

Oak Middle School Registration Checklist

Welcome to Oak Registration for the 2026-2027 school year! Students must be present to go through the Registration process. The following is a list of the 6 stations you will visit today. **Please begin by visiting stations 1-4 in order.** The remaining stations can be visited in any order afterwards.

- ☐ Station 1, MPR: Take ID/School Picture
- ☐ Station 2, inside MPR: ID Card, Minder Binder
- ☐ Station 3, inside MPR: PTA – drop off PTA Waiver and Membership
- ☐ Station 4, Cafeteria snack line: School purchases
- ☐ Station 5, lunch tables: PE Uniforms
You will need proof of purchased items if ordered from Oak's on-line Web Store
- ☐ Station 6, outside room 1: Pick-up Book Lock
Skip this station if you are using your lock from last year, or if you received one on WEB day

-IMPORTANT-

Registration Payment

Payment for Yearbooks, PE items and Donation items **MAY** be paid with one check.

Check should be made out to Oak Middle School.

Oak Middle School

2026-2027 Registration Checklist

STUDENT'S NAME _____ GRADE _____
(Please print)

PARENT/GUARDIAN NAME _____ PHONE _____
(Please print)

- EXACT AMOUNT REQUIRED IF PAYING BY CASH
- MAKE CHECK OR MONEY ORDER PAYABLE TO OAK MIDDLE SCHOOL
- CREDIT CARD PAYMENT AVAILABLE ON OAK'S WEBSITE
(<https://losal-bus.myschoolcentral.com>)

<u>QTY</u>	<u>OPTIONAL ITEMS FOR PURCHASE</u>	<u>COST</u>	<u>AMOUNT PAID</u>
_____	Yearbook (price will go up to \$45 January 1, 2027)	\$40.00	_____
_____	PE Shirt – Oak issued If not purchased, student may wear a plain white crew neck t-shirt that complies with school dress code	\$15.00	_____
_____	PE Shorts If not purchased, student may wear plain black shorts, without pockets, that comply with school dress code	\$15.00	_____
_____	PE Mesh Bag	\$7.00	_____

In light of reduced state funding, we are requesting the following donations:

_____	P.E. Lock	\$10.00	_____
_____	Book Locker Lock	\$10.00	_____
_____	Minder Binder	\$10.00	_____

TOTAL PAID _____

Office Use Only

Date: _____ Check or M.O. #: _____

Total Paid: _____ Clerk's Initials _____



PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014 (916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the 2026-27 school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date
2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)