

# OXFORD AREA SCHOOL DISTRICT STUDENT ENROLLMENT FORM

(Please print)

Student's Name

|      |       |        |        |
|------|-------|--------|--------|
| Last | First | Middle | Suffix |
|------|-------|--------|--------|

|               |  |
|---------------|--|
| Date of Birth | Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Phone:   | Grade:   |

|                              |  |
|------------------------------|--|
| Mother's name (Last, First)  |  |
| Father's name (Last, First)  |  |
| Sibling's name (Last, First) |  |

Student's Home Address

|                   |  |
|-------------------|--|
| Street, Apt/Suite |  |
| City, State, Zip  |  |

Mailing Address (if different from above)

|                   |  |
|-------------------|--|
| Street, Apt/Suite |  |
| City, State, Zip  |  |

Guardianship

|                    |  |
|--------------------|--|
| Student lives with |  |
| Guardian Email     |  |

Birth Mother Name

|                |                      |     |  |
|----------------|----------------------|-----|--|
| Last           | First                |     |  |
| Home Phone     | Work (daytime) Phone |     |  |
| Cell Phone     | Email                |     |  |
| Street address |                      |     |  |
| City           | State                | Zip |  |
| Employer       |                      |     |  |

Receive Mailings?

Has Custody?

Living with?

Birth Father Name

|                |  |                      |     |
|----------------|--|----------------------|-----|
| Last           |  | First                |     |
| Home Phone     |  | Work (daytime) Phone |     |
| Cell Phone     |  | Email                |     |
| Street address |  |                      |     |
| City           |  | State                | Zip |
| Employer       |  |                      |     |

\_\_\_\_\_ Receive Mailings?      \_\_\_\_\_ Has Custody?      \_\_\_\_\_ Living with?

Contact 3 Name

|                |  |                      |     |
|----------------|--|----------------------|-----|
| Last           |  | First                |     |
| Home Phone     |  | Work (daytime) Phone |     |
| Cell Phone     |  | Email                |     |
| Street address |  |                      |     |
| City           |  | State                | Zip |
| Employer       |  |                      |     |

\_\_\_\_\_ Receive Mailings?      \_\_\_\_\_ Has Custody?      \_\_\_\_\_ Living with?

Ethnicity      Is the student Hispanic or Latino?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Race      \_\_\_\_\_ (A) Asian      \_\_\_\_\_ (B) Black or African American      \_\_\_\_\_ (I) American Indian or Alaska Native  
                 \_\_\_\_\_ (P) Native Hawaiian/Other Pacific Islander      \_\_\_\_\_ (W) White

Emergency Contacts (different than parents/guardians)

|                    |            |              |  |
|--------------------|------------|--------------|--|
| Name (Last, First) |            | Relationship |  |
| Home phone         | Work phone | Cell phone   |  |

|                    |            |              |  |
|--------------------|------------|--------------|--|
| Name (Last, First) |            | Relationship |  |
| Home phone         | Work phone | Cell phone   |  |

|                    |            |              |  |
|--------------------|------------|--------------|--|
| Name (Last, First) |            | Relationship |  |
| Home phone         | Work phone | Cell phone   |  |

|         |       |
|---------|-------|
| Doctor  | Phone |
| Dentist | Phone |

|                                |  |
|--------------------------------|--|
| Special Medical Considerations |  |
| Allergies                      |  |

Additional Enrollment Information

|  |  |                                       |   |
|--|--|---------------------------------------|---|
| Township (check one)                       | <input type="checkbox"/> East Nottingham | <input type="checkbox"/> Elk Township | <input type="checkbox"/> Lower Oxford   |
|  | <input type="checkbox"/> West Nottingham | <input type="checkbox"/> Upper Oxford | <input type="checkbox"/> Oxford Borough |
| Preferred phone number for Alert Messages: |  |                                       |   |

Other Information

|                            |  |
|----------------------------|--|
| Student's Primary Language |  |
| Parent's Primary Language  |  |

Please list full names of all children age birth to 18 in this household

| Name | Date of Birth | Present School and Grade |
|------|---------------|--------------------------|
|      |               |                          |
|      |               |                          |
|      |               |                          |
|      |               |                          |

Has the student been placed at the current residence by a court or agency?  Yes  No

If yes, what are the name, city and state of the home school district from which the child was placed?

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|  |  |
|--|--|
| City and state of birth                                  |  |
| Pennsylvania Resident Date                               |  |
| Initial US Entry Date (if not born in the United States) |  |
| Country of Birth (if not born in the United States)      |  |

\_\_\_\_ Check here if student does not have a current Post Office approved physical address

School History – Please list previous schools attended, including pre-school

| School Name | District | Grades Attended | Dates attended | School Address |
|-------------|----------|-----------------|----------------|----------------|
|             |          |                 |                |                |
|             |          |                 |                |                |
|             |          |                 |                |                |
|             |          |                 |                |                |

Has your child received any of the following services?

(Please provide a copy of current Special Ed. Documents)

- Speech and Language Therapy    \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Occupational Therapy            \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Physical Therapy                    \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Instructional Support Services (IST) \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Reading Tutoring                    \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Math Tutoring                        \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Migrant Status                        \_\_\_\_ No    \_\_\_\_ Yes
- Gifted Instruction (GIEP)            \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- Special Education Programs (IEP) \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_
- English Language Learner (ELL)    \_\_\_\_ No    \_\_\_\_ Yes    If Yes, Name of School: \_\_\_\_\_

# Oxford Area School District Residency Form

The undersigned does hereby swear and affirm that they are residents of the Oxford Area School District, Chester County, Pennsylvania and that they currently reside at :

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They further acknowledge that the submission of false or inaccurate information herein, or change in the continued accuracy of the information set forth, herein, may cause a forfeiture of the right to free school privileges. It may further result in the removal of the child from enrollment in Oxford Area School District classes and may result in you being held liable for tuition costs for the school days during which the child was not entitled to free school privileges. The facts set forth in this Statement are certified to be true and correct to the best of the knowledge, information and belief of the undersigned, subject to the penalties of 18 Pa. C.S.C. Section 4904 relating to un-sworn falsification to authorities.

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**OXFORD AREA SCHOOL DISTRICT**  
**Emergency and Health History Form – Nurse’s Office**

Student’s Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_ Homeroom \_\_\_\_\_

Name of Parent/Guardian that child lives with: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime/work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime/work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

In an emergency, parents/guardians will be contacted first.  
Please list three alternative contacts in case parents/guardians are unreachable.

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor & Phone # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Dentist & Phone# \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

I give permission to the nurse/ principal’s designee to administer the following as needed according to school policy.

Acetaminophen (Tylenol) Yes \_\_\_ No \_\_\_ Cough Drops &/or Lozenges Yes \_\_\_ No \_\_\_

Ibuprofen (Advil/Motrin) Yes \_\_\_ No \_\_\_ Calcium Antacid (Tums) Yes \_\_\_ No \_\_\_  
(5<sup>th</sup> grade & above)

In case of an accident or serious illness, the school may make any arrangements deemed necessary if the school is unable to reach the emergency contacts. I understand the information given to the School nurse is for use in understanding and assisting in the health and education of my child. I understand that the information will be kept confidential and will be shared with other professionals or school employees only when the School Nurse/Nurse Practitioner/School Physician believe that it is in the best interest of my child’s health and education.

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Health History Update

Has your child had any of the following in the **PAST YEAR:**

An illness lasting more than a week? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

A severe injury, accident or fracture? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Time in a hospital or operations? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

### Has your child had any of the following?

Trouble with eyes or seeing? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Glasses or contact? No \_\_\_ Yes \_\_\_ If yes, date of last vision exam \_\_\_\_\_  
Specialist's Name \_\_\_\_\_

Trouble with ears or hearing? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
Specialist's Name \_\_\_\_\_

Dental problems? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
Specialist's Name \_\_\_\_\_

Seizures or convulsions? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
Specialist's Name \_\_\_\_\_

Allergies? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
Specialist's Name \_\_\_\_\_

Epi-pen required for allergies No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
If **YES**, you must provide EPI PEN for the school \_\_\_\_\_

Asthma? No \_\_\_ Yes \_\_\_ Treatment \_\_\_\_\_  
Date of Last Attack \_\_\_\_\_

Does the student require use of inhaler at school or school activities? No \_\_\_\_\_ Yes \_\_\_\_\_  
If **YES**, you must provide inhaler for the school \_\_\_\_\_

Problems with growth and development? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

### Additional:

Is your child under the care of a physician or clinic now? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Is your child taking any medication or treatments now? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

If yes-name, dose and frequency \_\_\_\_\_

Does it need to be taken during school? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Any special concerns not mentioned above? \_\_\_\_\_

**Please contact the school nurse with any concerns or questions and with any changes of information.**



## Home Language Survey

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English Proficient students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as a method of identification.

School: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>Student Information</b>  |                 |
|---|-----------------|
| Name: _____   |                 |
| Date of Birth: _____ Gender: <input type="checkbox"/> male <input type="checkbox"/> female  |                 |
| Country of Birth: _____   |                 |
| Date first enrolled in a U.S. school: _____ Location: _____   |                 |
| Has the child attend school outside of the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no   |                 |
| Last grade level completed: _____   |                 |
| <b>Family Information</b>   |                 |
| Name of parent/legal guardian: _____  |                 |
| Phone number: _____   |                 |
| Address: _____  |                 |
| <input type="checkbox"/> I would prefer to communicate with the school in a language other than English.  |                 |
| Language _____  |                 |
| <b>Questions for Parents/Guardians</b>  | <b>Response</b> |
| Please list all languages spoken in your home.  |                 |
| Which language did your child first hear or speak?  |                 |
| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">➔</div>           If English is the only language listed, <b>STOP HERE</b>. If another language is listed, please answer the rest of the questions.         </div> |                 |
| Which language(s) do you speak to your child?   |                 |
| Which language(s) does your child speak at home with adults?  |                 |
| Which language(s) does your child speak with other children?  |                 |
| What language do you feel your child understands best?  |                 |

Name of person completing this form if other than parent/guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs in order to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district in the future.



**Oxford Area School District Act 26 – Safe Schools Act**  
**PARENTAL REGISTRATION STATEMENT**

**Please complete if you are registering a student who has attended any other public or private school.**

In accordance with Act 26 and Pennsylvania School Code § 13-1304-A “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property.”

**Please complete the following:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is / is not (circle one) presently suspended or expelled from any public or private school of this Commonwealth or any other state for any act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. § 13-1304-a (B) and 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF YOUR CHILD IS OR HAS BEEN SUSPENDED OR EXPELLED, PLEASE COMPLETE:**

Name of School from which student was suspended or expelled: \_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

Is or was your child involved with Juvenile Probation, Children/Youth and Families or any other governmental agency? \_\_\_\_\_ **Yes** \_\_\_ **No** (select one). If yes, name of agency: \_\_\_\_\_

Is or was rehabilitation and/or community service completed? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** (select one)

Reason(s) for Suspension or expulsion: \_\_\_\_\_

Any other information you would like to add: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any willful false state made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student’s disciplinary record. 24 P.S. § 13-1317.2**

**OXFORD AREA SCHOOL DISTRICT  
REQUEST FOR TRANSPORTATION  
\*\*\*NEW STUDENT\*\*\***

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

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

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**New Student Request for Transportation**

**Transportation TO School:**

\_\_\_\_\_ Assign stop closest to home address

\_\_\_\_\_ Assign stop closest to the following address for child care:

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

Name of Care Giver/Daycare: \_\_\_\_\_

Phone: \_\_\_\_\_

**Transportation FROM School:**

\_\_\_\_\_ Assign stop closest to home address

\_\_\_\_\_ Assign stop closest to the following address for child care:

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

Name of Care Giver/Daycare: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow ten (10) days to process request.**

\*\*\*\*\*

Office Use Only:

Bus # \_\_\_\_\_ Stop \_\_\_\_\_ Time \_\_\_\_\_ am

Bus # \_\_\_\_\_ Stop \_\_\_\_\_ Time \_\_\_\_\_ pm

ACCEPTABLE USE AGREEMENT

Oxford Area School District  
DISTRICT TECHNOLOGY AND TECHNOLOGY SERVICES  
Student Agreement

Name (print) \_\_\_\_\_ District ID \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Grade and Building \_\_\_\_\_

Student Section

Appropriate access and use of district technology and technology services requires proper conduct of the user. This document is provided so that students are aware of their responsibilities when using OASD's technology resources, and to explain to users that they will be held accountable for their non compliance with OASD's technology policies. In order to use district technology and technology services, students must adhere to the guidelines established within the administrative procedures for Oxford Area School District policy 6330. By signing below, the user acknowledges the following statements:

- I have read and understand the district's Acceptable Use Policy 6330 and agree to abide by the conditions specified therein.
- I understand that violation of the guidelines may result in loss of district technology and technology services privileges and in disciplinary action, and may constitute a criminal offense. I understand that illegal use of district technology and technology services will be reported to the appropriate authorities for possible prosecution.
- I hereby release the district and its personnel from any and all liability from claims and damages that may arise from my use of the district technology and technology services. I understand that I shall be held responsible for damage to equipment, software or systems that result from my deliberate or willful acts.
- I understand and agree that all technology systems and equipment, as well as all data transmitted, received or stored using district systems, are the property of the school district. I also understand that I have no expectation of privacy connected to the transmission, receipt or storage of data using district systems.
- I also acknowledge and consent to the monitoring of my use of district technology and technology services by appropriate district personnel, including accessing, reviewing and printing files which I

have created, transmitted, received or stored using the district system.

- I understand that any accounts issued to me are to be used only by me and are to be used in a responsible manner at all times. I will also take all reasonable precautions to prevent others from being able to use my account. Furthermore, I agree that my use of district technology and technology services is to be solely educational in nature, in support of educational pursuits consistent with the district mission statement and curriculum goals. Personal use of district technology and technology services is prohibited.
  
- The Superintendent or designee will only authorize the tracking of any District owned device after the reasonable protocols for recovery of the district owned device are exhausted. Tracking may involve the activation of the equipment location software. Only after the reasonable protocols are exhausted will the tracking of the device be considered or authorized.
  - Tracking will occur when student or staff report lost or stolen items.
  - Tracking will occur after five (5) days of disenrolled student or separation of staff without property being returned to District.
  
- I understand and agree that my signature, and that of my parent or guardian if I am under the age of 18, is required on this document for me to be authorized to access district technology and technology services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Section

Parent/Guardian Name (print) \_\_\_\_\_

Relationship to student \_\_\_\_\_

By signing below, I acknowledge that:

- I have read and understand the district's Acceptable Use Policy 6330.
  
- I hereby release the district and its personnel from any and all liability for claims or damages that may arise from my child's use of district technology and technology services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Oxford Area School District**

**Permission Form for Use of Individual's Picture, Voice, Work, Video and/or Full Name**

**School Year: 2016-2017**

Oxford Area School District students are sometimes recognized throughout the school year for various academic, athletic, music, school related activities, co-curricular, and extracurricular accomplishments. The Oxford Area School District acknowledges student achievements by sharing the news with the community by way of press releases in student newsletters, local newspapers, radio/television stations, and on the School's website. This letter is to both inform you and request permission for your child's picture, voice, work, video and/or full name to be published on the Oxford Area School District and/or an individual school's website to promote activities and showcase student achievement. To this end, the School District will not release any information without prior written consent from you. Please complete and return this form to indicate if your child's picture, voice, work, video and/or full name may be used on the District webpage and social media accounts. This permission will be in effect until consent is withdrawn. You may withdraw your consent at any time by sending a written letter, along with a new form, to the Oxford Area School District.

**Check one of the following options:**

I hereby **authorize** photographic images (photographs or video) to be taken of my child by **School District employees or staff members while participating in school activities at the Oxford Area School District**, whether or not such activities are open to the public. I understand my child's photographic image, digital/digitize (meaning any scan images of art or other work, digital, photographs, sound/voice or computer generated files) may appear in District publications, presentations, the school website, productions, newspapers or newscasts. In the case of all such digital images referred to above, I understand that these photographs are the property of the Oxford Area School District. I also realize that if photographs of my child appear on the official Oxford Area School District website, his or her full name will appear along with the publication of my child's digital image. I further understand if I agree to the terms of this Release it will be effective indefinitely, but I have the option at any time of revoking my consent or opting out of this Release by giving written notification to the Oxford Area School District.

I **do not grant** permission for any photo, voice, work, video and/or full name of myself/or child to be published on the school webpage, social media and sent to media outlets.

In addition, I agree to release and hold harmless the Oxford Area School District from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my picture, voice, work, video and/or full name on the Internet.

Student Name: (print) \_\_\_\_\_

School/Office: \_\_\_\_\_

Homeroom/Teacher: \_\_\_\_\_

Parent Signature: (sign) \_\_\_\_\_

Date Signed: \_\_\_\_\_



# OXFORD AREA SCHOOL DISTRICT

## AUTHORIZATION FOR RELEASE OF RECORDS

School Age- Rev. 06/2016

This is an authorization to release to Oxford Area School District the information indicated below regarding:

STUDENTS FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

NAME OF PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS OF PREVIOUS SCHOOL: \_\_\_\_\_

PHONE OF PREVIOUS SCHOOL: \_\_\_\_\_ FAX OF PREVIOUS SCHOOL: \_\_\_\_\_

The above named Student has registered at Oxford Area School District. These records are needed to determine the appropriate educational programming and services by Oxford Area School District.

I authorize the information described below to be given to the Oxford Area School District:

NAME: \_\_\_\_\_

Indicate relationship to student: \_\_\_\_\_ parent \_\_\_\_\_ legal guardian \_\_\_\_\_ foster parent

HOME #: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

Parent/Legal Guardian Signature

- PA Secure ID Number
- Educational records including Standardized Test Scores and Official Transcript
- Special Education Records including IEP's, Evaluation Reports and NOREP's
- Attendance and Discipline Records
- Medical Records including diagnosis, medical history and immunizations
- Psychiatric/Psychological/Assessments
- Treatment Plans and Discharge Summaries
- Continuing Care Plan(s)
- Legal Services
- Custody Documents
- \_\_\_ Other Documents as described below:

**PLEASE SEND RECORDS TO:** (Check mark/Circle applicable school)

|  |   |  |  |
|--|---|--|--|
| Jordan Bank (Grade K)<br>536 Hodgson Street<br>Oxford, PA 19363<br>Tele: 610.932.6625<br>Fax: 610.932.6662 | Elk Ridge Grade 1-2<br>200 Wickersham Road<br>Oxford, PA 19363<br>Tele: 610.932.6670<br>Fax: 610.932.7836       | Nottingham Grade 3-4<br>736 Garfield Street<br>Oxford, PA 19363<br>Tele: 610.932.6633<br>Fax: 610.932.4630 | Special Education<br>Department<br>Tele: 610.932.3072<br>Fax: 610.932.8319 |
| Hopewell Grade 5-6<br>602 Garfield Street<br>Oxford, PA 19363<br>Tele: 484.365.6159<br>Fax: 484.365.6167   | Penn's Grove Grade 7-8<br>301 South Fifth Street<br>Oxford, PA 19363<br>Tele: 610.932.6623<br>Fax: 610.932.6619 | High School Grade 9-12<br>705 Waterway Road<br>Oxford, PA 19363<br>Tele: 610.932.6646<br>Fax: 610.932.6649 | High School<br>Guidance Dept.<br>Tele: 610.932.6646<br>Fax: 610.932.2073   |

# Migrant Education Program Preliminary Form

280 Pennock's Bridge Rd.  
West Grove, PA. 19390



We would like to know if you or your children may be eligible to participate in the **Migrant Education Program**. The Migrant Education Program is federally-funded and provides **free** supplemental **educational services** for the children of agricultural workers. Some of our services include:

**Free/reduced-cost lunch, after-school tutoring, Saturday classes, home visits, school-readiness programs and a five-week summer school.**

Please answer the following questions and return it to the school along with your packet. If you have any questions you may call the Migrant Education Program office at 610-345-1824.

Your Name: \_\_\_\_\_

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

Telephone number \_\_\_\_\_

1. Have you or your family moved in the last 3 years?

Yes \_\_\_\_ Which family members? \_\_\_\_\_ No \_\_\_\_

Where did you live before? Address: \_\_\_\_\_

2. Where have you or your spouse applied for employment? Please list

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Who in your household is under the age of 22?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Thank you for your time!