



Oxford Community Schools DISTRICT STUDENT ENROLLMENT FORM

Entering Grade: _____

Student's Legal Name _____
(as shown on birth cert)

_____ / _____ / _____
Last First Middle Other

Male
 Female

Date of Birth: ____/____/____ Place of Birth: _____
City State Single Birth Twin Triplet Other

Home Address _____ Home Phone: () _____
If different: Street City State Zip Listed

Mailing Address _____
Street City State Zip Unlisted

A. **ETHNICITY:** Please circle one:
YES Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)
NO NOT Hispanic/Latino

B. **RACE:** Please circle ALL that apply:
American Indian or Alaska Native Asian American Black or African American Native Hawaiian or Other Pacific Isl White

Language other than English spoken in home _____

Child's first language _____

Last School Attended: _____ Address: _____
School District

Has this student ever attended School in Oxford? If YES, which building: _____ Approximately When: _____

Special Services - Please indicate any services your child received at previous school (please check all that apply):
 Special Education Classroom Special Education Support (O/T, P/T, Speech, Social Work, etc.) Title I ESL

FAMILY INFORMATION

Primary Adult Residing in Home: Relationship to Student:
Last Name First Name MI Father Mother Legal Guardian
 Stepfather Stepmother Other
Email: _____
Employed by: _____ Work phone: () _____ Cell phone: _____
Ext: _____ () _____

Secondary Adult Residing in Home: Relationship to Student:
Last Name First Name MI Father Mother Legal Guardian
 Stepfather Stepmother Other
Email: _____
Employed by _____ Work phone: () _____ Cell phone: _____
Ext: _____ () _____

Parent Living Elsewhere: Relationship to Student:
Last Name First Name MI Father Mother Legal Guardian
 Stepfather Stepmother Other
Address City St Zip Work phone: Cell phone:
Employed by: _____ () _____ () _____
Should this person receive mailings? Yes No Email: _____

Names and birth dates of other children living in the household, if any:
Name _____ Birth Date ____/____/____ Name _____ Birth Date ____/____/____
Name _____ Birth Date ____/____/____ Name _____ Birth Date ____/____/____

TO BE COMPLETED BY SCHOOL PERSONNEL

Enrollment Date: ____/____/____ Yr of Grad _____ Student No. _____
Building _____ Tchr _____ Bus # _____
Documentation: Birth Cert Immunizations Vision Records Requested ____/____/____ Received Notify Spec Ed ____/____/____
Proof of Residency Lease/Rent/Purchase Agreement Residency Affidavit Utility bill Other _____

Please see other side

Please list below LOCAL additional contacts **in the order to be called** in case of illness/emergency so student can be released. (Note: Unless otherwise specified, parents/legal guardians, from front page, will be contacted first:

Name: _____ Relationship: _____
 Telephone: () _____ Cell phone: () _____ Pager: () _____

Name: _____ Relationship: _____
 Telephone: () _____ Cell phone: () _____ Pager: () _____

Name: _____ Relationship: _____
 Telephone: () _____ Cell phone: () _____ Pager: () _____

Name: _____ Relationship: _____
 Telephone: () _____ Cell phone: () _____ Pager: () _____

Doctor: _____ Telephone: () _____

Hospital of choice in case of emergency: _____ Telephone: () _____ (if known)

Medical Conditions/Problems: Check **ALL** that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Nothing known | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting |
| <input type="checkbox"/> Medical Waiver | <input type="checkbox"/> Epileptic/seizure disorder | <input type="checkbox"/> Peanut allergy |
| <input type="checkbox"/> Rheumatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Aspirin allergy |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Headaches | <input type="checkbox"/> Penicillin allergy |
| <input type="checkbox"/> Hemophiliac | <input type="checkbox"/> Wears glasses | <input type="checkbox"/> Iodine allergy |
| <input type="checkbox"/> Special blood disorders | <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Sulfa allergy |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> No medication, religious | <input type="checkbox"/> Other allergies: _____ |
| <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Hearing problems | _____ |
| <input type="checkbox"/> Check health appraisal | | _____ |
| <input type="checkbox"/> Takes medication regularly | | |

If YES, written orders from your physician must be presented to the school and an "Authorization for School Personnel to Administer Medication" form must be completed and signed by the parent or guardian and doctor. Forms can be obtained from the School Office.

Please indicate which medication, for treatment of what disorder, and how often:

Special Instructions:

In an emergency, the information on this form could be critical to the welfare of your child; thus we ask that you carefully fill it out. Also, PLEASE KEEP THE SCHOOL INFORMED OF ANY CHANGES THAT MAY OCCUR DURING THE COURSE OF THE SCHOOL YEAR REGARDING ADDRESS AND PHONE NUMBER(S). This information is also important in the event that the school must be dismissed early due to weather conditions or mechanical failure in an individual building. Your child should know what to do in these situations. Please inform your child of the procedure he/she is to follow WHEN NO ONE IS AT HOME in the event of early school dismissal.

I authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident, when I or the other persons listed on the reverse side of this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information as set out in this form changes. Failure to inform the District will subject the student to termination of enrollment in the OXFORD COMMUNITY SCHOOLS.

Signature: _____ **Date:** _____

Legal Parent/Guardian

Signature: _____ **Date:** _____

Legal Parent/Guardian