OXFORD CENTRAL SCHOOL
17 Kent Street
Oxford, N.J. 07863
908-453-4101
www.oxfordcentral.org

Mr. John Nittolo
Chief School Administrator

Mrs. Renee Hart
Director of Special Services

Mr. James Schlessinger
Business Administrator

Oxford Central School Students are C.O.R.R.E.C.T.

Welcome to Oxford Central School!

In order to comply with the State of New Jersey Guidelines for school, the following forms must to be completed before the first day of entry:

_____ **Updated Offical Immunization Record**

Provided by primary care doctor/pediatrician

_____ **Updated Health Physical**

Health physicals must be completed within one year of entry

_____ **Orginal Birth Certificate**

_____ **Proof of Residency**

Please provide two separate documents

_____ **Recent Picture of the Enrolling Student**

Please feel free to contact Mrs. Halloran (head secetary ext.2101) or Ms. Murillo (school nurse ext.2106) if you have any questions!

New Student 1st grade - 8th grade

Vaccine	Dose Schedule					Total
DTap	2 months	4 months	6 months	15-18 months	4 years	4-5
IPV	2 months	4 months	6-18 months	4 years		3-4
MMR	12-15 months	4 years				2
Hep B	Birth	1-2 months	6-18 month			3
Varicella	12-19 months					1
TDap	11 years					1
MCV	11 years					1

Health Physical ☐

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: | Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ *I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.*

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

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Proof of Residency Certification

Registration Date:_____

I/We _____, parent/guardian of _____
(Print Parent's Name) (Print Student's Name)

Affirm that I / We reside in the town of Oxford at the property located at:

_____, Oxford, NJ 07863
(Property Address)

I _____ as the parent/guardian certify that the address provided is my home that "it is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it notwithstanding the existence of homes or residences elsewhere" and is where we return to each night. If the board of education finds this to be untrue, I understand that I will be liable for back tuition to be paid to the district.

Two of the following documents have been provided and copies attached as proof of residency: (Note: If unable to provide documentation at time of registration, proof of residency information Must be provided within thirty (30) days of the date of registration.)

_____ Current driver's license
_____ Current property deed, lease agreement or property tax bill
_____ Current utility bill
_____ Other- please describe (other acceptable items may include pay stub form from current employer showing property address, post office mail box number showing Property address, automobile registration, or voter registration card.)

_____

++++++++++++++++++

Office use only:

I _____ have reviewed the material(s) presented on _____ and
(Administrators' Signature) Date

Approve / deny (circle one) the aboye named student's admittance to the Oxford Central School.

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Name / Photo / Video Release Form
2023 - 2024

We are providing you this parental consent form to both inform you and to request permission for your child's photo/image and personal identifiable information to be published on the school's website and social media.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on the website. These dangers have always existed; however, we as a school may want to celebrate your child's work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without your prior written consent from you as a parent or guardian. We will never publish information such as residential addresses, email addresses, phone numbers, location or times of field trips. However, from time to time, first and last names might be published to celebrate artwork or special recognition.

If you as a parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of the school and such recession will take effect upon receipt by the school.

Check the following:
I GRANT permission for this student's photo/image and limited personal identifiers listed above to be published on the school website, public internet site, in local newspapers, social media sites maintained by OCS, and in the school yearbook. YES _____ NO _____

Student Name (Please print) _____
Parent / Guardian Name (Please print): _____ Relation to student:_____
Parent/ Guardian Signature: _____ Date: _____

OXFORD CENTRAL SCHOOL
17 KENT STREET, OXFORD, NJ 07863

EMERGENCY CONTACT

1 Student Information:

Name _____

Address _____

Date of Birth ___/___/____ Grade _____ Teacher _____

2. Parent / Guardian Information:
Guardian #1 Name _____Home # _____
Work Tel # (w/ext.) _____Cell Phone # _____
Email _____

Guardian #2 Name _____ Home # _____
Work Tel # (w/ext.) _____ Cell Phone# _____
Email _____
Are either parent/guardian members of a branch of the Military? _____ yes/no
Active Duty / Retired _____ Branch of Military _____Rank _____

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. Please 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 providers name:_____Tel #: _____

Child care providers name:_____Tel #: _____

4. Local Contact Information(Possibly a parent in our School)

Local Contact Name: _____ Tel # _____

Local Contact Name: _____ Tel# _____

PLEASE COMPLETE REVERSE SIDE

5. Out of Town Contact Information:

Name: _____ Relationship to child: _____

Tel#: _____

6. Medical/Physician Information

List student's known allergies or medical conditions: _____

_____

Doctor's name: _____Tel# _____

Hospital preference: _____

Insurance Company: _____

Dentist's name: _____

7. Does your child have Health Insurance?

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 1-800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care 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).

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 actions 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) Guardians(s) Date

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

Oxford Township School District
17 Kent Street
Oxford New Jersey 07863
(Please print or type all information)

Circle grade for which enrolling: PS K 1 2 3 4 5 6 7 8

IF YOUR CHILD TURNS THREE BEFORE OCTOBER 1ST
HE/SHE MAY ENROLL IN THE 3-4 PRESCHOOL PROGRAM

Pupil: _____
Last Name First Name Middle Name

Address: _____
Street and number Apt# City, State, Zip

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

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

Transfer card received: Yes ____ **No**____

Last school attended: _____
Name of school / address Phone number

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)** _____

Pupil is in a:

1. **Special education program** _____ **Yes** _____ **No**
2. **Basic skills program** _____ **Yes** _____ **No**
3. **ELS, bi-lingual education program** _____ **Yes** _____ **No**
4. **Speech/ Language program** _____ **Yes** _____ **No**
5. **Gifted and talented program** _____ **Yes** _____ **No**

PARENT/GUARDIAN AND FAMILY DATA INFORMATION:

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

Employer: _____ Address: _____

Work phone: _____

Parent/Guardian #2 _____ Daytime phone: _____

Cell phone: _____

Employer: _____ Address: _____

Work phone: _____

Marital status: ___ married ___ separated ___ single ___ divorced ___ widow __ widower

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

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Medical Section:

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 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/her 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 representative Date

Comments and/or notations by the school district: