

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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Emergency Contacts:

Name _____ relationship _____ phone _____
Name _____ relationship _____ phone _____

If there is any person(s) that you do **NOT** want your child released to, please list below:

I authorize school personnel to release my child to:

_____	_____
Name	Name
_____	_____
Name	Name

APPROPRIATE IDENTIFICATION WILL BE REQUIRED SUCH AS A DRIVER'S LICENSE
*This release will be in effect until you, the parent, notify the school personnel to the contrary.
We suggest you make note of the persons whose names are on file at the school.*

Health Information

If you do not have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Health Care Information: Does student have health insurance? _____ Yes _____ No

Doctor's Name _____ Phone # _____

Doctor's Address _____

Dentist's Name _____ Phone # _____

Dentist's Address _____

Allergies _____ **Current Medications** _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Signature _____ Date _____

Print Name _____

IN CASE OF EMERGENCY which hospital emergency room would you prefer your child be transported to:

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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)**