a copy of the above student’s social security card/number.

Print Student Name

Student Grade

Print Parent Name

Parent Signature

Date

To be completed by the school:

I, _____, _____ @ _____ ES / MS / HS
print name print title name of school

have verified the social security # by visually checking the student’s social security card.

Signature

Date

INFORMATION / IMPORTANT NUMBERS TO REMEMBER

2018/2019

Attendance: Absences, Focus Parent Portal & changes in transportation going home: Sue Ann Ciccone 751-8200 x 2008

Best time to pick up students for Dr./Dentist appointments is before 2:00 p.m.

Parent-Teacher conferences scheduling: Monica Schock 751-8500 x2014

Guidance Counselor: Lisa Hales 751-8200 x 2010 A-M

Guidance Counselor: Ana Parajon 751-8200 x 2022 N-Z

Assistant Principal: Lori Jones 751-8200 x 2012

Assistant Principal: Shelley Clark 751-8200 x 2016

Principal: Scot Boice 751-8200 x 2001

Transportation: Bus information 941-782-1287 **you must call before** you child can ride the bus.

Bus Locator Features: www.manateeschools.net go to Departments, then Operations, then School Bus Transportation, then Routing, then go to E-Links and type in your address & grade to get bus route information

General Information: Susan Konen 751-8200 x 2000

YMCA: Before and after school care: Hours: 7:00 a.m. - 6:00 p.m. Mrs. Sponsel-Site Director 941-751-8200 x2030

P.E. uniforms are \$25.00 and \$5.00 for an optional bag to carry uniform in. You will also need a combination lock for the PE locker.

Meal Pay Plan

www.manateeschools.net

Click on Departments

Click on Food & Nutrition Services

Click on MealpayPlus logo

You will need a debit or credit card and student ID# to enroll.

For Free and reduced lunch go to:

www.manateeschools.net

Departments; Operations; Food and Nutrition Services, then click on Apply for free and reduced lunch.

All Students – The following apparel or items are NOT allowed at school:

- a. Sunglasses*
- b. Hats, visors, bandanas or other head apparel*
- c. Visible pierced body jewelry other than that worn on the ear
- d. Gang-related tattoos or inappropriate tattoos, as determined by the principal
- e. Cutoff pants, shorts, or skirts
- f. Clothing that exposes the midriff
- g. Spaghetti straps or strapless dresses or tops
- h. Unbuckled belts
- i. Ill-fitting sweat pants or warm-ups
- j. Suspenders hanging down – including overalls
- k. Clothing that advertises alcoholic beverages, tobacco, drugs or has questionable language or art work
- l. Known gang-related symbols
- m. Spandex-type dresses
- n. Beachwear
- o. Pajamas or other sleepwear
- p. Any clothing, accessories, jewelry, or hair styles that may be a distraction to self or others,
or that have obscene or drug-related phrases
- q. Any clothing, accessories, or items that portray symbols or images that may be considered disruptive to the learning environment
- r. Clothing with frays, holes, cuts, or slits above the knee
- s. Gym shorts or soccer shorts that are NOT proper length
- t. Glass containers of any kind
- u. Skateboards
- v. Hoverboards
- w. Any clothing or jewelry that can be used as a weapon
- x. Aerosol sprays of any kind

To look up the daily assignments go to:

www.manateeschools.net

Then click on Schools & Calendars

Then click on Middle

Then click on Nolan

Then click on Staff – Instructional

Click on the teacher's name your student has

Click on Homework & Events

Click on each day to see what homework was assigned. It will also show you due dates of upcoming homework.

You can also access your Focus account from our website, just click on Focus Parent Portal Icon & type in your user name & password.

OPEN 7 DAYS A WEEK
8:00am - 8:00pm

**No Appointment
Needed**

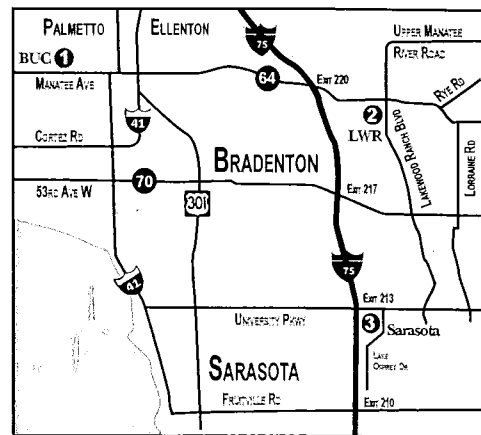
Bradenton • Lakewood Ranch • Sarasota
URGENT CARE
WALK-IN CLINICS

Need a **PHYSICAL EXAM**
for sports or school?

We offer physicals
for just

\$25

7 days
a week!**



Three Locations Open Daily!

**find us on
facebook.**

Bradenton

4647 Manatee Ave. West
(941) 745-5999

①

www.BradentonUrgentCare.com

Lakewood Ranch

9908 State Road 64 East
(941) 747-8600

②

www.LWRUC.com

Sarasota

6272 Lake Osprey Drive
(941) 907-2800

③

www.SarasotaUrgentCare.com

Grades K-12 *Some physicals may incur additional fees. Insurance co-pays will not be accepted as payment for the physical.



Manatee County School Health Services

ANNUAL STUDENT MEDICAL / HEALTH INFORMATION



School _____ School Year _____ Gr _____ Teacher _____

All contact information on this form must match the official names and contact numbers given to the school

Student's Legal Last Name	Student's Legal First Name	MI	Birth Date	Age	Sex
Address/City/State/Zip				Home Telephone	
Mother's Name		Place of Employment		Cell #	Work Telephone
Father's Name		Place of Employment		Cell #	Work Telephone

Additional Emergency and Clinic Contact/Pick-up List: Should my child become ill or injured during the school day and the school be unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence. **Contact(s) should be the same name(s) as on the BioForm record in school office.**

(1) Name	Relationship	Telephone	(2) Name	Relationship	Telephone
(3) Name	Relationship	Telephone	(4) Name	Relationship	Telephone

OTHER (1) CHILDREN _____ **(2)** _____
 Name School/Grade Name School/Grade

PHYSICIAN _____ **PHONE** _____ **DENTIST** _____ **PHONE** _____

MEDICAL PROBLEMS (check all that apply/use additional sheet to specify if necessary) **MEDICAID** Yes No

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Allergy- <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> Insects
Specify _____
Life Threatening? Yes / No
<input type="checkbox"/> Arthritis - Specify _____
<input type="checkbox"/> Asthma - Date of last attack _____
<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Diabetes - Type _____
Insulin at School - Yes / No
<input type="checkbox"/> Epilepsy/Seizure - date of last Seizure _____
Other - Specify _____ | <input type="checkbox"/> Gastrointestinal Condition -
Specify _____
<input type="checkbox"/> Hearing Impairment / Hearing Aids
<input type="checkbox"/> Heart Disease/Murmur
Diagnosis _____
<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Immuno-suppression / Cancer
<input type="checkbox"/> Kidney/Urologic Condition
Specify _____
<input type="checkbox"/> Diagnosed Migraines | <input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Autism Spectrum Disorder (ASD)
<input type="checkbox"/> Physical Impairment
Specify _____
<input type="checkbox"/> Pregnancy - Due Date _____
<input type="checkbox"/> Psychological Disorders
Specify _____
<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Transplant _____
<input type="checkbox"/> Vision Impairment / Blind
Glasses / Contact Lens |
|---|--|--|

A completed Medication Authorization form is required for all medication administered at school, including epinephrine auto-injector, inhalers and over the counter medication. Parents must provide all medication, equipment and supplies needed at school.

If your child needs a nursing procedure, or has a physical limitation or activity restriction, you **must** provide medical documentation to the nurse.

List medications and dosage your child takes at home _____

ADDITIONAL INFORMATION _____

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. I understand that I will be responsible for any and all related charges. I understand that it is the parent's/guardian's responsibility to notify the school of any changes in this information throughout the school year and complete a new medical information form each school year. This information will become part of the student's permanent school record.

THIS INFORMATION WILL BE SHARED WITH OTHER SCHOOL AND MEDICAL PERSONNEL WHO HAVE A NEED TO KNOW.

Signature: _____ **Enrolling Parent / Legal Guardian** **Date** _____

Print: _____ **Enrolling Parent / Legal Guardian** **Date** _____