

Oxford High School Enrollment Information 2017-2018

All students are urged to attend 2017-2018 registration. At registration you will be able to:

- Get your parking permit.
- Purchase locker
- Purchase an activity card and yearbook. (Yearbooks may be purchased online@
http://www.jostens.com/apps/store/productBrowse/1001024/Oxford-High-School/2017-Yearbook/20160716041512920193/CATALOG_SHOP/)
- Make initial deposit into cafeteria account. Turn in free/reduced lunch application.
- Schedules will be available.
- Cash/Check/Pay on Line@ <https://oxfordcityal.csiepay.com> will be accepted. **Students that have paid online with receipt and have packet complete will move to express line after being cleared for any unpaid administrative cost and immunization.**

COMPUTER COST - \$50.00 CELL PHONE PERMIT - \$5.00 - LOCKER - \$5.00
 PARKING PERMIT - \$30.00 STUDENT ACTIVITY CARD - \$75.00 YEARBOOK - \$75.00 – NAME FREE
 TRANSCRIPT FEE - \$10.00 (SENIORS ONLY)

Any remaining **unpaid Administrative Cost** (from a previous school year) must be cleared before students can register. This includes class cost, lost textbooks, library cost, etc. Also, immunization must be up to date.

SENIORS	JUNIORS	SOPHOMORES	FRESHMAN	MAKE-UP FOR GRADES 12, 11, 10, 9
Tuesday July 25, 2017 8:00 – 9:00 1 st Floor Main Building	Tuesday July 25, 2017 9:30 – 10:30 1 st Floor Main Building	Tuesday July 25, 2017 11:00 – 12:00 1 st Floor Main Building	Wednesday July 26, 2017 8:00 – 9:00 1 st Floor Main Building	Thursday July 27, 2017 8:00 – 9:00 1 st Floor Main Building

YOU MUST BRING THE FOLLOWING TO ENROLLMENT IN ORDER TO DO EXPRESS CHECK OUT. FORMS MAY BE PRINTED FROM WEB SITE – <http://oxford.ocss.schoolinsites.com> (REQUIRED for a student to pick up his/her locker and parking permit).

ALL FORMS MUST BE COMPLETELY FILLED OUT WHEN THE STUDENT COMES TO REGISTER.

- #1 OHS Data/Check out Information 2017-2018
- #2 Parking Permit Form with proof of insurance, Drivers License and tag receipt
- #3 Media Waiver/Acceptable-Use Policy form for computer and internet/Student Handbook./Code of Conduct must be completed and signed.
- #4 Health Assessment Record
- #5 Up-to-date Change of Information Form (Only if information has changed from previous year – up-to-date power bill is required)
- #6 Updated immunization record, if applicable (must be obtained from your doctor or Health Department)
- #7 Cell Phone Permit Form
- #8 Free/Reduced Lunch form, if applicable

*Seniors and then juniors will be given preferential assignment of parking privileges. Campus parking will be strictly monitored as usual; however, students should be aware with the construction in progress, damage is possible to parked vehicles. Oxford High School assumes no responsibility for the safety of any vehicle on campus. All administrative costs are necessary to ensure an orderly and well-maintained environment.

**A counselor and administrator must approve any schedule changes. Any non-essential schedule change, when approved by administration, will be assessed a \$20.00 administrative cost. Lost schedules may be replaced with a \$2.00 replacement cost.

OHS CHECK OUT AUTHORIZATION FORM
2017 - 2018

PLEASE NOTE: *Parent/Legal Guardian MUST present this form to the main office and present proper ID.

*Check outs will be allowed ONLY if all requested information is provided and the designated individual appears in the main office with picture ID.

I (We) _____ the parent(s) of _____
(Parent/Legal Guardian) (Student Name)

Hereby authorize that our child may be checked out of school IN PERSON by the individuals listed below.

Parent email address _____

Signed _____ Date _____

NAME OF AUTHORIZED PERSON	RELATIONSHIP TO STUDENT	PHONE NUMBER	WORK PHONE	DRIVER'S LICENSE NUMBER

Violations of this policy will terminate a student's checking out privileges by anyone other than a parent/legal guardian in person in the main office.

Please list any legal alerts the school should be aware of in regards to your student checking out.

ALERT: _____



Oxford City Schools

Proud of Our Past - Preparing for the Future

I am the parent/legal guardian of the child named below, who is under the age of 18. I hereby provide permission to Oxford City School System (OCS) to include certain personal information (**excluding address, phone, and social security number**) about my son/daughter in publications produced by the Oxford City School System.

I grant permission to the Oxford City Schools to use photographs of my son/daughter, without limitation, for the purposes of advertising, promotion, recognition, or publication (with or without my name). I understand these photos may be used in newsletters, programs, brochures, promotional or instructional videos, or posted on the organization's Web site.

I acknowledge that the use of all or any part of the information pertaining to the above will be at the discretion of the Oxford City Schools for use in public display and is in no way intended to harm those parties involved.

I agree to hold you and any parties harmless against liability, loss, or damage caused by or arising from the use of any and all information regarding my son/daughter and of any utterance made by me, or material furnished by me in connection with my participation therein.

Signature of Student

Print or Type Name of Student

Signature of Parent/legal guardian

Print or Type Name of Parent

Street Address

City

State

Zip

***I hereby certify that I am over the age of eighteen and I have read, understood and agree to the foregoing.

Signature of Student

Print Name of Student

Date _____



Oxford City Schools

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NOTICE OF RECEIPT

_____, a student enrolled in
 (Please Print) – Name of Student

 Name of School School

and _____
 Name(s) of Parent(s)/Legal Guardian(s)/ Custodian(s)

Hereby acknowledge by our signatures that we have received, or printed the online version, and read (or had read to us) the local school system's discipline plan including:

1. **Code of Student Conduct (including Internet Acceptable Use Policy)**
2. **School Student Handbook**

We understand that these policies apply to all students and parents/legal guardians/custodians in the public schools; to school campuses, school buses, or other school-owned/operated vehicles; and school-related activities and events.

 Student's Signature Date

 Parent's/Legal Guardian's/Custodian's Signature Date

 Parent's/Legal Guardian's/Custodian's Signature Date

NOTES:

1. The student is to sign the above statement. If the student lives with both parents, has two legal guardians or two custodians, both are to sign the statement. If the student lives with only one parent, guardian or custodian, only one signature is required.
2. A separate statement is to be signed for each student.



ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____ - _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)			Birth Date	Sex	School
Address (Street)					
Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom	
Name of Parent/Guardian (Last, First Middle)				Work Phone Number:	
Transportation					
<input type="checkbox"/> Bus Rider Bus Number: <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School					

Part I – Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone: _____

- Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Doctor /HMO

Your child's Insurance Information:

- ALL KIDS
 Medicaid
 No Insurance
 Other _____
 Private Insurance

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone: _____

- Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Dentist /HMO

Preferred Hospital: _____

Part II – Medical History Medical Equipment /Procedures Required at School

- Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
 Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
 Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____ - _____

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Oral medication <input type="checkbox"/> Glucagon order
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>

Required Signatures

Signature of parent(s) or guardian: _____	Date: _____
Signature of school nurse: _____	Date: _____

Oxford High School

Data Information Form 2017-2018

ALL STUDENTS COMPLETE THIS FORM

ALL ADDRESS CHANGES REQUIRE AN UP-TO-DATE POWER BILL

Student Name: _____
Last First M.

Student Physical Address: _____
(Street and Number, City, Zip Code)

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Parent E-mail Address: _____

Mother's/Guardian's Place of Employment: _____

Phone #: _____ Cell Phone # _____

Father's/Guardian's Place of Employment: _____

Phone #: _____ Cell Phone # _____

If your child takes medication routinely during school hours please complete a medication release form.
(Provided on school website)