

OXFORD PUBLIC SCHOOLS REGISTRATION FORM

Student Information		
Last Name: _____	First Name: _____	Middle Name: _____
Home Phone: (____) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Current Grade: _____
Date of Birth: _____		
Verification of Birth date: <input type="checkbox"/> Original Birth Certificate <input type="checkbox"/> Original Passport		
Birthplace: (City, State/Province, Country) _____		
Date of Entry into the U.S. _____ Immigrant <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a current 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is special education, is there a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan		
<input type="checkbox"/> Hispanic- (A person of Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin- regardless of race) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		
Student Primary Address: Street Address: _____ _____	Mailing Address: (if different from primary address) P.O. Box: _____	
City: _____	City: _____	
State: _____	State: _____	
Zip Code: _____	Zip Code: _____	
Student Resides with: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Foster Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian(s) (specify relationship) _____	Brother/Sister Family Information: Name: _____ Birthdate: _____ Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Birthdate: _____ Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Birthdate: _____ Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last School Attended: _____ Street Address: _____ City: _____ Zip Code: _____ Phone : _____ Fax: _____	Date Left: _____ Last Grade Completed: _____ Grades Repeated (if any): _____ Did your child attend daycare or preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Dominant Language

What language did your child learn to speak first? _____

What is the primary language spoken by you or the child's primary care giver? _____

What is the primary language spoken by your child when he/she is at home? _____

Family Information

Have you been granted legal custody of this child through court procedure? (If yes, we request a copy of the court decree for our files for the protection of your child from non-custodial parents?)

Yes No

Is a parent in your household Active in the U.S. Military? Yes No

Resides with: (first adult)

Full Name: _____ Home Phone #: _____

Street Address: _____ Cell Phone #: _____

City: _____ Email: _____

State: _____ Employer: _____

Zip Code: _____ Occupation: _____

Relationship to Student: _____ Work Phone #: _____

Resides with: (second adult)

Full Name: _____ Home Phone #: _____

Street Address: _____ Cell Phone #: _____

City: _____ Email: _____

State: _____ Employer: _____

Zip Code: _____ Occupation: _____

Relationship to Student: _____ Work Phone #: _____

Non Resident Parent: (if applicable)

Full Name: _____ Home Phone #: _____

Street Address: _____ Cell Phone #: _____

City: _____ Email: _____

State: _____ Zip Code: _____ Employer: _____

Relationship to Student: _____ Occupation: _____

Health, Medical and Emergency Contact Information

Student's Physician

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

Student's Dentist:

1. Name: _____ Phone # _____

Hospital of Choice: _____

Physical Health Form/Immunization: Yes No

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Does your child have health insurance? Yes No
Does your child have allergies? Yes No If yes please specify _____
Does your child take medications? Yes No If yes please specify _____
Does your child use an Epi-Pen? Yes No
Is there any medical information concerning your child that we should know about? _____

Please list any medications your child takes: _____

Local Emergency Contacts (other than parent/guardian):

Name	Relationship	Phone #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

By my signature below, I certify that all questions have been answered truthfully.

If information concerning residency proves to be invalid, the parent/guardian signee will be responsible for payment in full of all educational costs.

Signature of Parent/Guardian _____
Date

Other Information (FOR OFFICE USE ONLY)

Driver's License – **Valid driver's license must be shown along with Verification of Residency**

Verification of Residency: (Please provide two of the following)

Mortgage or Rental Agreement or Notarized Affidavit from the property owner is needed if parent/guardian is living with someone else in town.

Also provide at least one of the following:

Utility Bill Car Registration Tax Bill

If any of the following apply, please provide additional documentation upon request:

Legal Guardianship

Copy of the court decree for our files for the protection of your child from non-custodial parents?

Date: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize (choose one) OHS, GOMS, OCS, QFS to release/obtain any and all records (academic, health, medical, psychological, social, standardized test results, special education and 504) for the following student:

Student Name

Grade

SCHOOL INFORMATION: (SCHOOL STUDENT IS TRANSFERRING FROM/TO)

School Name

School Address

City

State

Zip

STUDENT INFORMATION:

Date of Birth

Old Address

New Address

Parent/Guardian Signature

Date