# Oxford Middle School

Schedule & Locker Distribution Information 2018-2019

| 8th Grade Students | 7th Grade Students | Make Up 7th & 8th Grades |
|---|---|---|
| Thursday, July 26th<br>5:00 p.m. @ OMS | Thursday, July 26th<br>6:30 p.m. @ OMS | Monday, July 30th<br>8:00 a.m.-3:00 p.m. @ OMS |

At this time you will be able to:

- Pay (MACBOOK USAGE AGREEMENT COST = **$50.00** & SCHOOL ADMINISTRATIVE COSTS = **$15.00**)
- Turn in Forms (Forms may be printed from website @ ***http://oxford.ocsm.schoolinsites.com*** )
- Pick Up Schedule, Student Locker Assignments. (School lockers are included in Student Administrative Cost, student is responsible for providing a combination lock from home for PE Lockers.)
- Purchase Yearbook = $40.00 (Optional)
- Make initial deposit into cafeteria account. Turn in Free/Reduced Lunch Form.
- Sign-up for Blackboard (free app)

## Forms To Be Completed

**ALL FORMS MUST BE COMPLETELY FILLED OUT AND ALL COSTS PAID IN ORDER FOR THE STUDENT TO PICK UP HIS/HER SCHEDULE AND LOCKERS.**

Forms may be printed from our website –http://oxford.ocsm.schoolinsites.com and filled out in advance or if you do not have access to the internet, you may pick up a packet from the school office. Forms are as follows:

- OCS Check Out Authorization Form
- Code of Student Conduct (Including Internet Acceptable Use and Responsible Use of Technology Policy & Media Release Form.) Forms must be completed and signed by **BOTH** the student and the parents/legal guardians.
- Student Health Assessment Form. ****PLEASE DO NOT** send medication with your student at any time! *If your child takes medication routinely during school hours please complete a medication release form (form provided on the school website) and bring with medication to the school nurse (after school starts). **You should have received notification from the school nurse if an Updated Immunization (Blue Form) is required.***

## EXPRESS LINE @ Registration

*Students will need the following to move immediately to the Express Line to pick up their schedule etc:*

- All forms (provided on line or at OMS) **COMPLETELY** filled out by the parent/guardian.
- **A copy of your Receipt** showing **ALL** costs (totaling $65.00) have been paid. **(KEEP RECEIPT** to present when you pick up your laptop @ "Connect Computer Distribution". *Remember – check our website for your scheduled Macbook pick-up day, date and time!)

**WE WILL BE ABLE TO ACCEPT DEBIT/CREDIT, CASH AND/OR CHECKS**

## *Important Reminders*

*Any remaining **unpaid account balances and proof of residency** (from a previous school year) **MUST** be cleared before students can pick up schedules and lockers. This includes unpaid account balances for fees, lost or damaged computers/computer parts & library books, etc. Updated Proof of Residency is required when you move or if mail is returned to us. Information required to complete Proof of Residency can be found on our website.

*Any schedule change must be submitted in writing and approved by the principal.
Any non-essential schedule change, if approved by the principal, will be assessed a $20.00 administrative cost. This will need to be paid before any non-essential change can be made.

*Check our website over the summer for the dates and times of the CONNECT MacBook distribution schedule.

# *Oxford City Schools Check Out Authorization Form*

**Please Note: *<u>ONLY the Parent/Legal Guardian may complete this form</u>.**

*Check outs will be allowed ONLY if all requested information is provided and the designated individual appears in the main office with Driver's License/Picture ID.

Student _____ _____
(Last Name) (First Name)

I (We) _____ the parent(s) of the above named student,
(Parent/Legal Guardian)

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

Parent address: _____

Parent E-Mail Address: _____

Signed _____ Date _____
(Parent/Legal Guardian Signature)

**Parent/Guardian please include your information in the chart below too.**

| Name of Person Authorized to √ Out | Relationship To Student | Phone Number | Work Phone Number | Driver's License # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

Parent/Legal Guardian: Please list any legal alerts (Legal documentation must be on file with OMS!) that Oxford Middle School needs to be aware of in regards to your student checking out.

ALERT: _____-

_____

_____

# Oxford City Schools

*Proud of Our Past – Preparing for the Future*

**NOTICE OF RECEIPT**

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

_____ School
**Name of School**

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

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

1. **Code of Student Conduct (including Internet Acceptable and Responsible Use of Technology 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.

# 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 acknowledge that my child may have the use of e-mail through the Oxford City School website and servers. My child's use of this service is at the discretion of the Oxford City Schools and may be withheld at my request. Service may also be withheld due to violation of the Internet Acceptable Use and Responsible Use of Technology Policy or in response to disciplinary problems.

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* _____

# 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

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ 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:** _____-_____

**Name of Student** **Part III – Medical History**

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

## Required Signatures

**(Electronic or Written) Parent(s) or Guardian Signature:** _____ **Date:** _____

**(Electronic or Written) School Nurse Signature:** _____ **Date:** _____