

**The Oakland Public Schools
Enrollment Application/Registration Form**

Entry Grade _____ Resident School _____ Date _____ - _____ - _____

Proof of Residency (2 documents) _____

Child's Last Name _____ First Name _____ Middle Name _____

Date of Birth * _____ / _____ / _____ Birth Document _____ Male Female
(attach copy)

Please check the category that most clearly reflects your child's ethnicity/race. More than one may be checked.

- White Hispanic/Latino Asian Black or African American
 American Indian or Alaskan Native Hawaiian or Other Pacific Islander

Home Language _____ Native Language _____

Birth City _____ Birth State _____ Birth Country _____

Citizen: Yes No

PARENTS/GUARDIANS:

1. Father Mother Guardian Grandparent Stepfather Stepmother

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Occupation _____ Business Name and Address _____

Business e-mail _____ @ _____ Home e-mail _____ @ _____

Does child live here? Yes No Can this person pick up the child? Yes No

Is this person a medical contact? Yes No

Should important school mailings be sent to this person? Yes No

2. Father Mother Guardian Grandparent Stepfather Stepmother

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Occupation _____ Business Name and Address _____

Business e-mail _____ @ _____ Home e-mail _____ @ _____

Does child live here? Yes No Can this person pick up the child? Yes No

Is this person a medical contact? Yes No

Should important school mailings be sent to this person? Yes No

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PRIMARY EMERGENCY CONTACT: (if parents/guardians are unavailable)

[Relationship to Child]

3. Father Mother Guardian Grandparent Stepfather Stepmother

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Occupation _____ Business Name and Address _____

Business e-mail _____ @ _____ Home e-mail _____ @ _____

Does child live here? Yes No Can this person pick up the child? Yes No

Is this person a medical contact? Yes No

MEDICAL INFORMATION:

Physician's _____ Address _____ Phone _____ - _____ - _____

My child has health insurance: Yes No Name of Provider _____

Date of last medical exam ____/____/____ Proof of current Immunizations Yes No

Date of last lead test ____/____/____ Lead level in student's last lead test _____

Hospital Preference (if any) _____

Note chronic diseases, food or any other allergies, migraines, seizures, frequent ear infections, etc., if any, that student may have: _____

Is this student on any medications? Yes No If so, list medication (s) and frequency of dosage:

Please check all that apply: Glasses Contact Lenses Orthodontics

The principal/administrator and/or the school nurse have my permission to share my child's health information with teachers and staff who work with my child.

Parent/Guardian Signature _____ Date ____/____/____

If you, your child's physician and/or other designated contact persons are not available, permission is granted to school personnel to follow appropriate and emergency procedures, if necessary.

Parent/Guardian Signature _____ Date ____/____/____

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OTHER (* Please note that the kindergarten entrance age is five years old by October 1.)

1. Nursery/Pre-School your child is currently attending (if applicable):

Name of School _____ Teacher _____

Address (street, city, state, zip) _____

2. School your child is transferring from:

Name of School _____

Address (street, city, state, zip) _____

3. Are there any handicapped preschool children in your family? Yes No

4. Has the child you are registering ever been evaluated by a Child Study Team? Yes No

5. Has the child you are registering been enrolled in an ESL program? Yes No

6. Is there a nonresident or custodial parent to whom important school mailings should be sent?

(name) (address) (telephone #)

Please list below, any pertinent information you would like to share with us:

1. School Secretary Review _____ Date _____

2. School Nurse Review _____ Date _____

3. Principal Contact with Transfer School _____ Date _____

(Grades 1-8)

4. Principal Approval for Enrollment _____ Date _____

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Please list all the children in the family (including the child you are enrolling), with the eldest first:

1. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

2. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

3. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

4. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

5. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No