

Oxford Public Schools Student Registration Form #1

Student Information		
Last Name: _____ _____	First Name: _____ _____	Middle Name: _____ _____
Home Phone: _____ (____) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	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. _____		
Is there a current 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Education? <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"/> Caucasian <input type="checkbox"/> American Indian/Alaskan		
<input type="checkbox"/> Hispanic- (A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin- regardless of race) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____		
Student Primary Address: Street Address: _____ City: _____ State: _____ Zip Code: _____	Mailing Address: (if different from primary address) P.O. Box: _____ City: _____ State: _____ 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/State: _____ Zip Code: _____ Phone : _____ Fax: _____	Date Left: _____ Last Grade Completed: _____ Grades Repeated (if any): _____ Did the child attend daycare or preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Dentist:

1. Name: _____ Phone # _____

Hospital of Choice: _____

Physical Health form/Immunizations: 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	Home Phone #	Work #	Cell #
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 or Connecticut Identification Card
Valid driver's license or ID card must be shown along with Verification of Residency

Verification of Residency:
 Mortgage or Rental/Lease 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

**ACKNOWLEDGEMENT OF OPTION TO EXEMPT ATTENDANCE
OF CHILD FIVE OR SIX YEARS OF AGE FROM SCHOOL**

Pursuant to Section 10-184 of the Connecticut General Statutes

I, _____, of _____,
Name of Parent, Guardian or Other **Address**

the parent, guardian or other person charged with the care of the following minor child

_____, of _____ who was
Name of Child **Address**

born on _____ do hereby choose not to send my child to public
Date

school during the _____.
School Year

Furthermore, before signing this form, a representative of the _____
Name of District

school district met with me and provided me with information concerning the
educational opportunities and school accommodations available in the school system.

ACKNOWLEDGED BY:

Signature of Parent, Guardian or Other

Date

**ACKNOWLEDGEMENT OF OPTION TO EXEMPT ATTENDANCE
OF CHILD SEVENTEEN YEARS OF AGE FROM SCHOOL**

Pursuant to Section 10-184 of the Connecticut General Statutes

I, _____, of _____,
Name of Parent, Guardian or Other **Address**

the parent, guardian or other person charged with the care of the following minor child

_____, of _____ who was
Name of Child **Address**

born on _____ do hereby elect to withdraw my child from public
school. Furthermore, before signing this form, a representative of the _____
Name of District

school district met with me and provided me with information concerning the
educational opportunities and school accommodations available in the school system.

ACKNOWLEDGED BY:

Signature of Parent, Guardian or Other

Date