

OXFORD PUBLIC SCHOOLS
STUDENT INFORMATION

LASID NUMBER: _____

SASID NUMBER: _____

Grade: _____

Bus : _____

Homeroom: _____

Teacher: _____

Please print **FULL LEGAL NAME** as it appears on the student's birth certificate

Student Name: _____
First name Middle Last

Date of Birth: _____ Male Female Place of Birth: _____
City State Country

Address: _____
number street apt# zip code / /
If born outside of United States, give date of US entry.

Mailing Address: _____ State Ward: Yes No

Family Information

*** PLEASE INDICATE WHOM THE STUDENT RESIDES WITH BY AN ASTERICK ***

Mother:

Name: _____

Relationship: _____

Address: _____

H Phone: _____

W Phone: _____ ext: _____

Cell Phone: _____

Email address: _____

Father:

Name: _____

Relationship: _____

Address: _____

H Phone: _____

W Phone: _____ ext: _____

Cell Phone: _____

Email address: _____

Step-parent:

Name: _____

Relationship: _____

Address: _____

H Phone: _____

W Phone: _____ ext: _____

Cell Phone: _____

Email address: _____

Guardian:

Name: _____

Relationship: _____

Address: _____

H Phone: _____

W Phone: _____ ext: _____

Cell Phone: _____

Email address: _____

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Sending District and Previous School Information

Last School Attended: _____
Phone number _____

Location: _____
City State Country

Last Grade Attended: _____ Grade(s) repeated: _____ Entry Grade: _____

Has this student attended the Oxford Public Schools before? No Yes

If yes, last Oxford school/grade attended: _____

Has this student ever been expelled from school? Yes No

If yes, state the reason: _____

Signature of parent/guardian

Date

Print Name

This completed application along with the following documents should be returned to the Main Office of Project COFFEE located at 495 Main Street, Oxford, MA.

- **Attendance records**
- **Discipline Report**
- **Transcript**
- **IEP or 504 (if applicable)**
- **Standardized Test Results (MCAS)**