

# NOTICE OF RECEIPT

## Name and Photo Permission Sheet

a student enrolled in the Oxford Elementary School and \_\_\_\_\_, (print student name),

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 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.

(Name of Parent(s) Legal Guardians (s)/Custodian (s))  
hereby and acknowledge by our signature that we have received and read (or had read to us) the local school system's discipline plan including:

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.

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

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 the public display and is in no way intended to harm those parties involved.

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.

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 there in.

Parent's/Legal Guardian's/Custodian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print or type name of Student \_\_\_\_\_

Parent's/Legal Guardian's/Custodian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print or type name of Parent \_\_\_\_\_

### NOTES:

1. 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.
3. Please sign this page and have the student return it to the homeroom teacher. Keep the accompanying information for future reference.
4. This notice of receipt will become part of the student's cumulative file.

Signature of Parent/Legal Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Oxford City

SCHOOL YEAR: 2017-2018

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell Telephone No: \_\_\_\_\_

1. Have you **moved** during the last 3 years **to work or to seek work** even if it was for a short period of time? YES \_\_\_\_\_ NO \_\_\_\_\_

**If so, what type work are you or your spouse doing now:**

\_\_\_\_\_

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

\_\_\_\_\_

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (✓)** all that apply:

- The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm farms
- Catching or processing seafood (shrimp, oysters, crabs, fish, etc.....)

# Transportation Information

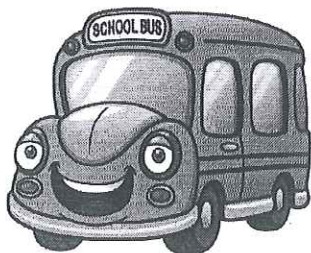
Oxford Elementary School  
1401 Caffey Drive  
Oxford, AL 36203  
2016-2017

Parents,

Please select the way your child will get home every afternoon. If your child will be a bus rider, please be sure to fill in your address and the bus number. If you do not know the bus number, we will help you at orientation. Thank you!

My child, \_\_\_\_\_, will be a

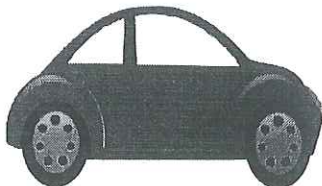
Bus Rider



Address: \_\_\_\_\_  
\_\_\_\_\_

Bus #: \_\_\_\_\_

Car Rider



Extended Day

