



Dear Students and Families,

By now you have received The Oxbow, a student and parent handbook by mail. It is important that both parents and students review the information in the email and the packet.

Please ensure that you have printed, completed, reviewed, signed, dated and submitted all the forms on the checklist by the designated due dates. We prefer you email or mail all the completed forms together at one time. The exception is the Course Selection form, it is important to return this form by the June 23, 2017 deadline so Oxbow can plan in advance for the Fall semester.

Form/Item	Due Date
<input type="checkbox"/> Course Selection Form (student and parents complete with student's sending school academic advisor)	June 23, 2017
<input type="checkbox"/> Dormitory Questionnaire (student completes)	July 26, 2017
<input type="checkbox"/> First Day Travel Form (parents complete)	July 26, 2017
<input type="checkbox"/> Media Release Form (parents complete)	July 26, 2017
<input type="checkbox"/> Oxbow Expectations Agreement (student and parents complete)	July 26, 2017
<input type="checkbox"/> Acknowledgement of Co-Curricular/Release from Liability (parents complete)	July 26, 2017
<input type="checkbox"/> Wellness Form (parents complete)	July 26, 2017
<input type="checkbox"/> Health and Permission Statement and Medical History (parents complete)	July 26, 2017
<input type="checkbox"/> Annual Physical Exam and Immunization Form (physician completes)	July 26, 2017
<input type="checkbox"/> Copy of both sides of Student's Medical ID Card and Rx Card	July 26, 2017
<input type="checkbox"/> PSAT, SAT, ACT Testing (parents complete)	July 26, 2017
<input type="checkbox"/> Permissions/Family Contacts (parents complete)	July 26, 2017
<input type="checkbox"/> Balance of Tuition due	July 26, 2017
<input type="checkbox"/> Arrive on campus with your First Oxbow Project (student completes)	August 23, 2017

If you have questions please send them to me by email at terry@oxbowschool.org.

Warm regards,
Terry Schulken
Information Manager



The Oxbow School Dormitory Questionnaire

Student First Name:	
Student Last Name:	
Student Nickname:	
Age:	
*Cell Phone:	
Email:	

*All students are required to have a cell phone while attending Oxbow.

Please answer each question honestly; your answers help us make roommate assignments.

1. How neat or messy do you usually keep your bedroom?
2. What time do you prefer to go to bed at night?
3. What time do you prefer to get up in the morning?
4. Are you a light or heavy sleeper?
 - a. Do you talk in your sleep?
 - b. Do you sleep walk?
 - c. Can you sleep with the light on?
 - d. Do you snore?
5. Would you be willing to sleep on the top bunk of a bunked bed?
If not, explain why:

6. Are you a person with a few close friends or a large group of friends and acquaintances?
7. Rate yourself on a scale of 1 to 10 on the following characteristics: For example, if you're more energetic than subdued then chose a number closer to 1 for that row.

Energetic	1	2	3	4	5	6	7	8	9	10	Subdued
Excitable	1	2	3	4	5	6	7	8	9	10	Meditative
Talkative	1	2	3	4	5	6	7	8	9	10	Quiet
Caregiver	1	2	3	4	5	6	7	8	9	10	Need Support
Social	1	2	3	4	5	6	7	8	9	10	Private

First Name: _____ Last Name: _____

8. In what City and State do you live?
9. How many family members do you currently live with?
10. Have you ever lived away from home?
If yes, where did you live and for how long?
11. Have you shared a bedroom?
12. List any chores you are responsible for at home: (Do you know how to wash your clothes? Clean a toilet? Use a vacuum cleaner?)
13. What kinds of music do you listen to?
14. Do you like your music quiet or do you enjoy it loud?
15. Do you do your homework with your music on, or do you need silence?
16. What do you do with your free time?
17. In the space provided, describe your ideal roommate?
18. Is there anything else we should know about you?



**The Oxbow School
FALL 2017 FIRST DAY TRAVEL FORM**

Oxbow faculty and staff members will be on campus to welcome arriving students on the first day of school on **August 23, 2017 beginning at 10am**. Students should check in at the Main Office located at 440 Third Street, Napa, CA where Oxbow representatives will orient them to the campus.

Students who are flying to California should plan to arrive at either the Oakland (OAK) or San Francisco (SFO) airport. In addition, families must schedule ground transportation service to get their student from the airport to Napa. A variety of options are available and listed in *The Oxbook*. Oxbow recommends the Evans Shuttle Service located in Napa and they can be contacted at www.evanstransportation.com or 707-255-1559. The Evans Shuttles take approximately an hour and a half to two hours from either airport.

When you have finalized your travel plans, please complete this form and submit it via email to reslife@oxbowschool.org, by fax to 707.255.6006 or mail it to The Oxbow School, 440 Third Street, Napa, CA 94559. The deadline to submit this form is Wednesday, July 19, 2017.

(If you plan to complete the form manually please print clearly.)

Student Name:	Last:	First:
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<input type="checkbox"/> Arriving Flight - Yes, I will need an Oxbow representative to pick up my child from the Napa Evans Shuttle Terminal. Complete detailed travel information below.			
Departure Airport:			
Arrival Airport (Oakland or San Francisco):			
Airline Name:			
Flight Number:		Arrival Time (am/pm):	
Evans Shuttle Airport Departure Time (am/pm):			
Evans Shuttle Napa Arrival Time (am/pm):			

<input type="checkbox"/> No thank you - My son/daughter will arrive to campus with me or through other transportation methods and does not need to be picked up at the Napa Evans Shuttle Terminal.
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Parent Signature: _____ **Date:** _____



**The Oxbow School
MEDIA RELEASE FORM**

The news media (newspaper, radio, television, and internet/web) often visits The Oxbow School to photograph, interview, tape record, videotape, or write stories of general public interest. The School, in its own newsletters, printed matter and/or website also publishes pictures of students or student work related to various school and co-curricular activities. The Oxbow School must have written consent to any such method of record of your child or your child's work being utilized in such a way.

Yes, I give permission for The Oxbow School to release information and pictures of

Enter Student's name:

(my son/daughter) to newspapers, magazines and television media, and for use in The Oxbow School's printed matter and website.

No, I do not give permission for The Oxbow School to release information and pictures of

Enter Student's name:

(my son/daughter) to newspapers, magazines and television media, and for use in The Oxbow School's printed matter and website.

Parent signature: _____ **Date:** _____



**The Oxbow School
THE OXBOOK EXPECTATIONS AGREEMENT**

Oxbow expects students to comply with the rules and guidelines outlined in the *OxBook*, and to focus their attention on the exciting opportunities in and out of the classroom. Oxbow knows that, while the students may be non-conformists, there will be creative and intellectual ways that students can question and interrogate their surroundings, instead of engaging in behavior that is destructive to themselves and/or others.

Many of the policies and expectations are established to maintain communication between students, parents, and the School. We encourage and expect students to be proactive in communicating with adults on all levels. When everyone is proactive, it helps prevent confusion and misunderstandings, and provides students with a beneficial learning experience.

Please read *The OxBook, Student and Parent Handbook* and review the Major and Minor Rules. After you have read the Major and Minor rules in the *OxBook*, please sign and date the Expectations Agreement below.

Tuition Refunds

Please note that families shall be issued a partial tuition refund in the event a student withdraws from the program in accordance with the following schedule:

- Student withdraws on day one through day seven: 50% of tuition refunded
- Student withdraws on day eight through day twenty-eight: 25% of tuition refunded.
- Student withdraws on day twenty-nine and thereafter: 0% of tuition refunded.

Day one is defined as the date students arrive on campus. Refunds are a product of the net tuition amount after the factoring of financial aid. **No refunds shall be issued in the event a student is expelled from the program.**

.....

I, (please print name) _____, have read the major and minor rules outlined in *OxBook, the Student and Parent Handbook*. I agree to abide by the rules outlined in *OxBook* as soon as I arrive on campus. I realize that breaking the rules of the program may result in my dismissal from the program and forfeiture of tuition and/or deposits already paid to the school.

Student Signature: _____ **Date:** _____

.....

I, (please print name) _____, have read the major and minor rules outlined in *OxBook, the Student and Parent Handbook*. I understand that my child must abide by the rules outlined in *OxBook* as soon as s/he arrives on campus. I realize that breaking the rules of the program may result in my child's dismissal from the program and forfeiture of tuition and/or deposits already paid to the school. I have read and understand the tuition refund policy.

Parent Signature: _____ **Date:** _____



The Oxbow School
ACKNOWLEDGEMENT OF CO-CURRICULAR PROGRAMS
AND RELEASE FROM LIABILITY FORM

Risks of the program:

A required part of The Oxbow School semester is participation in the co-curricular programs. Specifically, these include the biking program, team sports, walking, yoga and dance programs, any outdoor hiking trips, as well as other activities. By enrolling your child at Oxbow, you request and agree that he or she will participate in these programs and that you and your child accept the responsibilities and risks that are inherent.

The Biking Program:

An Oxbow School student encounters the risks associated with riding, handling and otherwise being near bikes. Your child will participate in some and perhaps all of the following activities: riding on *off* road, unpaved trails, riding on paved roads in Napa and adjacent counties and daily care of the bicycles.

Bike riding is a rigorous and sometimes dangerous sport. You and your child agree that while participating in the program your child will ride either his or her own bike or bikes provided by Oxbow. Oxbow selects bikes for the program that are suitable for use by student riders in the riding environments that will be presented.

While safeguards will be employed in the biking program, cycling can cause severe injury or death to humans in a number of ways including stumbling, falling from the bike, and collision with other stationary or non-stationary objects. Because a rider is several feet above ground level, falls from a stationary or moving bicycle can cause injury. And while the bikes will be routinely maintained, mechanical failures (such as, but not limited to, flat tires, broken/bent wheels, damaged components or frame, wet brake pads, etc.) can cause or contribute to an accident.

Bike riding accidents can cause serious injury to any part of the human body and, in some cases, death. The wearing of a riding helmet can reduce the severity of some types of head injuries. The school requires riders to wear helmets at all times and under all circumstances when riding a bike. This applies to both cycling activities organized by The Oxbow School and independent rides initiated by the student.

If your child does not own a helmet, Oxbow will provide one for use during co-curricular programs. However, Oxbow cannot assure that the student will wear the helmet when riding unsupervised. It should be noted that California law requires individuals under the age of 18 to wear a helmet when riding a bicycle.

Co-curricular Activities

Because The Oxbow School will use the natural world as its classroom, your child will participate in hiking as well as other outdoor activities. While all of the risks associated with these activities cannot be listed in this document, you need to be aware that some of the activities in which the students participate can be dangerous and may result in physical injury or death.

Students may also participate in team sports, walking, hiking, yoga, and dance classes. Risks include falling, twisting an ankle, person to person and person to object physical contact, and other hazards that we cannot immediately be aware of.

Liability Release:

The Oxbow School requires that you recognize the risks inherent in participating in the co-curricular programs and provide the following release from liability, as a condition to enrolling your child at Oxbow.



The Oxbow School
ACKNOWLEDGEMENT OF CO-CURRICULAR PROGRAMS
AND RELEASE FROM LIABILITY FORM

In consideration of my child being enrolled at Oxbow and participating in the co-curricular activities, we, the parents, or legal guardians of (name of student) _____

_____, a minor, on behalf of each of us, our child or ward, and our next of kin and personal representatives, hold harmless and release The Oxbow School, its trustees, employees and agents (the Releasees) from all liability due to the negligence of any person. We further agree that except in the event of willful injury inflicted by a Releasee, we shall bring no claims, demands or litigation against any Releasee, for any economic or non-economic loss due to bodily injury, death or property damage sustained by either curricular activities listed above. This release includes, but is not limited to, any loss arising from or connected with riding, handling, or otherwise being near bicycles, participating in the biking program, yoga, gymnasium, team sports, dance programs, any outdoor hiking trips, as well as other Oxbow organized outdoor activities. We also indemnify and hold harmless the Releasee from any liability or loss they may incur because of any lack of capacity or defect in capacity of either of us to act on behalf of our minor child or ward in executing this agreement.

We, the undersigned have read and understand the foregoing agreement, release and assumption of risk. We understand that we are giving up certain legal rights, including the right to recover damages in case of injury, death or property damage, for ourselves and for our child or ward. We also agree that this agreement is governed by the laws of the State of California.

Signature of parent or guardian #1

Date

Signature of parent or guardian #2

Date



The Oxbow School

Dear Parents,

Thank you in advance for your time in completing all of Oxbow's Health forms. These include: the Health Form and Permission Statement which provides Oxbow with consent to medically treat your child; the Medical History Statement and Wellness Form, to be completed by you; and the Annual Physical Exam and Student Immunization Form, both of which should be printed and submitted to your physician to complete. We require your physician to complete **Oxbow's Annual Physical Exam form** but will accept their immunization record attached to our Immunization form.

We cannot guarantee medical coverage for your child at our local hospital's Emergency Room without signed authorization from you. Therefore, we must have the completed and signed Health Forms before your child may reside at Oxbow or participate in our programs.

Copies of all students' Health Forms are kept on file at the School and with an adult during off-campus events in case of emergency. It is vital to your child's welfare that the phone numbers, addresses and insurance information are correct so that this information is available if there is an emergency.

Make sure you arrange for a physical exam as soon as possible, **your physician must complete Oxbow's Annual Physical Exam and Student Immunization Forms** (two pages) including signature, address and phone number. Students must have all medical forms submitted to the school, including the immunizations form.

Please pay particular attention when filling out the following:

- **California law requires children to be immunized.** California doesn't accept personal or religious waivers for immunizations. Children are exempt from immunization requirements only if a parent or guardian submits a written statement from a licensed physician (M.D. or D.O.) which states:
 - That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated
 - Which vaccines are being exempted
 - Whether the medical exemption is permanent or temporary
 - The expiration date, if the exemption is temporary
- Arrange through your insurance provider for a local Napa physician to treat your child and include this information on the Health and Permission form.
- The "Authorization and Consent to Treatment of a Minor" (located at the bottom of the Health Form and Permission Statement) must be signed and dated. Please fill in completely the requested insurance information. Attach a copy of both sides of the student's Medical Insurance ID Card and both sides of their Prescription Card if separate. Notify our office should your insurance change. Students must have health insurance to participate in our program. For those families who do not have health insurance, information about short-term insurance plans may be found at www.ehealthinsurance.com.
- Answer all sections of the Wellness and Medical History Forms, especially any information regarding asthma, allergies, surgeries, injuries, etc. Failure to disclose health and therapy/counseling information may result in your child's expulsion.
- Food allergies must be documented by your physician or allergist, and include a treatment plan in writing.
- All prescription medications, without exception, must be listed on the Health Forms. Students are responsible for storing and administering their own medications. Parents should provide their student with a lockbox to store their medications in their dorm room.

Please note that all medical information is kept confidential. Should you have any questions, please call the office at 707-255-6000. Thank you for your assistance in providing this information. I look forward to meeting your child upon their arrival.

Sincerely,
Terry Schulken
Information Manager



**The Oxbow School
WELLNESS FORM**

Parent name(s): _____

Your Oxbow student's name: _____

We enjoy creating a healthy environment for Oxbow students. This form helps us to be attentive to your child's health and wellness. The more information we have about your student, the better we can serve his/her needs; this form is confidential. **Your failure to provide accurate information may result in your student being asked to leave the program.**

A] Does your child have any current prescriptions or health sensitivities?

YES NO PLEASE INITIAL: _____

If yes, be specific when listing any medicines, supplements, or remedies:

B] Does your child have any allergies? (If yes, please attach your doctor's treatment recommendations. Food allergies must be documented by your physician in writing including a treatment plan and submitted with your student's health forms.)

YES NO PLEASE INITIAL: _____

If yes, describe:

C] Is there a doctor, counselor, or physical therapist that your child sees periodically?

YES NO PLEASE INITIAL: _____

If yes, describe the treatment and indicate if you would like to establish any similar appointments during this semester:

Describe any additional tips that help your child to have optimal health. (i.e., needs extra sleep, requires evening quiet/alone time, takes a probiotic, or goes running in the morning, etc...)



The Oxbow School

HEALTH FORM and PERMISSION STATEMENT (To be completed by a parent/guardian)

This health form constitutes a permission statement as well as an information record. It must be signed by the student's parent/guardian and received by The Oxbow School before the student may begin classes. The information below is confidential and will not be released without the consent of the student.

Student Name: _____
Last First Middle

Birth date: _____ **Social Security Number:** _____

Parent:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Email: _____

Email: _____

Person to contact when parents/guardian cannot be reached:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Health Insurance Carrier: PLEASE ATTACH ONE COPY OF THE HEALTH INSURANCE CARD

Insurance Company Name: _____

Insured Person's Name: _____

Address: _____

Certificate Number (Usually SS#): _____

Group Number: _____

Name of local Napa Physician*:

Local Physician Address: _____

Local Physician Phone: _____

***Students attending Oxbow that reside outside the nine San Francisco Bay Area counties must have a temporary physician located within the Napa city limits while attending Oxbow. Consult with your insurance carrier to find a local physician within your network.**

Authorization to Consent to Treatment of a Minor:

I (We), the undersigned, parents of _____, a minor, do hereby authorize the Director and Dean of School of The Oxbow School, Napa, California, as agents of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This authorization also applies to dental care under a duly licensed dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved, including without limitation, The Oxbow School, assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain effective until revoked in writing and delivered to said agent(s).

Date: _____

Signature of parent(s) or person having legal custody or legal guardian of the student named above



**The Oxbow School
MEDICAL HISTORY**
To be completed by a parent/guardian

FAMILY HISTORY:

General Health of Parents: _____

If deceased, please state cause: _____

List serious diseases that have occurred in your family or near relatives, such as, but not limited to: TB, diabetes, nervous disorders, cancer: _____

STUDENT HISTORY:

Student Name: _____
Last First Middle

1. If the student has a history of any of the following please indicate the year and describe condition on a separate Sheet of paper.

Appendicitis _____	Dysmenorrheal _____	Hepatitis _____	Rheumatic Fever _____
Asthma _____	Ear Problems _____	Insomnia _____	Bronchitis _____
Epilepsy _____	Kidney Disease _____	Skin Problems _____	Cardiovascular _____
Chicken Pox _____	Hay Fever _____	Migraine _____	Intestinal Upsets _____
Diabetes _____	Head Injury with Unconsciousness _____	Mumps _____	Knee Pain _____

- | | | |
|---|------------------------------|-----------------------------|
| 2. Permission for GYN exam? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the student had or continue to have emotional, social, family, A.D.D., problems treated by therapy or medication? If so, list medications, dosage & history on another page. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the student under any medication to be continued while at Oxbow? If so, list medications, dosage & history on another page. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there any physical condition about which nurses, physicians, or teachers should be aware (back, knees, ankles, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the student wear glasses or contact lenses? If yes, please attach a copy of the most recent prescription. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is the student allergic to any food* or medication? Describe all allergies on a separate sheet of paper. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is there any physical condition that will prevent the student from participating in any phase of school events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Food allergies must be documented, provide a statement from your physician that includes a treatment plan.**

PLEASE USE ADDITIONAL PAPER TO EXPLAIN ALL "YES" ANSWERS.

Parent's Signature: _____ **Date:** _____



**The Oxbow School
ANNUAL PHYSICAL EXAM**

This form must be printed and submitted to your student's physician to complete. Parents are not permitted to add additional information or modify the physician's statement.

To the examining physician: We require you to complete our Annual Physical Exam form. Please review the student's history and complete this physician's form. We require certification before the semester to ensure a student is physically fit and able to participate in the Athletic and Bikes Programs. This information is strictly for the use of the Administration Office and will not be released without student consent.

Student Name: _____ **Birth date:** _____
Last First MI

Sex (circle one): M F **Age:** _____ **Height:** _____ **Weight:** _____

Are there abnormalities of the following systems? Describe fully. Use additional sheets if needed.

Problems with:	Yes	No	If yes, please explain
Head, ears nose, throat			
Respiratory			
Allergies			
Cardiovascular			
Hernia			
Eyes			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			
Any other condition			

Please describe any known injury or condition:

Ankle _____ Date _____ Treatment _____
 Knee _____ Date _____ Treatment _____
 Shoulder _____ Date _____ Treatment _____
 Head _____ Date _____ Treatment _____
 Other Injury _____ Date _____ Treatment _____
 Any restrictions? _____ Date _____ Treatment _____

Blood Pressure: _____ **Heart Rate:** _____

Current Medications: _____

Dog Allergies and Bee Sting Allergies (NKA if none): _____

Food Allergies (NKFA if none): _____

If yes, must include Food Allergies Treatment Plan: _____

Asthma Treatment:

Current Medication: _____

Activity Limitations: _____

TB Mantoux Test: Required by the State of California unless you determine the student is not at risk for TB.

Not at Risk for TB: _____ Date: _____

Test Date: _____ Pos ____ Neg ____

b) BCG Vaccine Date _____

c) Chest X-Ray: Date _____ Results _____

Examining Physician: _____

Address: _____

Signature: _____ **Date:** _____



The Oxbow School
STUDENT IMMUNIZATION FORM

To be completed by a physician

Student Name: _____
Last First Middle

California Department of Public Health REQUIRED IMMUNIZATIONS*:

Please fill in the month and year of each shot received below. If immunizations are complete, your physician can attach their immunization record.

1) DPT	1 _____	2 _____	3 _____	4 _____	5 _____
2) DPT Booster	1 _____	2 _____	3 _____	4 _____	5 _____
(Recommended every 10 years)					
3) Polio	1 _____	2 _____	3 _____	4 _____	5 _____
4) Measles-Mumps-Rubella	1 _____	2 _____			
Rubeola (measles only)	1 _____	2 _____			
Rubella (only)	1 _____	2 _____			
5) Varicella (Chicken Pox)	1 _____	2 _____			
6) Hepatitis B Vaccine	1 _____	2 _____	3 _____		
7) Tdap Booster	1 _____	2 _____	3 _____		

OTHER:

Hepatitis A Vaccine	1 _____	2 _____			
Flu Vaccine	1 _____	2 _____	3 _____	4 _____	

Instructions to parents:

- 1) Present this form to your physician along with your Health Form and Permission Statement when getting the physical exam. Your physician must review the requirements and update immunizations as needed, complete and sign this two-page form.
- 2) If your child received a physical exam in past twelve months and prior to the first day of classes (August 23, 2017 for Fall 2017 and January 17, 2018 for Spring 2018) and immunizations are current no exam is needed just submit this two-page form to your physician to complete and sign.
- 3) **California doesn't accept personal or religious waivers for immunizations** – You'll find information on California's immunization requirements and law at www.shotsforschool.org.
- 4) **Medical Exemption - California law requires children to be immunized.** Children are exempt from immunization requirements only if a parent or guardian submits a written statement from a licensed physician (M.D. or D.O.) which states:
 - That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated
 - Which vaccines are being exempted
 - Whether the medical exemption is permanent or temporary
 - The expiration date, if the exemption is temporary

IMMUNIZATION RECEIVED: _____ DATE _____

Examining Physician: _____

Address: _____

Signature: _____ **Date:** _____

Submit a copy of both sides of your
student's Medical ID Card
(including their Prescription Card if separate)

**STUDENTS ARE REQUIRED HAVE MEDICAL
INSURANCE TO ATTEND OXBOW**

Students attending Oxbow that live out-of-state or outside the nine San Francisco Bay Area counties must also have a local physician within the Napa city limits. Please consult with your insurance provider to find a local Napa physician within your network.



The Oxbow School

Fall 2017 PSAT, ACT, and SAT Tests

Students will need to know their sending school's CEEB code number in order to register for these exams. This is required, as test scores will be sent directly to the sending school. Oxbow does NOT have a CEEB code and, therefore, cannot accept scores.

PSAT: In the Fall semester, the Oxbow School will register interested juniors to take the PSAT at New Technology High School in Napa. Families will be contacted early in the semester about the respective fees associated with this test. These fees must be submitted directly to Oxbow. If a student requires approved accommodations for the PSAT, a formal Eligibility Letter and/or a 504 plan must be submitted to Oxbow Main Office (to be kept with other student records on file). This plan will be copied and sent to the PSAT coordinator at New Technology High School to ensure proper testing conditions. Lastly, students must know their social security number.

ACT/SAT: Students who wish to take the ACT or SAT during the semester must register for those tests directly through the ACT or SAT website. Families are urged to register early as the testing facilities fill quickly due to popular demand and limited seats available at the test site.

- Register for the SAT and SAT Subject tests at www.collegeboard.org; the SAT test site in Napa is Napa High School.
- Register for the ACT test at www.actstudent.org; the ACT test site in Napa is Vintage High School.

If a student requires approved accommodations for either the ACT or SAT, a formal Eligibility Letter must be provided by you as part of the on-line registration process. (Prior to your arrival at Oxbow, please speak to your current guidance counselor or learning specialist to get a copy of your 504 plan/IEP.)

Transportation: Students will be shuttled to and from the above cited test centers on the day(s) of the exams. If registering on-line, please note the respective test site within the Napa city limits. Students will NOT be transported to test centers located outside of the Napa city limits.

Students must assume responsibility for bringing necessary items to the test site with them: entrance ticket, #2 pencils, calculator, photo ID, a snack, and an accommodation letter (if approved for learning differences). A list of required items may be found directly on the testing websites.

The Oxbow School does not offer preparatory sessions or materials for these tests. Please contact the Academic Dean if you need further information about standardized testing.

Please indicate below the tests your student plans to take while attending Oxbow. SAT & Subject Test dates are subject to change by [College Board](#). ACT test dates are subject to change by the [The ACT, Inc.](#)

Student Name: _____

SAT & Subject Tests at Napa High School*

- Saturday, August 26, 2017
- Saturday, November 4, 2017
- Saturday, December 2, 2017

***Do not register for the October 7th SAT at Napa High School – Oxbow students are on the Retreat Weekend October 6-9, 2017.**

ACT Tests at Vintage High School*

- Saturday, September 9, 2017
- Saturday, October 28, 2017
- Saturday, December 9, 2017

PSAT Test at New Technology High School

- Wednesday, October 11, 2017



The Oxbow School

Transportation/Off Campus Permissions *(To be completed by a parent/guardian)*

This form grants permission for family members/close family friends to take your student off campus during your student's free time as outlined in The Oxbook. If you do not want to give permission on this form you can submit your permission for each off campus request individually by email to reslife@oxbowschool.org. We can also add them to our mailing list for newsletters and upcoming Oxbow events. Please check all that apply.

Student Name: _____
Last First Middle

Authorized Persons for pick-up/off campus visits other than parents or legal guardians: (Please include First and Last names)

Family Members:

1) Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Relationship: _____

- Add to Oxbow's mailing list.
- Permission to take my student off campus.

2) Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Relationship: _____

- Add to Oxbow's mailing list.
- Permission to take my student off campus.

3) Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Relationship: _____

- Add to Oxbow's mailing list.
- Permission to take my student off campus.

4) Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Relationship: _____

- Add to Oxbow's mailing list.
- Permission to take my student off campus.

Family Friends:

1) Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____

- Add to Oxbow's mailing list.
- Permission to take my student off campus.

2) Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____

- Add to Oxbow's mailing list.
- Permission to take my student off campus.

Other Permissions:

I give permission for my student to take a taxi to doctor appointments or to the Evans Shuttle Terminal in the event an Oxbow faculty or staff member is not available to provide transportation – the cost of the taxi will be paid by the student. Note: Faculty are not be available when teaching - class hours are Monday-Friday between 9am-3:30pm.

Signature of parent(s) or person having legal custody or legal guardian of the student named above **Date:** _____