

OXFORD AREA SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Students Name: _____ Jr. Sr. II III
(PLEASE PRINT) (Last) (First) (Middle) (Check if appropriate)

Gender: (please check) Male Female Current Grade: _____

Student Alias (if any): _____ Student Nick Name (if any): _____

Date of Birth: _____ Students Primary Language: _____

Student Ethnicity: (check one) MM/DD/YY select one Hispanic/Latino Not Hispanic/Latino
American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Black/African American Asian White Multi-Racial

Students Primary Language: _____

In Which Township Does the Student Reside? Please check one:

East Nottingham Elk Lower Oxford Oxford Borough Upper Oxford West Nottingham

Student Residence: _____

City State Zip Code

Mailing Address:
(if different than
residence)

City State Zip Code

First Parent/Guardian Contact: Mr. Mrs. Ms. _____

Phone Number: _____ Relationship: _____

Address: _____

City State Zip Code

Work Name and Address _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

Second Parent/Guardian Contact: Mr. Mrs. Ms. _____

Phone Number: _____ Relationship: _____

Address: _____

City State Zip Code

Work Name and Address _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

With Whom Does the Student Reside? _____

In the event that the parent(s)/guardian(s) cannot be reached, the individuals listed below have authorization to pick up my child. In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is responsible for all expenses.

Emergency Contact #1:

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact #3:

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

EMERGENCY AND HEALTH INFORMATION: In case of accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is/are responsible for all expenses.

Physician's Name: _____ Physician's Phone Number: _____

Emergency Comments: _____

Please List Full Names of All Children Aged Birth to 18 in this Household:

Name Date of Birth Present School & Grade

Name Date of Birth Present School & Grade

Name Date of Birth Present School & Grade

Name Date of Birth Present School & Grade

Name Date of Birth Present School & Grade

School History – Please List all Previous Schools Attended, Including Pre-School

School Name	District	Grades Attended	Dates Attended
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Mailing Address: _____

School Name	District	Grades Attended	Dates Attended
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Mailing Address: _____

School Name	District	Grades Attended	Dates Attended
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Mailing Address: _____

Has Your Child Received Any Of The Following Services? (Please provide a copy of current Special Education Documents)

- Speech and Language Therapy No Yes If Yes, Name of School: _____
- Occupational Therapy No Yes If Yes, Name of School: _____
- Physical Therapy No Yes If Yes, Name of School: _____
- Instructional Support Services (IST) No Yes If Yes, Name of School: _____
- Reading Tutoring No Yes If Yes, Name of School: _____
- Math Tutoring No Yes If Yes, Name of School: _____
- Migrant Status No Yes If Yes, Name of School: _____
- Gifted Instruction (GIEP) No Yes If Yes, Name of School: _____
- Special Education Programs (IEP) No Yes If Yes, Name of School: _____
- English Language Learner (ELL) No Yes If Yes, Name of School: _____

City of Birth: _____ State of Birth: _____

Pennsylvania Resident Date: _____

Initial US Entry Date (if not born in United States): _____

Country of Birth (if not born in the United States): _____

Has the student been placed at the current residence by a court or agency? Y N
 If yes, what are the name, city and state of the home school district from which the child was placed?

Check here if student does not have a current Post Office approved physical address