

# OXFORD HIGH SCHOOL

## Student Information

(Please print and fill out completely)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Boy  Girl  Home Tel. No. \_\_\_\_\_  
Mom's Cell # \_\_\_\_\_ Dad's Cell# \_\_\_\_\_

\* **Street and location** \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
City / State / Country

Child lives at above address with \_\_\_\_\_  
(Parent(s) - Name) (Guardian - Name) (Relative or Foster Parent-Name)

Parent/Guardian Home E-Mail Address \_\_\_\_\_

Language Fluency (circle one): English, Spanish, German, Italian, French, Other \_\_\_\_\_

Ethnic Code: WH Caucasian SP Spanish A American Indian  
OR Oriental BL Black N Indian (Asian)  
OT Other \_\_\_\_\_

Responsible adult, other than parents, who will call for and care for the child in case of illness: Relationship \_\_\_\_\_

\_\_\_\_\_  
Name Address Phone

Family Physician:

\_\_\_\_\_  
Name Address Phone

Brothers and sisters in order of birthday:

|    | Name  | Birthdate |    | Name  | Birthdate |
|----|-------|-----------|----|-------|-----------|
| 1. | _____ | _____     | 3. | _____ | _____     |
| 2. | _____ | _____     | 4. | _____ | _____     |

**Father's full name** \_\_\_\_\_ Birthplace \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**Mother's full name** \_\_\_\_\_ Birthplace \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Is there any medical information concerning your child that we should know?

Are there any custody or guardianship issues with this child?

Yes  No  If yes, we request a copy of the court degree for our files for the protection of your child from non-custodial parents.

Information provided by: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature