

OXFORD ACADEMY & CENTRAL SCHOOL DISTRICT
REGISTRATION FORM

Student name: _____ Gender _____ Home Phone: _____
Last First Middle M/F If unlisted, Mark UL

Birthdate: _____ Soc. Sec. # _____ Birthplace _____
MM/DD/YYYY City, State, Country

Complete Mailing Address: PO Box # _____ Apt # _____ Street/Road _____
City/Town _____ State _____ Zip _____

House Location: _____ between _____ and _____
Street/Road Street/Road Street/Road

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

(Please be Specific)

Babysitter's Name and Address: _____

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 _____ 3 – Asian _____ 5 –Native Hawaiian/Other Pacific Islander
_____ 2 – African American or Black _____ 4 - White

Please describe your housing arrangement and the reason for your housing arrangement.

Is your night- time residence:
_____ Motel _____ Hotel _____ Camping ground _____ Shared housing belonging to a non-family member
_____ Shelter _____ Car _____ Abandoned building _____ None of the Above

Information needed so school can contact you (e.g. Emergencies, Conferences, etc.):

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Work Place: _____ Work Place: _____

Work Phone: _____ Work Phone: _____
Best # and time to reach your during the day: _____ Best # and time to reach you during the day: _____

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

(OVER PLEASE)

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 name: _____
 Address: _____ Work Place _____
 Home Phone: _____ Work Phone: _____

If entering K-4, has the child ever attended Pre-school, Nursery School, or Head Start? Yes _____ No _____
 List program and age(s) of attendance: _____

Has this student ever attended Oxford Academy and Central School District? Yes _____ No _____ (If yes, list schools and grades attended):

Has this student ever attended any other school district? Yes _____ No _____ (If yes, list schools and grades attended): _____

Name, Address and phone number of last school attended: _____
 Phone: _____

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: _____