

## Oxford Public Schools Registration Form

### Student Information

First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Birthplace: (city, State/Province, Country) \_\_\_\_\_

Date of Entry into the U.S. \_\_\_\_\_ Immigrant  Yes  No

Is there a current 504 plan  Yes  No

Special Education services?  Yes  No

If there is special education, is there a current IEP?  Yes  No

Ethnicity: Is the student Hispanic or Latino?  Yes  No

Race:  White  Black/African American  Asian  American Indian/Alaskan  Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin - regardless of race)  Native Hawaiian/Other Pacific Islander  Other \_\_\_\_\_

### Addresses

Primary Address \_\_\_\_\_ Mailing Address: (if different from primary) \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### School Information

Last School Attended: \_\_\_\_\_ Date Left: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last

Grade Completed: \_\_\_\_\_ Grades Repeated (if any): \_\_\_\_\_

Did your child attend daycare or preschool: Yes No

### Dominate 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

Student Resides with:  Parents  Mother  Father  Mother/Stepfather  Father/Stepmother  
 Foster Parents  Grandparents  Guardian(s) (specify relationship) \_\_\_\_\_

Brother/Sister Family Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Enrolled:  Yes  No

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Enrolled:  Yes  No

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Enrolled:  Yes  No

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: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Resides with: (Second adult)

Full Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer: \_\_\_\_\_

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: \_\_\_\_\_ Work Phone #: \_\_\_\_\_



**Health, Medical & Emergency Contact**

Student's Physician

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Dentist

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Physical Health Form/Immunization:  Yes  No

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 signer 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: \_\_\_\_\_



## 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