



530 THIRD STREET, NAPA, CALIFORNIA 94559 PH 707.255.6000 FX 707.255.6006 info@oxbowschool.org www.oxbowschool.org

Dear Students and Families,

By now you have received *The Oxbook*, 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 that are due on the same date together at one time. It is important to return the Course Selection form by the November 16, 2018 deadline. We may reach out to your sending school if we have any questions and will need to do this before the winter break and to plan in advance for Oxbow's Spring semester.

Form/Item

Due Date

- | | |
|--|-------------------|
| <input type="checkbox"/> Course Selection Form (student and parents complete with student's Sending school signature and approval) | November 16, 2018 |
| <input type="checkbox"/> Dormitory Questionnaire (student completes) | November 16, 2018 |
| <input type="checkbox"/> Media Release Form (parents complete) | November 16, 2018 |
| <input type="checkbox"/> Oxbook Expectations Agreement (student and parents complete) | November 16, 2018 |
| <input type="checkbox"/> Acknowledgement of Co-Curricular/Release from Liability (parents complete) | November 16, 2018 |
| <input type="checkbox"/> Wellness Form (parents complete) | November 16, 2018 |
| <input type="checkbox"/> Health and Permission Statement and Medical History (parents complete) | November 16, 2018 |
| <input type="checkbox"/> Annual Physical Exam and Immunization Form (physician completes) | November 16, 2018 |
| <input type="checkbox"/> Copy of both sides of Student's Medical ID Card and Rx Card | November 16, 2018 |
| <input type="checkbox"/> PSAT, SAT, ACT Testing (parents complete) | November 16, 2018 |
| <input type="checkbox"/> Permissions/Family Contacts (parents complete) | November 16, 2018 |
|
 | |
| <input type="checkbox"/> First Day Travel Form (parents complete) | December 19, 2018 |
| <input type="checkbox"/> Balance of Tuition due | December 19, 2018 |
|
 | |
| <input type="checkbox"/> Arrive on campus with your First Oxbow Project (student completes) | January 16, 2018 |

If you have questions or concerns please contact 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 circle 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
SPRING 2019 FIRST DAY TRAVEL FORM

Oxbow faculty and staff members will be on campus to welcome arriving students on the first day of school on **January 16, 2019 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*, our student and parent handbook. 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, December 19, 2018.**

(Please print clearly in black ink.)

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:** _____

** Though the school keeps these forms on record and strives to abide by student and family wishes, the student must also be aware of photographers and documentation and actively remove themselves or mark their work with a request if an event or work is being documented.*



The Oxbow School
THE OXBOOK EXPECTATIONS AGREEMENT

Oxbow expects students to comply with the rules and guidelines outlined in *The Oxbook*, a student and parent handbook 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*, a 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 student name) _____, have read the major and minor rules outlined in *The Oxbook*, student and parent handbook. I agree to abide by the rules outlined in *The 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 parent name) _____, have read the major and minor rules outlined in *The Oxbook*, student and parent handbook. I understand that my child must abide by the rules outlined in *The Oxbook* as soon as they arrive 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: Health Form and Permission Statement which provides Oxbow with consent to medically treat your child; Medical History and Wellness Information Forms, to be completed by you; and Annual Physical Exam and Student Immunization Forms, both should be printed and submitted to your physician to complete (we will only accept this information on Oxbow's forms).

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 the requested insurance information in completely. 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 Medical History and Wellness Information Forms, and include the required supplemental forms if required. Especially information regarding asthma, allergies, surgeries, injuries, etc. Failure to disclose health and therapy/counseling information may result in your child's expulsion.
- 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.
- Food allergies must be documented by your physician or allergist, and must include a completed Food Allergy & Anaphylaxis Emergency Care Plan (FARE) form.

Please note that all medical information is kept confidential. Should you have any questions, contact me by phone at 707-255-6000 or email at terry@oxbowschool.org. 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

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).

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

Date: _____



Oxbow Medical History and Wellness Information Forms

Medical History and Wellness review at The Oxbow School

The Oxbow School collects and reviews the student's medical information in order to provide more successful experiences. Information provided here does not necessarily exclude participation. Oxbow needs accurate information to assist in understanding any medical or health concerns or issues, and to aid in its effort to manage the risks faced by our students. Oxbow is an equal opportunity organization that strives to accommodate most medical conditions. Please review this form, the Oxbow Acknowledgement of Co-Curricular Programs and Release from Liability form and specific information regarding the program details, activities, and associated risks and your responsibilities. You may contact us if you or your physician have any questions about your (or your participating child's) ability to participate. Oxbow treats all personal medical information with some degree of confidentiality. Enrolled student medical information is shared with the faculty, residential life staff who oversee the students on campus and in the field, and with health care providers. In addition to Oxbow's review and consideration of the student's medical information, all students must have a physical completed within 12 months of the start date of their Oxbow semester.

About Who Should Attend The Oxbow School

Oxbow semester programs are for motivated, energetic, and fundamentally healthy students. Oxbow does not provide programs for students to resolve or work on behavioral, emotional, or psychological problems. For example, Oxbow cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use, or to recover from substance abuse problems. **Please note that even if a student is accepted to the Oxbow program, the student and parent/s, in conjunction with their physician, should consider whether Oxbow is an appropriate match for the student.**

Instructions for Completing Medical Forms

One or both of a student's parents or guardians (collectively referred to in this form as "parent/s") must complete Oxbow's Medical Forms. In the event that the student is 18 years of age or older, they may complete these forms themselves. Parent/s are encouraged to complete these forms with the student.

Note: In certain cases, Oxbow may require the student to obtain an additional physical or consultation from their doctor before participating in the program, and provide Oxbow with appropriate documentation. Oxbow staff will review medical forms and contact the adult student or parent/s when questions arise.

Tips for optimizing and streamlining the medical review process

Be Honest: Oxbow *wants* students to participate and we strive to accommodate most medical conditions. It is in everyone's best interest to disclose medical information in advance so that Oxbow obtains accurate information and understands the student's medical or health issues.

Be Thorough: Fill out the medical forms completely. Incomplete or blank answers will require Oxbow to contact you and may delay the enrollment process.



SCHOOL 530 THIRD STREET, NAPA, CALIFORNIA 94559 PH 707.255.6000 FX 707.255.6006 info@oxbowschool.org www.oxbowschool.org

How to submit Completed Forms:

Fax to: 707.255.6006, Attn: Terry Schulken, Information Manager

Scan and email to: Terry Schulken, Information Manager, terry@oxbowschool.org

Mail to:

Attn: Terry Schulken
The Oxbow School
440 Third Street
Napa, CA 94559

Contact for questions: Terry Schulken by email at terry@oxbowschool.org or call the Main office at 707.255.6000.

THANK YOU! We are aware that careful and comprehensive completion of these forms is time consuming and we appreciate your efforts. Please do not hesitate to contact us with any questions or concerns.



The Oxbow School Medical History and Wellness Information Form

(To be completed by a parent/guardian)

Student Full Name: _____

First

Middle

Last

Date of Birth: _____ Age: _____ Gender: _____

General Health Questions: Please read the items in each column and carefully respond to each item (Yes, No or N/A – not applicable) regarding any **past or current** medical issues or concerns regarding the condition/problem/illness/area listed. Include current, chronic and episodic condition(s).

Please select Yes or No to each item in this column:	Please select Yes, No or N/A for this column:	Yes	No	N/A
ALLERGY and/or DIETARY RESTRICTIONS Yes No Bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies. Medical dietary restrictions. If you answered "Yes" you must complete the ALLERGY/DIETARY RESTRICTIONS form.	Addiction, an/or regular use of alcohol or drugs *CALL			
	Altitude: Acute Mountain Sickness (AMS)			
	High Altitude Cerebral Edema (HACE) *CALL			
	High Altitude Pulmonary Edema (HAPE) *CALL			
	Asperger's, Autism or PDD			
	Bleeding, Blood Disorders, Tuberculosis, Hepatitis			
	Cancer			
	Cardiovascular (heart and vessels) Abnormalities or Problems, including high blood pressure			
	Circulatory Problems			
	Cold Injuries			
	Dental Problems/Issues			
	Diabetes *CALL			
	Ear, Eye, Nose & Throat Infections/Issues/Problems			
	Eating Disorder (anorexia, bulimia, etc.)			
	Epilepsy or Other Seizure Disorders *CALL			
	Fainting or Dizziness, chronic *CALL			
	Gastrointestinal Tract, Ulcers			
	Head Injuries, Concussions, Headaches			
	Heat Injuries/Illness			
	Hormonal and/or Thyroid Dysfunction *CALL			
	Hypertension			
	Kidney or Liver Disease or Issues			
	Menstrual Cramps			
	Neurological Disorders			
	Pregnancy, current *CALL			
	Reproductive Tract			
	Respiratory Tract, including Asthma			
	Skin Problems/Issues			
	Sleepwalking			
	Sudden death under age 50 of family member *CALL			
	Syncope with exertion (fainting during exercise) *CALL			
	Tobacco regular use and/or addiction *CALL			
	Urinary Tract			
	Vision or hearing issues or impairment			
	Other, including hospitalization in last 5 years (explain):			
	Call Oxbow immediately regarding any "Yes" answer for the "CALL" issues above.			
	For each "YES" item from the right hand column above, please attach a separate sheet fully explaining the history, current status, and note the treating physician's name and phone number.			

Any "Yes" answers in this column require additional information on the corresponding form that should be attached to this form for submission. Complete and accurate information is crucial to our ability to appropriately support students.



The Oxbow School

Additional Medical History and Wellness Information forms

(To be completed by a parent/guardian)

Attached are a series of additional forms that you may or may not need:

Form Name & Who should Complete this form

ALLERGY and/or DIETARY RESTRICTIONS form: Any student with any known allergies of any type must complete this form. Additionally, this form must be completed by any students with any medical dietary restrictions and must include a Food Allergy and Anaphylaxis Emergency Plan (FARE) completed and signed by your physician.

MEDICATIONS form: Any student who will be taking any medications while attending Oxbow must complete this form for each medication. This includes prescriptions, over-the-counter medications, daily supplements, herbal remedies, and any other medications the student will be bringing to Oxbow. Photocopy this form as needed for additional medications.

ADD/ADHD or Learning Disorder form: Any student with past or current history of Attention Deficit Disorder (ADD) and/or Attention Deficit and Hyperactivity Disorder (ADHD) or a learning disorder (LD) must complete this form.

MENTAL HEALTH form: Any student with a past or current history of mental illness issues must complete this form.

ORTHOPEDIC form: Any student with a non-resolved and/or ongoing orthopedic injury of any type should complete this form. Additionally, any student with a history of serious orthopedic injury should complete this form.

In addition, please note that all students must have a physical completed within 12 months of the start of their Oxbow semester. You must use the form provided by Oxbow.



The Oxbow School

ALLERGY/DIETARY RESTRICTIONS Related Medical History and Information Form

(To be completed by a parent/guardian)

If applicable, to be completed by parent/s and attached to the Medical History and Wellness Information form.

Student Full Name: _____
First Middle Last

Date: _____

On the Medical History and Wellness Information form you listed that the Oxbow student has allergies (i.e. bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies) and/or dietary restrictions. When we have the proper information, we can accommodate many allergies. Please complete the questionnaire below and return it to Oxbow. Responding as soon as possible, and as thoroughly as possible will help us!

Allergy/Allergen:
When diagnosed with this allergy:
How diagnosed with this allergen:
Symptoms during an allergic reaction (what happens?):
During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take any medication for this allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, be sure to complete the medications information form.)
Has the student ever been hospitalized for this particular allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in detail on separate sheets as necessary.)
Is the student on an allergy desensitization program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, will this require treatment while at Oxbow? Please explain in detail.)
Does the student have and carry epinephrine for this allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, the student must bring two delivery devices to Oxbow.)
Additional Information:

Allergy/Allergen:
When diagnosed with this allergy:
How diagnosed with this allergen:
Symptoms during an allergic reaction (what happens?):
During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take any medication for this allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, be sure to complete the medications information form.)
Has the student ever been hospitalized for this particular allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in detail on separate sheets as necessary.)
Is the student on an allergy desensitization program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, will this require treatment while at Oxbow? Please explain in detail.)
Does the student have and carry epinephrine for this allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, the student must bring two delivery devices to Oxbow.)
Additional Information:

DIETARY RESTRICTIONS:

To assist us in planning expeditions and on-campus meals, please describe any medical restrictions. (Have your physician or allergist complete the Food Allergy & Anaphylaxis Emergency Care Plan form (FARE)).



The Oxbow School
MEDICATIONS Related Medical History and Information Form
(To be completed by a parent/guardian)

If applicable, to be completed by parent/s and attached to the Medical History and Wellness Information form.

Student Full Name: _____
First Middle Last

Date: _____

As a way to better serve the needs of all Oxbow students, we ask, that in consultation with your family physician, you please complete the following questionnaire regarding the student's medications (taken for current, chronic or episodic conditions) and return it to us. This questionnaire will be kept on file with the student's medical information and be used as a resource for the Oxbow faculty and staff. If the student is taking more than one medication, please complete a separate form for each medication (copy this form as necessary). Please complete the following information (a complete sheet) for EACH medication the student will be bringing to Oxbow including prescriptions, over-the-counter medications, dietary supplements, herbal remedies, etc.

Medication Brand Name:	
Medication Generic/Chemical Name:	
Reason for taking this medication:	
Start Date using this medication:	End Date (if known):
Regular Dose:	
Frequency and Time of Dose(s):	
Triggers (signs and symptoms) for dosing, if applicable (e.g. onset of shortness of breath):	
This medication should be taken: <input type="checkbox"/> With food <input type="checkbox"/> With water <input type="checkbox"/> On an empty stomach Other:	
Common side effects:	
Uncommon side effects:	
Harmful interactions (i.e. 'doesn't work with ibuprofen'):	
Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?	
Missed dose procedure: <input type="checkbox"/> Skip dose <input type="checkbox"/> Take immediately <input type="checkbox"/> Double dose at next scheduled time <input type="checkbox"/> Call physician <input type="checkbox"/> Other:	
Symptoms if the student misses a dose?	
Prescribing Physician's Name:	Phone number:
Will the student come to Oxbow with sufficient supplies for the duration of their program? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please elaborate on the plan to refill the prescription:	
Are there any medications that the student is currently taking that they will not be taking during the Oxbow program? If so, please describe, noting the reason for the medication termination.	
Additional information:	



The Oxbow School

ADD/ADHD or Learning Disorders Related Medical History & Information Form

(To be completed by a parent/guardian)

If applicable, to be completed by parent/s and attached to the Medical History and Wellness Information form.

Student Full Name: _____
First Middle Last

Date: _____

Does the student have: <input type="checkbox"/> Attention Deficit Disorder (ADD) <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Both
When was the ADD and/or ADHD diagnosed:
What behaviors led to the diagnosis:
During the last two years, has the student taken any medications for ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student taking any medications for ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, be sure to complete the medications information form.)
What happens if the student misses a dose?
Under the current treatment, how does the student's ADD/ADHD manifest itself?
Does the ADD/ADHD interfere with school or work? If so, how?
What, if any, are the prescribed accommodations for academic school work? Homework? Testing? Please attach additional sheets if necessary.
Treating Counselor/Therapist/Physician's Name:
Treating Counselor/Therapist/Physician's Phone:
Additional Information: (please attached additional sheets if necessary)



The Oxbow School

Mental Health Related Medical History & Information Form

(To be completed by a parent/guardian)

If applicable, to be completed by parent/s and attached to the Medical History and Wellness Information form.

Student Full Name: _____
First Middle Last

Date: _____

On the Medical History and Wellness Information form you noted past or present mental health issues. We ask a series of questions of any student who has a history of mental health issues because we can accommodate many issues when we have the proper information. Please complete the questionnaire below and return it to Oxbow. Responding as soon as possible and as thoroughly as possible will help us!

Does the Oxbow student have: <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Addiction <input type="checkbox"/> Suicide Attempt or Suicidal Ideation <input type="checkbox"/> Cutting or other Self Abuse <input type="checkbox"/> Other (explain):	
When did symptoms first occur:	
When was the above diagnosed:	
What were the symptoms and/or behaviors:	
Has the student seen a counselor or therapist in the last two years?	
Is the student currently seeing a counselor or therapist?	
Counselor/Therapist Name:	Phone Number:
Under current treatment, how does the student's mental health issue manifest itself?	
Does the mental health issue interfere with school and/or social interactions? If so, how?	
Has the student ever had suicidal ideations or attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when?)	
During the last two years, has the student taken any medications for mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student currently taking any medications for mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the medications information form.)	
For stress related issues and/or mental health issues exacerbated by stress:	
Making new friends and learning to function in a group can be stressful. With that in mind: What triggers stress for the student?	
What can we do at Oxbow to help minimize stressful situations which may arise during the program?	
Has the student ever been hospitalized for psychiatric illness? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain when, for how long, and why. Be specific.)	
Additional Information:	



The Oxbow School
Orthopedic Related Medical History & Information Form
(To be completed by a parent/guardian)

If applicable, to be completed by parent/s and attached to the Medical History and Wellness Information form.

Student Full Name: _____
First Middle Last

Date: _____

On the Medical History and Wellness Information form you listed a history of orthopedic and/or athletic type injuries. We ask a series of questions of any student who has a past injury because we can accommodate many injuries when we have the proper information. Please complete the questionnaire below and return it to Oxbow. Responding as soon as possible and as thoroughly as possible will help us!

Injury:	When:
How was the injury treated?	
Did the student have physical therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, for how long and when?)	
Does the student still have pain as a result of this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what causes the pain and for how long?)	
Does the student still have loss of function or disability as a result of this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe the disability, be specific.)	
Which description best describes the student's current condition? <input type="checkbox"/> No longer a concern <input type="checkbox"/> Stable <input type="checkbox"/> Improving <input type="checkbox"/> Worsening	
Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.	
Is the student currently taking any medications for the above injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the medications information form.)	
Do you anticipate the student being limited in their ability to participate in physically demanding activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, for what activities, and for how long?)	
If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an Oxbow program will not cause further damage or harm – have them review the activities on page 20 of The Oxbook, our student and parent handbook, and note this on the Annual Physical Exam form.	
Injury:	When:
How was the injury treated?	
Did the student have physical therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, for how long and when?)	
Does the student still have pain as a result of this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what causes the pain and for how long?)	
Does the student still have loss of function or disability as a result of this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe the disability, be specific.)	
Which description best describes the student's current condition? <input type="checkbox"/> No longer a concern <input type="checkbox"/> Stable <input type="checkbox"/> Improving <input type="checkbox"/> Worsening	
Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.	
Is the student currently taking any medications for the above injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the medications information form.)	
Do you anticipate the student being limited in their ability to participate in a physically demanding program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, for what activities, and for how long?)	

If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an Oxbow program will not cause further damage or harm – have them review the activities on page () of The Oxbook, our student and parent handbook, and note this on the Annual Physical Exam form.



The Oxbow School Special Information

(To be completed by a parent/guardian)

Student Full Name: _____
First Middle Last

Date: _____

Testing and/or Learning Differences Information

Do you have an individualized education plan (IEP) or documented learning difference? ☐ Yes ☐ No If "yes", please explain in detail and attach related documentation.

Are you allowed extra time for the SAT or AP exams by the College Board? ☐ Yes ☐ No

Are you allowed extra time for the ACT? ☐ Yes ☐ No

Are you allowed extra time at your sending school for tests? ☐ Yes ☐ No

If you do have special test taking requirements, we need documentation before you arrive. Your parents and/or your school should have the necessary paperwork. For standardized tests, we need a copy of a letter from The College Board or ACT that includes our personal SSD Code. Please send copies directly to Terry Schulken, our Information Manager at terry@oxbowschool.org.

Have you sent any test taking documentation to Oxbow?

☐ Yes ☐ No, I will email it by _____ ☐ NA – not applicable



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 to modify the physician's statement.

To the examining physician: We require that you complete our Annual Physical Exam form. We will not accept your office 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: _____ **Birthdate:** _____
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: ☐ Yes ☐ No If yes, include a treatment plan: _____

Food Allergies: ☐ Yes ☐ No

If yes, you must complete and include a Food Allergies Treatment Plan form (FARE).

Asthma Treatment: ☐ Yes ☐ No

Include current medication: _____

Include activity limitations: _____

A TB Mantoux Test is required by the State of California unless you have determined the student is not at risk for TB:

Test Date: _____ Pos _____ Neg _____

b) BCG Vaccine Date _____

c) Chest X-Ray: Date _____ Results: _____

☐ **Not at risk for TB**

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 as required by the State of California, your physician can attach their immunization record.

1) Diphtheria, Tetanus and Pertussis

(DTaP, DTP, DT, or Tdap)

1 _____ 2 _____ 3 _____ 4 _____

3) Polio (OPV or IPV)

1 _____ 2 _____ 3 _____ 4 _____

4) Measles-Mumps-Rubella

(MMR or MMR-V)

1 _____ 2 _____

Rubeola (only)

1 _____ 2 _____

Rubella (only)

1 _____ 2 _____

5) Varicella (Chicken Pox)

1 _____ 2 _____

6) Hepatitis B Vaccine

1 _____ 2 _____ 3 _____

7) Tdap Booster

1 _____

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 22, 2018 for Fall 2018 and January 16, 2019 for Spring 2019) 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 <http://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

Examining Physician (please print): _____

Address: _____

Signature: _____ **Date:** _____



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

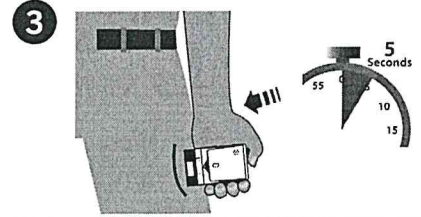
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____



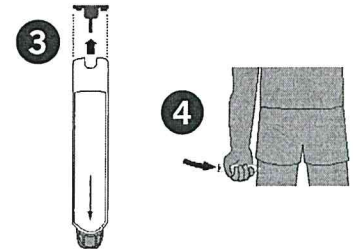
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



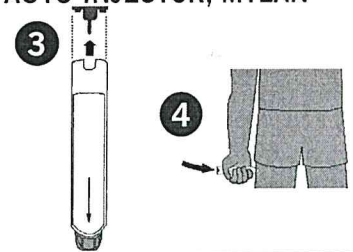
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



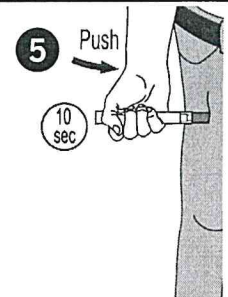
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

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 SPRING 2019 ACT, SAT and AP 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.

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.)

AP: In the Spring semester, the Oxbow School will register interested students for Advanced Placement exams at Napa 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. Note: Some exams (like AP Art History) are not available through Napa High School. If you have specific questions about which exams they offer, please contact Jennifer Jordan the Academic Dean by email at jjordan@oxbowschool.org. For AP Studio Art: Because this "exam" is a portfolio submission, students should register with their sending schools before coming to Oxbow. **We cannot register students for AP Studio Art, even though artwork created at Oxbow may be used for the AP portfolio.** If a student requires approved accommodations for the AP, a formal Eligibility Letter and/or a 504 plan must be included as part of the application process to Oxbow (to be kept with other student records on file). This plan will be copied and sent to the AP coordinator at Napa High School to ensure proper testing conditions and accommodations.

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, calculators, photo ID, a snack, and an accommodation letter (if approved for learning differences). A list of required items may be found directly on the College Board website at www.collegeboard.org.

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](http://CollegeBoard). ACT test dates are subject to change by the [The ACT, Inc.](http://TheACTInc)

Student Name: _____

SAT & Subject Tests at Napa High School*

- ☐ Saturday, March 9, 2019
- ☐ Saturday, May 4, 2019

ACT Tests at Vintage High School*

- ☐ Saturday, February 9, 2019
- ☐ Saturday, April 13, 2019



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

Transportation Permission:

☐ 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 available when teaching - class hours are Monday-Friday between 9am-4:00pm.

Authorized Persons for pick-up/off campus visits other than parents or legal guardians: *(Please print clearly and include first and last names. Use black ink only – do not use red or blue ink.)*

Family Members: (other than parents)

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.

Date: _____

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