

OXFORD TOWNSHIP SCHOOL DISTRICT

PRE-SCHOOL REGISTRATION PACKET

FORM A

(Pupil Information)

FORM C

(Student History)

FORM B

(Home Language Survey)

FORM D

(Emergency Contact)

FORM E

(Proof of Residency)

**Bring original of governmental birth certificate
(county, city, etc. not hospital certificate)**

OXFORD TOWNSHIP SCHOOL DISTRICT

17 Kent Street

Oxford, N.J. 07863

(Print or type all information)

FORM A

SECTION A: Pupil Background Section

TO QUALIFY, YOUR CHILD MUST BE 4 YEARS OLD BY OCTOBER 1, 2011

Pupil: _____
Last Name First Name Middle Name

Address: _____
Street and Number Apt. # City, State, Zip

Home Phone: _____ Email: _____

Birth Date: _____ Birth Place _____
mo/day/year City State Country

Verified: B.C. _____ Passport _____

Ethnicity Codes: W/White
B/Black/African American
H/Hispanic/Latino
A/Asian
I/American Indian/Alaska Native
P/Native Hawaiian/Pacific Islander
_____ Ethnicity

Check one: First language spoken at home is _____ English _____ Other*
*(Indicate country/dialect) _____

SECTION B: Parent/Guardian and Family Data Information

Parent/Guardian #1 _____ Day time phone _____
Cell Phone _____

Employer _____ Address _____

Work Phone _____

Parent/Guardian #2 _____ Day time phone _____
Cell Phone _____

Employer _____ Address _____

Work Phone _____

(continued on back)

Marital Status: married alternative separated single divorced widow widower

Other children at home (list oldest first, youngest last)

_____ Name	_____ DOB	_____ Name	_____ DOB
_____ Name	_____ DOB	_____ Name	_____ DOB
_____ Name	_____ DOB	_____ Name	_____ DOB

SECTION C Medical Section

STUDENT MUST BE TOILET-TRAINED FOR ACCEPTANCE INTO THE PS PROGRAM.

The following items if not submitted at the time of registration, must be completed prior to the first day of attendance. If compliance is not forthcoming by that time, the pupil will not be accepted for admission and this application shall be void.

Physician’s certificate has been provided (or letter) attesting that the pupil has had a physical examination within the last school year.

Medical records have been provided certifying immunization per state requirements on form provided by district

OR

Modification or Exemption from requirements due to religious beliefs.

Dependency Verification (any one of the following)

- Birth certificate/passport bearing same surname of pupil as parent/guardian
- Copy of section of a court decree awarding custody of the pupil
- Letter from a department of state or federal government
- A properly executed affidavit of support

I/we fully understand that the Oxford Township School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as a Oxford Township pupil, I/we shall forthwith advise the office of the Chief School Administrator, Oxford Central School, 17 Kent Street, Oxford, NJ 07863. I/we fully understand that failure to do so shall hold me/us legally responsible for all tuition costs, legal costs, and any other expenses incurred by the Oxford Township School District during that period of time for which the pupil was not so qualified for enrollment. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Oxford Township School District.

Signature of parent/guardian Date

Signature of school registrar Date

Comments or notations by school district

**OXFORD TOWNSHIP SCHOOL DISTRICT
ENGLISH LANGUAGE SERVICES
HOME LANGUAGE SURVEY**

FORM B

Please print

Student Name _____ **Grade** _____

Address _____

Date of Birth _____ **Telephone #** _____

Parent/Guardian _____

1. What language did the child first speak? _____

2. What language(s) does the family speak at home? _____

3. What language do you most often use when speaking to your child? _____

4. What language does the child use in speaking to:
a. older relatives? (grandparents, aunts, uncles) _____
b. brothers and sisters? _____
c. friends and other relatives? _____

5. In which language do you prefer to receive communication from school? _____

Parent/Guardian Signature

Date

OXFORD CENTRAL SCHOOL
17 Kent Street
Oxford, N.J. 07863

Student History

Child's Name _____

1. Has there been any family incidents (i.e. death, separation, family financial concerns, etc.) recently that may have upset the child? Yes _____ No _____

If checked yes, please describe below

2. Family:

How many children are in your family? _____

Any foster children? _____ Adopted? _____

Any others living at home other than parents? _____

Relationship? _____

Who has legal custody of the child? _____

Do both parents work? _____

Who cares for the child? _____

Foreign language spoken at home? _____

How does the child react to situations when one or both parents leave home?

_____ Cries _____ Accepts it well _____ Temper Tantrum _____ Adjusts quickly to situation

Has the child traveled much? _____ Where? _____

3. Development:

Did you have any difficulties ___ Before ___ During ___ After the birth of your child?

Please explain _____

4. At what age (approximately) did the child learn to:

Crawl _____ Walk _____ Toilet Trained _____

Can dress him/herself _____ Tie shoe laces _____

Button _____ Zip _____

Student History

Has the child had formal pre-school experience? _____

Where? _____ How long? _____

How clear and well-formed was the child's speech and how is it now?

Does the child have children his/her age to play with in his/her neighborhood?

Did the child have difficulty learning to ride a bicycle ____, skip rope _____, learn to throw or catch? _____

Handedness _____ (left, right, or both)

What the child's favorite activities? _____

Does the child know his full name ? _____ Address? _____ Telephone number? _____

Does the child know nursery rhymes? _____ Songs? _____ Stories? _____ ABC's _____

Does your child listen to instructions when he is called, directed, etc.? _____

Does your child have any fears? _____ Please explain: _____

Does your child take a nap? _____

Is there any other condition or experiences you would wish to mention that could affect the learning situation of your child? _____

Signature of Parent/Guardian

Date

EMERGENCY CONTACT

1. Student Information

Name _____
Address _____
Home Telephone # _____ Date of Birth _____
Grade _____ Teacher _____ School Year _____

2. Parent/Guardian Information

Father/Guardian's name _____ Home Tel. # _____
Work tel. # (w. ext.) _____ Cell Tel. # _____
E-mail _____
Mother's/Guardian's name _____ Home tel. # _____
Work tel. # (w. ext.) _____ Cell tel. # _____
E-mail _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the school with a copy of the order.

3. Child Care Provider Information

Those designated below are authorized to pick up my child from school in an emergency:

Child care provider's name _____
Tel. # _____ Cell tel. # _____

Child care provider's name _____
Tel. # _____ Cell tel. # _____

4. Local Contact Information (Designate 1 parent in our school)

1. Local contact's name _____ Relationship to child _____
Home tel. # _____ Work tel. # (w. ext.) _____
Cell tel. # _____
2. Local contact's name _____ Relationship to child _____
Home tel. # _____ Work tel. # (w. ext.) _____
Cell tel. # _____

5. Out of Town Contact Information

Name _____ Relationship to child _____
Home tel. # _____ Work tel. # (w. ext.) _____
Cell tel. # _____

6. Medical/Physician Information

List student's known allergies or medical conditions _____

Doctor's name _____ Tel. # _____
Hospital preference _____
Insurance company _____
Dentist's name _____

In a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

7. Does child have Health Insurance? **YOU MUST COMPLETE THIS SECTION FULLY**

Yes _____ If Yes, name of insurance company _____
 No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or Visit www.njfamilycare.org to apply online.
 You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ Printed Name _____ Date _____
Written consent required pursuant to 20 U.S.C. & 1232g (b)(1) and 34 C.F.R. 99.30 (b).

8. List any medical/surgical care your child has received during the past year:

Dental Exam	Date:	Braces
Eye Exam	Date:	Contacts Glasses
Allergy	Kind:	Medications
Allergic Reaction	Date:	Medications
Immunizations/Tetanus	Date:	Type:
Restrictions	Type:	

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Telephone _____

Address _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

 Signature of Parent(s)/Guardian(s)

 Date

Please keep a copy of this form for your records.
 Important: Please update your school immediately if any information changes.

OXFORD TOWNSHIP SCHOOL DISTRICT
Oxford, N.J. 07863

Especially for Moms, Dads, and Guardians

We very much look forward to welcoming your child to Oxford Central School in September. The teachers have done a marvelous job of preparing their classrooms for your child.

Here are a few items that require your help . . .

1. **HELP US WITH CHILD SAFETY:** DO NOT park your car in the bus loading area. Please park in the lot directly across the street or in front of the school if space is available. Parking is also available in the municipal lot across the bridge.

2. **WALK IN DESIGNATED AREA:** Use the front crosswalk. DO NOT BLOCK THE SIDEWALK. Pre-School students are picked up by their teacher at the front entrance and/or cafeteria in inclement weather.

3. **BE ON TIME:** Pupils may arrive at 8:10 a.m. Students will be marked late if they are not in their homeroom by 8:31 a.m. Oxford Central School students arriving late must report to the main office to receive a tardy pass.

4. **FOLLOW SIGN-IN PROCEDURES:** Whenever visiting the school, you must first go to the main office, sign-in, and if permission is granted, then visit the desired location.

