

Oxford High School Registration Information 2010-2011

All students are urged to attend 2010-2011 registration. At registration you will be able to:

- Get your parking permit.
- Purchase locker.
- Purchase an activity card and yearbook.
- Make initial deposit into cafeteria account. Turn in free/reduced lunch application.
- Schedules will be available on STI home August 2nd or in homeroom the first day of school.

SCHOOL SERVICES/STUDENT FEES - \$25.00 PARKING PERMIT - \$30.00
STUDENT ACTIVITY CARD - \$75.00 YEARBOOK - \$50.00 – NAME FREE
(CASH ONLY ACCEPTED FOR YEARBOOK)

Any remaining **unpaid fees** (from a previous school year) must be cleared before students can register. This includes class fees, lost textbooks, library fees, etc. Also, immunization must be up to date.

Registration Schedule

SENIORS	JUNIORS	SOPHOMORES	MAKE-UP FOR GRADES 12, 11, 10	FRESHMAN
July 28, 2010 8:00 – 9:00 EXPRESS CHECKOUT SPORTS ARENA	July 28, 2010 9:30 – 10:30 EXPRESS CHECKOUT SPORTS ARENA	July 28, 2010 11:00 – 12:00 EXPRESS CHECKOUT SPORTS ARENA	July 28, 2010 1:30 – 2:30 MAIN OFFICE	July 29, 2010 8:00 – 9:00 EXPRESS CHECKOUT FRESHMAN ACADEMY MAKE-UP 9:30 – 10:00

YOU MUST BRING THE FOLLOWING TO REGISTRATION IN ORDER TO DO EXPRESS CHECK OUT.

FORMS MAY BE PRINTED FROM WEB SITE – <http://oxford.ocss.schoolinsites.com> (REQUIRED for a student to pick up his/her locker and parking permit)

ALL FORMS MUST BE COMPLETELY FILLED OUT WHEN THE STUDENT COMES TO REGISTER

#1 OHS Data/Check out Information 2010-2011 (PAGE 2)

#2 Parking Permit Form with proof of insurance, Drivers License and tag receipt (PAGE 3)

#3 Media Waiver must be completed and signed. (PAGE 4)

#5 Free/Reduced Lunch form, if applicable

#6 Acceptable-Use Policy form for computer and internet/Student Handbook (PAGE 5)

#7 Health Assessment Record (PAGE 6-7)

#8 Up-to-date Change of Information Form (PAGE 8)

#7 Updated immunization record, if applicable (must be obtained from your doctor or Health Department)

#8 Cell Phone Permit Form (PAGE 9)

#9 **CASH ONLY ACCEPTED FOR EXPRESS CHECK OUT**

(DEBIT CARD/CREDIT CARD ACCEPTED AT MAKE-UP TIME)

*Seniors and then juniors will be given preferential assignment of parking privileges. Campus parking will be strictly monitored as usual; however, students should be aware with the construction in progress, damage is possible to parked vehicles. Oxford High School assumes no responsibility for the safety of any vehicle on campus. All administrative costs are necessary to ensure an orderly and well-maintained environment.

**A counselor and administrator must approve any schedule changes. Any non-essential schedule change, when approved by administration, will be assessed a \$20.00 administrative cost. Lost schedules may be replaced with a \$2.00 replacement cost.

OHS CHECK OUT AUTHORIZATION FORM

PLEASE NOTE: *Parent/Legal Guardian MUST present this form to the main office and present proper ID.

*Check outs will be allowed ONLY if all requested information is provided and the designated individual appears in the main office with picture ID.

I (We) _____ the parent(s) of _____
 (Parent/Legal Guardian) (Student Name)

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

Parent email address _____

Signed _____ Date _____

NAME OF AUTHORIZED PERSON	ADDRESS	PHONE NUMBER	WORK PHONE	DRIVER'S LICENSE NUMBER

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/medical alerts that Oxford High School needs to be aware of in regards to your student checking out.

ALERT: _____

OXFORD HIGH SCHOOL PARKING PERMIT

PRINT CAREFULLY – INFORMATION MUST BE READABLE

PERMIT #

STUDENT NAME: _____
LAST FIRST M.

GRADE: _____ DRIVER'S LICENSE #: _____ PHONE: _____

VEHICLE: YEAR: _____ MAKE: _____ MODEL: _____
(FORD, CHEVY, ETC.) (CAMRY, ACCORD, ETC.)

TAG #: _____ INSURANCE COMPANY: _____

INSURANCE POLICY #: _____

Parking Rules – Read Carefully Before Signing

Student parking at OHS is very limited. Double Parking is not allowed. Emergency vehicles must have full access to facilities. Parking is designated. Student parking is not a right, but a limited privilege. Therefore, only students who have been issued a parking permit will be allowed to park in designated parking spaces. Below is a list of rules and consequences for parking:

1. Your parking decal must hang on the rear view mirror with decal information facing the front of the vehicle.
2. You cannot remain in your vehicle once you park. You are not allowed to arrive at school early and sit in your car to wait for friends. You must leave campus immediately following the dismissal bell.
3. You must observe and practice safe driving rules. Parking areas are dangerously congested.
4. Accidents occurring in school parking areas are not the responsibility of OHS to report. That responsibility belongs to the driver(s) involved.
5. Students who drive non-permitted vehicles or repeatedly fail to follow parking and safety rules will be subject to:
 - Disciplinary action
 - The vehicle being towed at owner's expense
 - Banned from using the student parking area
 - Parking violation stickers will be placed on cars not in their proper parking space (or for other parking violations). The student will be responsible for removal of the sticker.
6. Following simple parking rules will aide in a safer parking situation for all OHS students.
7. If you are absent from school, you are not allowed to wait on friends or pickup friends in the student parking area. Use Stewart Street if necessary.
8. Appearing in the parking lot without proper authorization will be perceived as a violation of trespass laws.
9. Any vehicle brought on the Oxford High School campus is subject to search by administrative personnel (or designee).
10. DO NOT LITTER! Anyone caught littering in the parking lot will be subject to immediate disciplinary action.

Strict adherence to the parking rules and to your assigned parking space is a necessity!

NOTE: DISCIPLINARY ACTIONS INCLUDE ALL OPTIONS LISTED IN THE CODE OF STUDENT CONDUCT

REVIEW: Safe driving – 10 mph
 Park in designated spaces only
 No littering or loitering
 Exit car when you arrive at school
 Leave campus at end of school
 DO NOT remain in parking lot unless you are engaged in after school activities
 Permitted vehicles only
 All vehicles subject to search

I have read and understand the parking rules and I agree to abide by the rules or lose my parking privileges at OHS.

PRINT STUDENT NAME: _____

STUDENT SIGNATURE: _____



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 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 _____



Oxford City Schools

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NOTICE OF RECEIPT

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

 Name of School School

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

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

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



**State of Alabama 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 strictly confidential.

**To be completed by parent/guardian.
PLEASE PRINT. Return to the School Nurse.**

Name of Student (Last, First, Middle)		Social Security Number	Birth Date	Sex
Address (Street)		Race/Ethnicity		
(City and Zip code)		<input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other		
Home Telephone Number		School	Grade	
Name of Parent/Guardian (Last, First, Middle)				

Transportation

- Bus Rider Car Rider Special Needs Bus After School Program

Part I – Health Information

Place where your child receives regular health care: **Child has:**

- | | |
|--|---|
| <input type="checkbox"/> Health Department
<input type="checkbox"/> Hospital Clinic
<input type="checkbox"/> Community Health Center
<input type="checkbox"/> Private Doctor/HMO
<input type="checkbox"/> Other _____
<input type="checkbox"/> No regular place | <input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Private Insurance
<input type="checkbox"/> ALLKIDS
<input type="checkbox"/> Other: _____ |
|--|---|

Local Physician's Name: _____ **Telephone:** _____

Address: _____

Authorizations:

- I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.
- I do NOT authorize the school nurse, the RN or LPN, to talk with the physician(s) should a question come up about my child's medical conditions.
- I authorize for my child to participate in all school health screenings.
- I authorize the release of my child's communicable disease information (chicken pox cases, etc...) to be released to the local Public Health Department.

FOR OFFICE USE ONLY

Acuity Scale:

Level A Nursing Dependent	Level B Medically Fragile	Level C Medically Complex	Level D Health Concerns
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Part II – Medical History

>>>>> Check <u>only</u> those that apply. <<<<<<<	
<input type="checkbox"/> NO KNOWN HEALTH PROBLEMS. Please go directly to the bottom of the page and provide parent/guardian signature.	
<input type="checkbox"/> Attention Deficit Disorder (ADD) OR Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Requires medication? <input type="checkbox"/> To be given while at school?
<input type="checkbox"/> Asthma:	<input type="checkbox"/> He/She uses an inhaler at school? <input type="checkbox"/> He/She uses an inhaler at home?
<input type="checkbox"/> Allergies: (severe) <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Environmental <input type="checkbox"/> Medications	<input type="checkbox"/> Hives/rash? <input type="checkbox"/> Breathing difficulty? <input type="checkbox"/> Epi-pen?
<input type="checkbox"/> Bleeding Problems: (Hemophilia, Von Willebrand's, frequent nosebleeds)	<input type="checkbox"/> Requires medication? Please explain:
<input type="checkbox"/> Cancer/Leukemia:	Please explain:
<input type="checkbox"/> Cerebral Palsy:	Please explain:
<input type="checkbox"/> Cystic Fibrosis:	Please explain:
<input type="checkbox"/> Dental Problems:	Please explain:
<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 Diabetic <input type="checkbox"/> Type 2 Diabetic	<input type="checkbox"/> Monitors Blood Sugars while at school? <input type="checkbox"/> Requires Insulin at school? <input type="checkbox"/> Glucagon order? <input type="checkbox"/> Insulin pump? <input type="checkbox"/> Managed with diet?
<input type="checkbox"/> Emotional/Behavioral/Psychological: Please explain:	
<input type="checkbox"/> Genetic Disorder: Please explain:	
<input type="checkbox"/> Headaches: Please explain:	
<input type="checkbox"/> Hearing Problems:	<input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss? <input type="checkbox"/> Hearing aid? <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Heart Condition: Please explain: Are there any activity restrictions? Any medications taken at home only?	
<input type="checkbox"/> Hypertension (High Blood Pressure):	
<input type="checkbox"/> Juvenile Arthritis/Bone-Joint Problems: Please explain:	
<input type="checkbox"/> Kidney Problems: Please explain:	
<input type="checkbox"/> Scoliosis:	<input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery
<input type="checkbox"/> Seizures/Convulsions: Please explain:	Type of seizure: _____ <input type="checkbox"/> Diastat order
<input type="checkbox"/> Sickle Cell Anemia:	
<input type="checkbox"/> Spina Bifida:	
<input type="checkbox"/> Special Diet: Please explain:	
<input type="checkbox"/> Vision Problems:	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other, _____
<input type="checkbox"/> Other Medical Conditions: Please include <u>any</u> medications taken at home only.	

Part III – Medical Equipment /Procedures Required

<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker
Signature of parent(s) or guardian: _____			
Date: _____			
Signature of school nurse: _____			
Date: _____			

Oxford High School

Change of Information Form 2010-2011

Please provide any updated information so that we can provide routine updates.

Student Name: _____
Last First M.

Student Address: _____
(Street and Number, City, Zip Code)

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Mother's/Guardian's Place of Employment: _____

Phone #: _____ Cell Phone #: _____

Father's/Guardian's Place of Employment: _____

Phone #: _____ Cell Phone #: _____

If your child takes medication routinely during school hours please complete a medication release form.
(Provided on school website)

OXFORD HIGH SCHOOL CELL PHONE PERMIT

PRINT CAREFULLY – INFORMATION MUST BE READABLE

PERMIT #

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STUDENT NAME: _____
LAST FIRST M.

GRADE: _____ CELL PHONE #: _____ CELL E-MAIL: _____

PHONE MODEL: _____ COLOR: _____ UNLOCK CODE: _____

CELL SERVICE COMPANY: _____ CAMERA INTERNET ACCESS

OHS Cell Phone Policy – Read Carefully Before Signing

- Students whose parents desire them to possess their cell phone on campus for use after school must purchase a cell phone permit.
- Students in possession of cell phone must also have their cell phone permit in possession at all times. Failure to have permit in possession will result in Unauthorized Possession.
- Permit regulated cell phones must stay concealed at all times and remain off from 7:15 am until 2:40 pm **or** during school hours.
- Cell phone use is not allowed without administrative approval. **Emergency use must have administrative approval.**
- Student cell phone possession is not a right, but a limited privilege. Therefore, only students who have been issued a cell phone permit will be allowed to possess concealed cell phones.
- Permit holders in violation of the OHS cell phone policy will be subject to the following consequences:

1st Offense

- Device confiscated and may be searched;*
- Parent must pick up the device;
- Cell phone permit may be suspended, permit may be returned when administration gives device to parent;
- If a permit is re-issued, the student's cell phone is subject to unannounced random search.

2nd Offense

- Device confiscated and may be searched;*
- Student will be given 3 days TE or up to 9 days out of school suspension depending on level of offense involving device;
- Cell phone permit will be suspended indefinitely;
- Cell phone will be returned to the parent 2 weeks after the incident.

3rd Offense

- Device confiscated and may be searched;*
- Student will be given a minimum of 3 days out of school suspension up to 9 days out of school suspension depending on level of offense involving device;
- Cell phone permit will be revoked for a minimum of 1 semester, to include up to one calendar year;
- Cell phone will be returned to the parent at the end of the school year.

- Students without a cell phone permit are subject to disciplinary action.

****Unauthorized Possession**

- Device confiscated and may be searched.*
- On the first offense the offending student will have the opportunity to buy a permit and pay a fine, or face disciplinary consequences.
- Device returned to the parent at the end of the school year.
- Student suspended out of school 3 – 9 nine days.

I have read and understand the cell phone rules and I agree to abide by the rules or lose my cell phone possession privileges at OHS.

PRINT STUDENT NAME: _____
Student Signature

PRINT PARENT NAME: _____
Parent Signature

FEE PAID: _____ TAKEN BY: _____

***Evidence uncovered in search may warrant additional action, to include notification of outside agencies.**

****Unauthorized possession includes all students in possession of a cell phone without a cell phone permit.**

The school is not responsible or liable for any lost or stolen electronic devices.