

**Documents necessary for enrollment. You must bring these documents with you when registering students. We will make the necessary copies.**

1. Proof of residency (one of the following)
  - Nyseg Bill
  - Telephone Bill
  - Home Purchase Contract
  - Cable Installation Agreement
  - Valid Lease Agreement
  - Driver's License with current physical address
  - Auto or Home Insurance Policy with Name and Address that is current
  - Voter Registration
  - Other Forms of Proof of Residence in Accordance with Commissioner's Regulations
2. Photo ID for the parent/guardian registering student
3. **Proof of custody – if biological parents do not reside together**
4. Immunization record and copy of last health examination
5. Birth Certificate – if a birth certificate is not available, a passport showing the date of birth of the minor, or other evidence of age in accordance with Education Law.
6. Last report card from previous school

Thank you for your attention to these details, it helps in establishing accurate records for you and your child(ren).

**OXFORD ACADEMY & CENTRAL SCHOOL DISTRICT  
REGISTRATION FORM**

**Student Name:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
*last first middle M/F*

**Birthplace:** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_  
*City, State, Country If unlisted mark UL*

**Mailing Address:** \_\_\_\_\_

**Residence Address (if different from mailing):** \_\_\_\_\_

**House Description:** Include where you live on your Street or Road and the color, style and trim of your house:

**Parent/Guardian Information:**

<b>Name:</b> _____	<b>Name:</b> _____
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>E-mail:</b> _____	<b>E-mail:</b> _____
<b>Work Place and Phone Number:</b> _____	<b>Work Place and Phone Number:</b> _____
<b>Best number and time to reach you during the day:</b> _____	<b>Best number and time to reach you during the day:</b> _____

If student is not living with both parents, who has legal custody: \_\_\_\_\_

If there are any custody restrictions of which we should be made aware, please specify and provide custody documents:

Primary language spoken in home: \_\_\_\_\_

Is the student Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the student's race: \_\_\_\_\_ 1 – American Indian or Alaska Native \_\_\_\_\_ 2 – African American or Black  
\_\_\_\_\_ 3 – Asian \_\_\_\_\_ 4 – White \_\_\_\_\_ 5 – Native Hawaiian/Other Pacific Islander

In case of emergency and parent at above address cannot be reached, person to call:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Babysitter's Name & Phone #** \_\_\_\_\_

Please list all persons currently living at the above address and note their relationship to the above student, such as parent/brother/sister (natural, step, adopted, foster) aunt/uncle, grandparent, friend

Full Name	Sex	Relationship to Student	Birthdate	Occupation or School	Grade Completed	Legal Guardian

Non-Custodial Parent information (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does student have a parent on active duty in Armed Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If in high school, date student started 9<sup>th</sup> grade: \_\_\_\_\_

Has the student ever attended Pre-school, Nursery School, or Head Start? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list program and age of attendance: \_\_\_\_\_

Has student ever attended Oxford Academy before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes please list dates \_\_\_\_\_

Has student attended other school districts? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes please list schools and dates \_\_\_\_\_

Name, address and phone number of last school attended: \_\_\_\_\_

Has this student ever been in a special education program or been reviewed by CSE or CPSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this student ever received:

Speech Therapy, Physical Therapy, or other special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

AIS Services for reading, math, or writing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please note when and where: \_\_\_\_\_

Is there any other information or special concerns you would like to share with us regarding this student?

We greatly appreciate you taking the time necessary to complete this history form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## ENROLLMENT FORM – NYS RESIDENCEY FORM

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

Gender: ☐ Male  
☐ Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Grade: \_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as *proof of residency, school records, immunization records, or birth certificate*. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living?** (Please check one box)

☐ In a shelter

☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")

☐ In a hotel/motel

☐ In a car, park, bus, train, or campsite

☐ Other temporary living situation (Please describe): \_\_\_\_\_

☐ In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

**NOTE TO SCHOOLS/LEAS:** If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  
Office of P-12

Elisa Alvarez, Associate Commissioner Office of  
Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Person in Parental Relation:*

*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

**GENDER:**

Month Day Year

☐ Male  
☐ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name First Name Relation to

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?

☐ English ☐ Other

specify

2. What was the first language your child learned?

☐ English ☐ Other

specify

3. What is the Home Language of each parent/guardian?

☐ Parent 1

☐ Parent 2

specify

specify

☐ Guardian(s)

specify

4. What language(s) does your child understand?

☐ English ☐ Other

specify

5. What language(s) does your child speak?

☐ English ☐ Other

specify

☐ Does not speak

6. What language(s) does your child read?

☐ English ☐ Other

specify

☐ Does not read

7. What language(s) does your child write?

☐ English ☐ Other

specify

☐ Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

# Home Language Questionnaire (HLQ)—Page Two

## Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\* No Not sure

☐
☐
☐

\*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

☐
☐

No Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐

Birth to 3 years (Early Intervention)

☐

3 to 5 years (Special Education)

☐

6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Parent or of Person in Parental Relation \_\_\_\_\_

Date \_\_\_\_\_

Relationship to student: ☐ Parent ☐ Other: \_\_\_\_\_

## OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

## NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW: \_\_\_\_\_

MO.

DAY

YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL

☐ ENGLISH PROFICIENT

☐ REFER TO LANGUAGE PROFICIENCY TEAM

## NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION: \_\_\_\_\_

MO.

DAY

YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING

☐ EMERGING

☐ TRANSITIONING

☐ EXPANDING

☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

# **Oxford Academy & Central School**

## **Request for Records**



I hereby authorize \_\_\_\_\_  
(Previous School)

\_\_\_\_\_  
(Address of pervious school and phone number)

To forward the following records:    ☐ Academic                      ☐ Psychological  
   ☐ Medical                              ☐ CSE  
   ☐ Social                                ☐ Special Education Records

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Sent to: \_\_\_\_\_

Phone or Fax Number \_\_\_\_\_

Please Fax/Mail/Email Records ASAP to the following:

<u>      </u> Oxford Primary School (Grades UPK-4) <b>Attn: Robin Dorman</b> PO Box 192 Oxford, NY 13830 Phone: 607-843-2025 Ext. 3118 Fax: 607-843-7030 Email: <b><a href="mailto:rwonka@oxac.org">rwonka@oxac.org</a></b>	<u>      </u> Oxford Middle School (Grades 5-8) <b>Attn: Teresa Morley</b> PO Box 192 Oxford, NY 13830 Phone: 607-843-2025 Ext. 2521 Fax: 607-843-3211 Email: <b><a href="mailto:tmorley@oxac.org">tmorley@oxac.org</a></b>	<u>      </u> Oxford High School (Grades 9-12) <b>Attn: Ivy Davis</b> PO Box 192 Oxford, NY 13830 Phone: 607-843-2025 Ext. 1130 Fax: 607-843-3231 Email: <b><a href="mailto:idavis@oxac.org">idavis@oxac.org</a></b>	<u>      </u> Special Programs  <b>Attn: Kim Boyer</b> PO Box 192 Oxford, NY 13830 Phone: 607-843-2025 Ext. 2208 Fax: 607-843-3211 Email: <b><a href="mailto:kboyer@oxac.org">kboyer@oxac.org</a></b>
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## INFORMATION FOR MEDICAL EMERGENCIES

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last First Middle Month/Day/Year*

Father/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

-----  
Mother/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

-----  
Where should child be sent in case of unexpected school closing?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

-----  
Relative or Friend to contact in an emergency when above cannot be reached?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

-----  
If none of the above can't be reached in an emergency, the school should call:

\_\_\_\_\_  
Name of Medical Provider Address Phone

\_\_\_\_\_  
Name of Preferred Hospital if a choice is possible Address Phone

\_\_\_\_\_  
Name of Preferred Dentist Address Phone

\_\_\_\_\_  
Signature Parent/Guardian



# Oxford CSD Mobile Device User Agreement

Oxford Central School District has a mobile device program for students and teachers in an effort to embrace 21st Century skills. Students will be using mobile devices in the classrooms and, after reading and returning the required agreement, they will be allowed to take their designated device home to continue schoolwork. Mobile device use will be monitored by building level administration as well as district level administration to gauge use and effectiveness of the device in the classroom. Mobile devices are school district owned devices and the contents on the device can be viewed at any time. Students are expected to have their device with them and fully charged every school day.

## Goals for Student Users

- \* To prepare students for a 21<sup>st</sup> Century college and work environment
- \* To close the digital divide
- \* To increase productivity and engagement of all learners
- \* To make student-centered learning a priority
- \* To increase collaboration, creativity, critical thinking and communication in our students.
- \* To promote leadership in one's own learning by establishing access to educational resources and providing a host of tools that support specific curricular areas.

## Guidelines

Student use of the mobile device falls under the district Acceptable Use Policy for technology, internet and mobile device use will be monitored through district level management software. Anyone found to be violating acceptable use will be disciplined. All software, applications, and documents stored on the mobile device are the property of the school district and subject to review and monitoring.

### Students will NOT:

- \* Modify the mobile device in anyway other than instructed by the administrator or other school personnel.
  - \* Damage, use, or operate the mobile device in a manner which violates the District Code of Conduct or District policy.
  - \* "Jailbreak" or otherwise void the manufacturer's warranty by altering the software.
  - \* **Apply marks, stickers, or other decoration to supplied mobile device cover, UNLESS he/she is willing to pay the replacement cost of the cover when he/she leaves Oxford School District.**
  - \* Exchange mobile devices with any other student.
  - \* Remove the supplied cover/case or keyboard from the mobile device
  - \* Sync the mobile device with any other computer.
  - \* Clear or disable browsing history on the device.
  - \* Disable the mobile device or its applications.
  - \* Leave the device unattended on the bus, in the cafeteria, gym, or any other public place.
- Failure to comply with these guidelines will be treated as a violation of the district acceptable use policy and will be handled according to the school's Code of Conduct. Students who violate these guidelines and/or District policy will be subject to disciplinary action pursuant to the Code of Conduct and will lose mobile device privileges.

## Using the Mobile Device

- \* The mobile device is to be treated as a valuable object. It will not be thrown, hit, or abused in anyway.
- \* Clean the screen with approved soft, lint-free cleaning towels. Do not use any spray cleaners or liquids.
- \* If a stylus is used (optional), it MUST be a soft type designed for mobile device use.
- \* Make sure hands are clean before using the mobile device.
- \* Keep mobile device way from food and drink.
- \* Charge the mobile device only with the included charger and using a standard wall outlet for your power source.
- \* Have the mobile device fully charged and ready for use during the school day.
- \* Document any software/hardware issues to your teacher as soon as possible.

\* Keep the mobile device in a well-protected temperature controlled environment when not in use. Do not leave the mobile device in a vehicle or location that is not temperature controlled. \* Always protect the mobile device from rain, snow, and other weather elements.

## **Applications**

Student mobile devices will be given to students with key applications already installed. Applications cannot be installed or uninstalled by the student. It is the responsibility of the Oxford School District to install and uninstall all applications and updates. If there is an application a student would like installed he/she may discuss the educational value of the application with his/her teacher. Once an application is deemed appropriate for the classroom it may be installed by the district only.

## **Saving Documents**

Saving documents with your mobile device is accomplished using "cloud" storage. Using the district account, you can save, export, and import documents in a couple of different formats. This allows you to access your documents from other computers via the internet.

## **Reporting Technical Issues**

Any errors or problems with the mobile device will be reported as soon as possible. This can be done by informing the office/administration or designated person about the issue so it can be addressed in a timely manner. All syncing of the device must be handled through the school to ensure like applications and configurations are found on every device to maximize the potential of the device. Damage due to a determined accidental cause will be addressed by the school through normal procedures. Damage due to negligence may result in the student assuming the financial responsibility of replacement of the mobile device. Students taking the mobile device from school property must sign and submit the Parent-Student Mobile Device Use Agreement Form. Student use of the mobile device off school grounds maybe revoked at any time by the administration or designated person.

## **Oxford Central School District Mobile Device Responsibility**

Proper care of the mobile device through the school year and return of the mobile device at the end of the school year with all accessories are the responsibility of the student. Students who don't return their mobile device will be assessed the value of a replacement.

## **Network/Internet**

Students are responsible for good behavior on school computer networks just as in the classroom and school rules apply. The network and school devices are provided for students to do school related work. Access to the network and internet are privileges. Students must take the responsibility for their actions on these and follow sound protocol. Parent permission must be granted, on the Acceptable Use Form, for the student to access and this permission will be kept on file for the school year. The District maintains a network storage area for student work, which is deemed school property and can be periodically checked by administrators. Any student who does not honor the agreement or use the network or internet responsibly (i.e.: cyber-bullying) may lose access.

## **Loss or Damage**

\*If a mobile device is damaged outside of school the damage must be reported to a teacher or administrator as soon as possible. If a mobile device is damaged during school it must be reported to a teacher or administrator immediately.

## **General Rules**

\* If there is a repeated occurrence of a mobile device not being useable for the school day, i.e. not being charged, then the administrator reserves the right to make the student a day user for a length of time to be determined by the administrator.

# Oxford School District Mobile Device User Agreement

Student: \_\_\_\_\_

I understand and agree to all of the terms and conditions in the Oxford Student Mobile Device User Agreement.

I understand and will abide by the above Mobile Device User Agreement. I further understand that should I commit any violation, my access privileges may be revoked and school disciplinary action will be taken.

User's Full Name:

User's Signature:

Date:

## Parent or Guardian – Please check one box

I understand the terms and conditions of the Oxford Student Mobile Device User Agreement. I will support my child in upholding them.

I understand and agree to all of the terms and conditions in the Oxford Student Mobile Device User Agreement.

☐ My child is allowed to bring his or her mobile devices home.

☐ My child may only use mobile devices during the school day. My child will not be allowed to bring a mobile device home.

Parent or Guardian's Name (please print):

Parent or Guardian's Signature:

Date:



# Oxford Academy Mobile Device Protection Plan

OXFORD ACADEMY & CENTRAL SCHOOL DISTRICT

## Oxford Academy Mobile Device Plan

Oxford Academy & Central School recognizes that with the implementation of the 1:1 Mobile Device initiative there is a need to protect the investment by both the District and the student/ parent. This document outlines options for protection of the Mobile Device against damage and loss. In addition, each device is covered under a manufacturer's warranty for 1 year that covers the normal operation of the device to ensure that it functions properly. The cost of a replacement chromebook is \$250.00.

### PROGRAM/FEE COVERAGE

- \$40.00 non-refundable fee per school year.
- Repair of school issued Mobile Device

### EFFECTIVE COVERAGE/EXPIRATION DATES

- Effective Date: Based on the receipt of signed agreement
- Expiration Date: Last day of school for the current school year or date of transfer.

### COVERAGE

- Accidental Damage: Pays for accidental damage caused by liquid spills, drops or any other unintentional event.

### EXCLUSIONS

- Dishonest, Fraudulent, Intentional, Negligent or Criminal Acts: Will not pay if damage or loss occurs in conjunction with a dishonest, fraudulent, intentional, negligent or criminal act. The student/parent will be responsible for the full amount of the repair/replacement.
- Consumables: Case and charger.
- Cosmetic: Damage that does not affect the functionality of the device. This includes, but is not limited to, scratches dents and broken plastic ports or port covers.
- "Jailbreaking" or otherwise voiding the manufacturer's warranty by altering the software.

### ANNUAL DEDUCTIBLE PER CLAIM\*

CLAIM	DAMAGE/REPAIR DEDUCTIBLE
1ST	\$25.00
2ND	\$50.00
3RD	\$100

\* The deductible/claim is structured annually. Claims from a previous school year are not used to determine the deductible for the current policy year. If a student withdraws/transfers from Oxford Academy & Central School for any reason, this insurance agreement becomes null and void on that date. There are no refunds once this agreement becomes active on the date the Mobile Device is issued. Devices not returned within 7 days of withdrawal will be reported as stolen.



# Oxford Academy Mobile Device Protection Plan

Name of Insured Student(s): \_\_\_\_\_  
Grade Level(s): \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## Oxford Academy & Central School District Mobile Device Accidental Protection Plan (Please check one)

☐

I choose to pay Oxford Academy \$40 per student for coverage of theft, loss or accidental damage to the Mobile Device. (The total fee for two or more children in the same household is \$80.00.) I have read and understand the deductible requirements.

☐

I choose to cover the Mobile Device under my own insurance policy. I understand that I am responsible for the cost to repair/replace the Mobile Device in the event of damage, theft or loss. (Please note: most insurance policies only provide "in home" coverage. Please consult your insurance agent for details about your personal coverage of the Mobile Device prior to selecting this option.)

☐

I choose to not carry insurance on my student's school issued Mobile Device. I understand that I am responsible for all costs associated with the repair/replacement of the Mobile Device in the event of damage, loss or theft.

Current repair costs vary based on model but currently range from \$110 - \$170 for cracked screens.

STUDENT NAME:

SIGNATURE:

DATE:

PARENT/GUARDIAN NAME:

SIGNATURE:

DATE:

# *Oxford Academy & Central School*

## CONFIDENTIAL INITIAL HISTORY QUESTIONNAIRE

This sheet needs to be filled out and returned to the Health Office on or before the student's first day of school.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**ALLERGIES:** (Please list all allergies and responses ie. Rash, vomiting, etc.)

Please include ALL allergies (medication, food, insects)

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**PAST ILLNESSES:** (Please circle)

Chickenpox

Meningitis

Tuberculosis

Hepatitis

Mononucleosis

Rheumatic Fever

Pneumonia

No Illnesses

Other \_\_\_\_\_

**CHRONIC ILLNESSES:** (Please circle)

Asthma

Cancer

Epilepsy/Seizures

Cystic Fibrosis

Diabetes

Heart Disease

Intestinal Disease

Kidney Disease

Liver Disease

High Blood Pressure

HIV/AIDS

Hyperactivity

Sickle Cell Anemia    No Illness

Other \_\_\_\_\_

**HOSPITALIZATIONS, ACCIDENTS, SURGERIES, BROKEN BONES:** (Please list)

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**MEDICATIONS:**

Name of Medication	Amount/how often taken	Prescribing Doctor
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**HEALTH PROBLEMS:**

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**FAMILY HISTORY:** (Please note relation to student)

Seizure disorder\_\_\_\_\_

Birth Defects\_\_\_\_\_

Anemia\_\_\_\_\_

High Blood Pressure\_\_\_\_\_

Tuberculosis\_\_\_\_\_

Diabetes\_\_\_\_\_

Asthma\_\_\_\_\_

Obesity\_\_\_\_\_

Kidney Disease\_\_\_\_\_

Developmental Delays\_\_\_\_\_

Cystic Fibrosis\_\_\_\_\_

High Cholesterol\_\_\_\_\_

Cancer\_\_\_\_\_

Death before the age of 50 (other than accident)\_\_\_\_\_

**FAMILY CONCERNS:**

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# *Oxford Academy and Central School District*

*PO Box 192, Oxford, NY 13830 Phone: 607-843-2025*



## **Oxford Academy & Central School Medical Insurance Information**

Oxford Academy and Central School pupils are insured by the Pupil Benefits Plan, established and sponsored by the New York State Public High School Athletic Association and supervised by the New York State Insurance Department.

This policy is an "excess coverage" policy. Excess coverage means that if you have a medical insurance plan, your plan must be used first. The policy is also a schedule policy. There is a set rate for each medical service provided. If your own insurance does not fully cover a problem, our insurance will pay according to the established schedule.

If you do not have family insurance, our insurance will only pay according to the Pupil Benefits Plan Schedule of fees. Any costs above the fees become the responsibility of the family.

If your child is injured at school or at a school sponsored activity, you will receive a Pupil Benefits Claim form from the school business office. If, after submitting your bills to your Insurance Company you have a claim to file with Pupil Benefits, the parent should follow the following steps:

1. Have the physician or dentist complete the bottom half of the claim form marked "Statement of Physician or Dentist".
2. Complete and sign all information on the back of the claim form marked "Parent"
3. For charges in excess of all final payments under other policy(s) attach:
  - (a) copy of all benefits paid
  - (b) copy of rejection of benefits
4. Submit to the school the completed claim, including all charges at the earliest possible date.

### Important:

1. Pupils shall report injury to the teacher, school nurse, or coach at the time of injury.
2. When the pupil receives medical treatment, advise the school nurse at once.
3. Report of the injury shall be made within 30 days to be eligible for a claim.
4. Final date for submission of claim to the Plan Office shall be one year from the date of injury.



**Oxford Academy & Central Schools**  
**Digital Equity Survey**

Student: \_\_\_\_\_

*Collecting an accurate picture of the digital resources for our New York students will greatly help educators to better serve all students and families. In order to accomplish this, the New York State Education Department is asking parents to complete a Digital Equity Survey (for each student in the family) in grades Kindergarten-Grade 12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in the process, please answer each question below and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation.*

- 
- |   |  |
|---|--|
| 1. Did the school district issue your child a dedicated school or district-owned device for their use during the school year? | <input type="radio"/> Yes <input type="radio"/> No |
|---|--|
- 
- |  |   |
|--|---|
| 2. What is the device your child uses most often to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) | <input type="radio"/> Desktop <input type="radio"/> Chromebook<br><input type="radio"/> Laptop <input type="radio"/> Smartphone<br><input type="radio"/> Tablet <input type="radio"/> No Device |
|--|---|
- 
- |   |   |
|---|---|
| 3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) | <input type="radio"/> School <input type="radio"/> Personal <input type="radio"/> No Device |
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| 4. Is the primary learning device (identified in question 2) shared with anyone else in the household? | <input type="radio"/> Shared <input type="radio"/> Not Shared <input type="radio"/> No Device |
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| 5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school? | <input type="radio"/> Yes <input type="radio"/> No |
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| 6. Is your child able to access the internet in their primary place of residence? | <input type="radio"/> Yes <input type="radio"/> No |
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|---|---|---|---|
| 7. What is the primary type of internet service used in your child's primary place of residence?  | <table border="0" style="width: 100%;"><tr><td style="width: 50%;"><input type="radio"/> Residential Broadband<br/><input type="radio"/> Cellular<br/><input type="radio"/> Mobile HotSpot<br/><input type="radio"/> Community Wi-Fi<br/><input type="radio"/> Satellite</td><td style="width: 50%;"><input type="radio"/> Dial Up<br/><input type="radio"/> DSL<br/><input type="radio"/> Other<br/><input type="radio"/> None</td></tr></table> | <input type="radio"/> Residential Broadband<br><input type="radio"/> Cellular<br><input type="radio"/> Mobile HotSpot<br><input type="radio"/> Community Wi-Fi<br><input type="radio"/> Satellite | <input type="radio"/> Dial Up<br><input type="radio"/> DSL<br><input type="radio"/> Other<br><input type="radio"/> None |
| <input type="radio"/> Residential Broadband<br><input type="radio"/> Cellular<br><input type="radio"/> Mobile HotSpot<br><input type="radio"/> Community Wi-Fi<br><input type="radio"/> Satellite | <input type="radio"/> Dial Up<br><input type="radio"/> DSL<br><input type="radio"/> Other<br><input type="radio"/> None   |   |   |
- 
- |   |  |
|---|--|
| 8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance? | <input type="radio"/> Yes <input type="radio"/> No |
|---|--|
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- |   |   |  |   |
|---|---|--|---|
| 9. What, if any, is the primary obstacle to sufficient and reliable internet access in your child's primary place of residence? | <table border="0" style="width: 100%;"><tr><td style="width: 50%;"><input type="radio"/> Availability<br/><input type="radio"/> Cost</td><td style="width: 50%;"><input type="radio"/> Other<br/><input type="radio"/> None</td></tr></table> | <input type="radio"/> Availability<br><input type="radio"/> Cost | <input type="radio"/> Other<br><input type="radio"/> None |
| <input type="radio"/> Availability<br><input type="radio"/> Cost  | <input type="radio"/> Other<br><input type="radio"/> None   |  |   |
-

OXFORD ACADEMY AND CENTRAL SCHOOLS  
PO BOX 192  
OXFORD, NEW YORK 13830

TO CHECK WHETHER A CHILD HAS A CLIENT IDENTIFICATION  
NUMBER/MEDICAID COVERAGE AND FOR ACCESSING A PARENT'S OR  
STUDENT'S MEDICAID INSURANCE TO PAY FOR SPECIAL EDUCATION  
SERVICES IN A STUDENT'S INDIVIDUAL EDUCATION PROGRAM  
(updated December 2018)

Dear Parent/Guardian of \_\_\_\_\_:

This is to ask your permission (consent) for \_\_\_\_\_ to bill your  
or your child's Medicaid Insurance Program for special education and related services that are on  
your child's IEP and to ask you to give us your child's Client Identification Number (CIN) or  
allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services  
and to release information to the school district's/county's Medicaid Billing Agency for that  
purpose.

I, \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_  
have received a written notification from the school district/county that explains my federal  
rights regarding the use of public benefits or insurance to pay for certain special education and related  
services.

I understand and agree that the school district/county may ask for a Client Identification Number  
(CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and  
related services to my child.

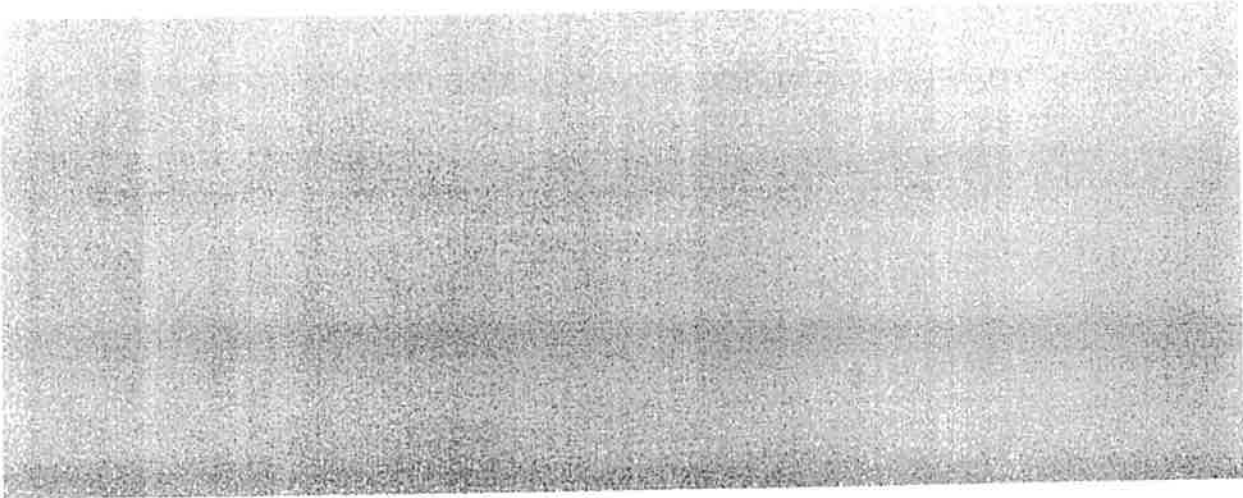
I understand that:

- Providing consent will not impact my child's/my Medicaid coverage
- Upon request, I may review copies of records disclosed pursuant to this authorization
- Services listed in my child's IEP must be provided at no cost to me whether or not I  
consent to bill Medicaid and/or provide my child's CIN
- I have the right to withdraw consent at any time
- The school or county must give me annual written notification of my rights regarding this  
consent

I also give my consent for the school or county to release the following records/information  
about my child to the State Medicaid Agency for the purpose of checking Medicaid eligibility

  
(over)

and/or billing for special education and related services that are in my child's IEP. The following records will be shared:



Student's CIN, if known \_\_\_\_\_

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide that consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_