OXFORD ACADEMY & CENTRAL SCHOOL DISTRICT REGISTRATION FORM

Student Number: (office use only)

Student name:	Gender Birthdate:				
Last First Middle	M/F				
Birthplace:	Home Phone#:				
City, State, Country	If unlisted, Mark UL				
Mailing Address:					
Residence Address (if different form mailing):					
House Description: Include where you live on your Street of	r Road and the color, style and trim of your house:				
Parent/Guardian Information					
Name:	Name:				
Phone:	Phone:				
Email:	Email:				
Work Place & Phone:	Work Place & Phone:				
Best # & time to reach you during the Day:	Best # & time to reach you during the Day:				
If Student is not living with both parents, who has legal cust	tody?				
If there are any custody restrictions of which we should be documents:	made aware, please specify and provide custody				
Primary Language Spoken in Home:					
Is the student Hispanic or Latino? Yes No					
What is the student's race:					
1 - American Indian or Alaska Native3 - Asia 2 - African American or Black4 - White	an5 -Native Hawaiian/Other Pacific Islander				
In case of emergency and parent at above address cannot	ot be reached, person to call:				
Name:	Phone:				

Babysitter's Name, Address, Phone #:							
Please describe your ho	ousing ar	rangement and the	reason for y	our housing arranger	ment.		
Is your night- time reside MotelHot ShelterCa	tel _					on-family member	
Please list all persons cu parent/brother/sister (na					to the above	e student, such as	
Full Name				Occupation or School	Grade Complet ed	3	
Non-Custodial Parent In	ıfo (if apı	olicable)					
Name:		Ph	one:				
Address:				Email:			
Work Place:	Work Phone:						
Has the child ever atter	ided Pre	-school, Nursery Sch	nool, or Head	d Start? Yes N	lo		
If yes, list program and	age of a	ttendance:					
Has this student ever be	en in a s	pecial education p	rogram or b	een reviewed by CSE	or CPSE? Yes	No	
Has this student ever red Speech Therapy		al Therapy, or other	special edu	cation services?	Yes N	lo	
If yes, please note when							
Is there any other inforn	nation or	special concerns y	ou would lik	e to share with us reg	jarding this stu	udent?	
We greatly appreciate							
Signature:				Date:			
Relationship to student:							