



Oxford Preparatory School
6041 Landis Road
Oxford, NC 27565
Phone: (919) 690-0360
Fax: (919) 690-0230

OPS 2020-2021 Enrollment Packet

Welcome to Oxford Prep! We are excited to have you join the Griffin family. The following components of this packet must be completed and returned in order for your child to be registered and attend Oxford Preparatory School. Please mail or email the packet to the above address or to swannerab@oxfordprep.org

The completed packet must be returned to Oxford Prep by **April 1st, 2020**.

Completed Packets include:

- Student Enrollment Information Sheet
- Emergency Medical / Contact Information
- Education History
- Enrollment Contract
- Records Release Request
- Free / Reduced Lunch Eligibility Form
- Home Language Survey
- Technology Information
- Photo Release Form
- Military- Connected Report Form
- Proof of Residency
- Copy of Most Recent Report Card (Grades 1st-12th)
- 3rd-12th: Copy of Most Recent Standardized Test Score (ex. EOG, EOC, Stanford, Iowa)
- 1-2: Copy of iStation / mClass Reading Level Report (if available)
- K Only: Copy of Birth Certificate / Health Assessment / Immunization Records
- Optional: Copy of court documents, 504 plans, EC plans, medical diagnoses if applicable

(For Office use) Date Received: _____

Notes:



Oxford Preparatory School	
6041 Landis Road	Phone: (919) 690-0360
Fax: (919) 690-0230	www.oxfordprep.org

2020-2021 Student Enrollment Information

Student Information

Grade enrolling in: _____

Legal Last Name: _____

Legal First Name: _____

Preferred Name: _____

Legal Middle Name: _____

Gender: M F

Birth Date: _____(mm/dd/yyyy)

Age: _____

Home Phone: _____

Student Cell Phone: _____

Is your child's ethnicity Hispanic or Latino?

Yes No

What is your child's race?

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Social Security #: _____

Previous School: _____

Has your child previously attended an NC Public School? Yes No

Student Street Address:

City: _____

Zip Code: _____

County: _____

Mailing Address (if different from street):

Parent / Guardian Information:

Contact #1: _____

Relationship: _____

Living with student: Yes No

Home/Cell Phone: _____

Work Phone: _____

Employer: _____

Email Address: _____

Contact #2: _____

Relationship: _____

Living with student: Yes No

Home/Cell Phone: _____

Work Phone: _____

Employer: _____

Email Address: _____

Emergency Contact and Medical Information

Child's Name _____ / / _____ Male _____ Female _____
Date of Birth

Child's Cell Phone (If Applicable) _____

Who should the school contact in case of an emergency when the parent and/or guardian cannot be reached?

First _____ Middle _____ Last _____ Relationship to the Applicant _____

Home Address: _____
Street _____ City _____ State _____ Zip _____

Home Number: () _____ Work No: () _____ Cell No: () _____

Place of Employment : _____

Emergency Contact's Email Address: Home _____ Work _____

Can the Emergency Contact pick up your child in an emergency?
Yes _____ No _____

Who is the alternate emergency contact when the above person cannot be contacted?

First _____ Middle _____ Last _____ Relationship to the Applicant _____

Home Address: _____
Street _____ City _____ State _____ Zip _____

Home Number: () _____ Work No: () _____ Cell No: () _____

Place of Employment: _____

Emergency Contact's Email Address: Home _____ Work _____

Can the Emergency Contact pick up your child in an emergency? Yes _____ No _____

Medical Information

_____ Hospital Preference _____ Physician _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and or other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedic for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian signature _____ Date / / _____

Student's Educational History

Students Name _____ Grade applying for _____

Has your child been tested for special needs or section 504? Yes ___ No ___ If yes, please give date, by whom, and general results of the test. Please use additional paper if necessary.

Does your child have a current IEP or 504 plan? IEP Yes ___ No ___ 504 Yes ___ No ___
**If yes, a copy of the plan must be included. **

Has your child had an IEP or 504 plan in place previously but is not in place now? Yes ___ No ___
If yes, please give dates and reason for discontinuing the plan.

Is your child currently receiving speech and or other exceptional children's services? Yes ___ No ___
If yes, please give a brief description of services. Please use additional paper if necessary.

Has your child taken any AIG, Honors, or AP classes? Yes ___ No ___
** If yes, please list what grade, subjects, and final grade received for each.**

Does your child have any special conditions that would affect their learning or their learning environment?
Yes ___ No ___ If yes, please explain _____

Is your child currently receiving free/reduced lunch? Yes ___ No ___

Will your child need access to carpool transportation? Morning ___ Afternoon ___

Applicant's extracurricular interests, abilities and achievements: _____

Applicant's athletic interests:

Baseball ___	Basketball (Men's) ___	Basketball (Women's) ___
Cheer ___	Cross Country ___	Golf (Men's) ___
Golf (Women's) ___	Soccer (Men's) ___	Soccer (Women's) ___
Softball ___	Swim ___	Tennis (Men's) ___
Tennis (Women's) ___	Track & Field ___	Volleyball ___

Oxford Preparatory School Enrollment Contract

This Agreement, made this _____ day of _____, 2020, by and between Oxford Preparatory School and _____ (student) and _____ (parent[s]) agree to abide by the rules and policies established by the governing board of Oxford Preparatory School. In consideration of the enrollment of the above named child, each of the parties understands and agrees as follows:

Section 1. Oxford Preparatory School agrees to use its best efforts to:

1. Uphold a vital focus on the school's mission of preparing well-rounded students that will gain admission and have success at the college/university of their choice.
2. Provide a structured learning environment in a public school that promotes superior academic standards and highly effective teaching.
3. Provide students with a college preparatory curriculum that will prepare well-rounded students through supporting their intellectual, social, and emotional development.
4. Establish high expectations in areas of student conduct, commitment to learning, and social interactions.
5. Maintain a campus and faculty that is welcoming to parents and responds to parental concerns.

Section 2. The student agrees to:

1. Commit to the goal of graduating from a four year college/university and apply all of your energies and talents to that end.
2. Maintain a level of academic performance and behavioral conduct that meets Oxford Preparatory School's standards.
3. Be a model citizen in your classes, the school, and the community by completing at least 15 hours of service each year.
4. Attend classes on time and be prepared everyday that the school is in session.
5. Complete all assignments, homework, and projects on time and with maximum effort.

Section 3. The parent/guardian(s) agrees to:

1. Encourage and support the pursuit of a minimum of a bachelor's degree for your child.
2. Take an active role in your child's education and support their journey.
3. Make sure your child comes to school on time, ready to learn.
4. Maintain regular communication with your child's teachers.
5. Assist the school a minimum of fifteen volunteer hours per semester by completing errands, assisting during lunch, facilitating a carpool, chaperoning a field trip, facilitating a community service project, helping maintain or beautifying the school facility and grounds, or participating in other approved volunteer activities.

Parent/Guardian Signature

Student Signature



Oxford Preparatory School

6041 Landis Rd.

Oxford, NC 27565

Phone: (919)690-0360

Fax: (919)690-0230

Email: karenbrown@oxfordprep.org

REQUEST FOR RECORDS

ENROLLING STUDENT INFORMATION

Name _____ Grade _____ DOB _____

SCHOOL TRANSFERRING FROM

School _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION:

- Current student schedule with grades
- Current academic transcript
- Birth Certificate
- Immunization records
- NC Standard Test Scores or Nationally Recognized Assessment Results
- Exceptional Children Records (IEP/504/ESL and eligibility if applicable)
- Other information (Discipline records, Health concerns, etc)
- Did this student leave in good standing? If no, please give explanation on a separate document)

Did this student leave in good standing? ____yes ____no
(If no, please give explanation on a separate document)

I/We the undersigned, hereby request the release of school records to Oxford Preparatory School for the purpose of enrollment

Parent / Guardian Date School official Date

Date Requested _____ By _____ 2nd Request Date _____ By _____

2019-2020 Household Application for Free and Reduced Price School Meals

Apply online at:

Complete one application per household. Please use a pen (not a pencil).

In Community Eligibility Schools (CES), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

If more spaces are required for additional names, attach another sheet of paper.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	Grade	School the child attends or NA if not in school	Factor Child Runaway	Head Start
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDIPIR? Yes / No

Case Number Program Name Required

Write only one case number in this space. Medicaid and Badger Care do not qualify

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Flip the page and review the charts titled "Sources of Income" for more information.

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Income \$

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12 listed in STEP 1 here.

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last Name)	Earnings from Work			D. Public Assistance/Child Support/Alimony/SSDVA Benefit			E. Pensions/Retirement/Social Security/Other Income			F. Seasonal Workers, and others with fluctuating income, project the annual income and report here.		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

G. Total Household Members (Children and Adults)—REQUIRED

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member—REQUIRED or Check box if no SSN

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check box, if no SSN

STEP 4 Contact information and adult signature Return completed form to your school.

Insert your school district mailing address here

I CERTIFY (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed Name OR Signature of Adult Completing this application—REQUIRED

Today's Date Mo./Day/Yr.

INSTRUCTIONS Source of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability payments	- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's benefits	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity *Check one* Hispanic or Latino Not Hispanic or Latino
 Race *Check one or more* American Indian or Alaskan Native Asian

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Do not fill out For School Use Only

Total Income

How often?	Household Size				
	Weekly	Bi-Weekly	2x Month	Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining Official's Signature

Date Mo./Day/Yr.

Confirming Official's Signature

Date Mo./Day/Yr.

Required for Verification process only

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

Eligibility	Date Denied	
	Mo./Day/Yr.	Reason for Denial or Withdrawal
Free <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Reduced <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Denied <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Verifying Official's Signature

Date Mo./Day/Yr.

Required for Verification process only

For schools participating in CEP only:

Are all students on this application from a CEP school? Yes No
 If YES, the processing of this application cannot be paid for by the nonprofit school food service account. Only non-CEP applications are used for selecting the verification sample, conducting an independent review of applications, and the Certification and Benefit Issuance portion of the Administrative Review.

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM—refer to line 18 of Schedule 1 or line 34 from Schedule F; BUSINESS—refer to line 12 of Schedule 1 or line 31 from Schedule C. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Black or African American Native Hawaiian or Other Pacific Islander White

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. (AD-3027) found online at: http://www.asc.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mai: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW Washington, D.C. 20250-9410
 Fax: (202) 690-7442; or
 Email: program.inlake@usda.gov

This institution is an equal opportunity provider.
 The above address is for discrimination complaint purposes only.
 Return this complete application to your school, not USDA.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS FOR 2019-20 School Year

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in School District of Cudahy. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. If at any time you are not sure what to do next, please contact Kimberly Peronto at 414-294-2750 or email: perontok@cudahysd.org. If your child attends a Community Eligibility Provision School (CEP), receipt of free breakfast and lunch meals does not depend on returning this application; however, this information is necessary for other programs.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children grades 12 or under AND are supported with the household's income; and
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth, or enrolled in a Head Start program.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children in household than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Enter the grade and the name of the school the child attends or mark n/a if not in school.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the children's names. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, runaway or enrolled in a Head Start program? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway or Head Start" box next to the child's name and complete all steps of the application.</p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FoodShare, W-2 Cash Benefits OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare.
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits.
- The Food Distribution Program on Indian Reservations (FDPIR).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank or check "No" and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above assistance programs:</p> <ul style="list-style-type: none"> • Write a case number and name of the assistance program you or any member of the household participates in for FoodShare, W-2 Cash Benefits, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case worker. Medicaid and BadgerCare case numbers do NOT qualify for free or reduced price meals. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adults," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. Gross income is the total income received before taxes. Many people think of income as the amount they "take home" (listed as "net pay" on paycheck stub) and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's personal income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

List adult household members' names.

- Print the name of each household member in the boxes marked "Name of Adult Household Members (First and Last)." When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o Infants, children and students already listed in STEP 1.

C) Report earnings from work. Report all total gross income (before taxes) from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

F) Fluctuating Income. For seasonal workers and others whose income fluctuates and usually earn more money in some months than others. In these situations, project the annual rate of income and report that. This includes workers with annual employment contracts but may choose to have salaries paid over a shorter period of time; for example, school employees.

D) Report income from public assistance/child support/alimony/SSI/VA benefits. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from

pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ Social Security/All Other Income" field on the application.

G) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

H) Provide the last four digits of your Social Security Number (SSN). An adult household member must enter the last four digits of their SSN in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members have a SSN, leave this space blank and mark the box to the right labeled "Check box if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print or sign your name. The adult filling out the application must print or sign their name in the signature box.

C) Return completed form to:
School District of Cudahy
2915 E Ramsey Ave.
Cudahy, WI 53110

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

North Carolina Public Schools
Home Language Survey Form/*Encuesta del Idioma del Hogar*

First Name/ <i>Nombre</i>	Last Name/ <i>Apellido</i>	Middle name/ <i>Inicial:</i>
Country of Birth/ <i>Lugar de Nacimiento</i>	Date first enrolled in any U.S. school (Private or Public, but not PreK)/ <i>Fecha de Matricula en E.U.</i>	Date of Birth/ <i>Fecha de Nacimiento</i>
Current School/ <i>Escuela Actual:</i>	School Enrollment Date/ <i>Fecha de Matricula en la Escuela:</i>	Current Grade/ <i>Grado actual:</i>

Questions for Parents/Guardians/ <i>Padres o Encargados</i>	Parent Response/ <i>Respuestas</i>
What is the first language the student learned to speak? <i>?Que idioma aprendio a hablar primero el estudiante?</i>	
What language does the student speak most often? <i>?Que idioma habla el estudiante con mas frecuencia?</i>	
What language is most often spoken in the home? <i>?Ohe idioma se habla en el hogar con mas frecuencia?</i>	

Parent/ Guardian *Fecha:*
Signature/*Firma:* _____ *Date:* _____

*****For Office Use Only/Sección Para Uso Interno*****

Person Reviewing this Survey: _____

Directions:

1. Parents/guardians of ALL new students must complete this form at the time of enrollment and record all information requested. *Provide interpreting services whenever necessary.*
2. Ensure that all questions on the form are completed. If any of the above questions have a language other than English listed in the response column, make a copy of the original and forward it on immediately to your ESL teacher. Once received, the ESL Program staff will review the responses, interview the parent as necessary, and/or the student to determine the home language. If the parent lists more than one language other than English, the reviewer must determine which one is the child's home language for data collection purposes and document it on this form below.
3. Place the original form in the student's cumulative folder.

Determination (ESL Teacher ONLY)	ESL Teacher Name:
If the student's first or home language is other than English, the ESL Teacher will investigate to make sure that the form was filled out properly and that the student does not speak English regularly at home. If the HLS is found to be accurate, the English language proficiency test should be administered unless proper documentation is found that child was tested in a previous school district (if a transfer) and that testing medium complies with NC testing standards for LEP students.	First/Home Language: Administer the English language proficiency test? Circle: Yes or No

Technology Access Survey

Name of Student: _____ Grade Enrolling: _____

1. Do you have internet access at home?

- YES
 NO

2. What type of device is available for your child to access school work at home?

(check all the apply)

- Phone
 Internet enabled tablet or reader such as an iPad, Kindle, etc.
 Laptop
 Desktop
 Phone ONLY

3. Are there limitations on data usage?

- YES
 NO

Oxford Preparatory Acceptable Use Statement

Oxford Preparatory School expects all users of its devices and networks to act in a responsible, ethical, and legal manner. Use of the OPS network is a privilege, not a right and inappropriate use can result in revocation of those privileges. Acceptable use includes class assignments, academic research, and collaborative projects, all consistent with the educational goals of Oxford Prep.

Parent Signature

Student Signature (Grade 3 and above)



**Oxford Preparatory School
PHOTO and VIDEO
RELEASE FORM**

I hereby authorize *Oxford Preparatory School* to use photographs and/or video taken of my undersigned minor children, for educational purposes as well as in publications, news releases, online, and in other communications related to the mission of *Oxford Preparatory School*.

I release Oxford Preparatory School from any expectation of confidentiality for the undersigned minor children and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Oxford Preparatory School to use photographs and videos of them.

I acknowledge that since participation in publications and websites produced by Oxford Preparatory School is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication or website produced by Oxford Preparatory School confers no rights of ownership, whatsoever. I release Oxford Preparatory School, its officers, trustees and employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Student's Name _____ 20-21 Grade _____

PRINT

Parent/Guardian Name: _____

Address _____

Phone (Home) (Cell) _____

Parent/Guardian Signature: _____

Date _____

Military-Connected Students Reporting Form

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education and the North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career. The Session Law 2014-15 that describes this requirement can be accessed at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

Please complete the following information:

Student Name: _____ **School:** _____ **Date:** _____

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or Federal Civil Service Employee?

_____ Yes _____ No

“Immediate family member” is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child.

If No, you **do not** need to continue. Please **sign** here _____

If Yes, please complete the information for each family member. **Example and Options:**

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade (optional)</i>	<i>Military Installation (optional)</i>
Father	Army	Active Duty	E-4	Fort Bragg

Branches: Air Force, Army, Coast Guard, Marine Corps, or Navy.

Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, or Federal Civil Service Employee.

Installation: Facility where the service member fulfills their role in the military (*optional*).

Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5) (*optional*).

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade (optional)</i>	<i>Military Installation (optional)</i>

(Please return a form for each child in your household)

Oxford Preparatory School

PROOF OF RESIDENCY PROCEDURES

Before any student is admitted to attend Oxford Preparatory School (OPS), the student's parent or legal guardian* must provide proof of legal residence in North Carolina.

All Documents must be pre-printed with the name and North Carolina address of the student's parent or legal guardian* and copy must be turned in.

All applicants must submit at least two (2) documents from the following:

- Record of most recent mortgage payment
- Copy of Lease or record of most recent rent payment
- Letter from approved agency (group & foster home purposes only)
- A utility bill or work order dated within the past 30 days, including:
 - Gas bill
 - Water bill
 - Electric bill
 - Telephone bill
 - Cable bill
- Valid North Carolina driver's license
- Current vehicle registration
- Valid North Carolina photo identification card
- W-2 form dated within the past year
- Vehicle tax bill dated within the past year
- Property tax bill dated within the past year
- Medicaid Card dated within the past year
- Payroll stub dated within the past 60 days
- Bank or credit card statement dated within the past 60 days

Please know that these documents are for address verification and must all reflect the address provided for enrollment or change of address.

****Legal guardianship requires additional documentation from a court or agency.****

Administration Use Only:

<input type="checkbox"/> Student Enrollment Information	<input type="checkbox"/> Home Language Survey
<input type="checkbox"/> Emergency Contact/Medical Information	<input type="checkbox"/> Technology Access Survey
<input type="checkbox"/> Student's Educational History	<input type="checkbox"/> Photo/Video Release Form
<input type="checkbox"/> Enrollment Contract	<input type="checkbox"/> Military Reporting Form
<input type="checkbox"/> Request for Records	<input type="checkbox"/> Proof of Residency
<input type="checkbox"/> Free and Reduced Lunch Application	<input type="checkbox"/> Report Card Attached