OASIS CHARTER SCHOOLS
CITY OF CAPE CORAL CHARTER SCHOOL AUTHORITY
STUDENT REGISTRATION

Application for (if submitting a Lottery Enrollment Application ***only one elementary school*** may be selected):
❑ Oasis Elementary North ❑ Oasis Elementary South ❑ Oasis Middle ❑ Oasis High
School Year: 20 -20 **Grade:** ❑ KG ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th ❑ 5th
❑ 6th ❑ 7th ❑ 8th ❑ 9th ❑ 10th ❑11th ❑ 12th

STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:
Last First Middle

AKA/NICKNAME

❑ **First time in Lee County Public School** ❑ **First Time in Florida Public School** ❑ **First Time in school in the United States**

STUDENT'S SOCIAL SECURITY #

SEX
❑ MALE
❑ FEMALE

STUDENT'S ETHNICITY
❑ Hispanic or Latino
❑ Not Hispanic or Latino

WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be)
❑ White ❑ Indian (American) or Alaskan Native
❑ Black or African American ❑ Pacific Islander or Hawaiian ❑ Asian

BIRTHDATE (M) _____/(D) _____/(Y) _____ **BIRTHPLACE:** CITY STATE COUNTRY

Expelled from Previous School ❑ YES ❑ NO
Date_____ School_____
Arrested Resulting in Charge ❑ YES ❑ NO
Juvenile Justice Action ❑ YES ❑ NO

Previous District Referral to Mental Health Services ❑ YES ❑ NO
Life Threatening Allergies ❑ YES ❑ NO
If YES, Explain: _____
Medical Condition with Special Care ❑ YES ❑ NO
If YES, Explain: _____

ADDRESS WHERE STUDENT LIVES	**MAILING ADDRESS (IF DIFFERENT)**
STREET	STREET
CITY/STATE	CITY/STATE
ZIP CODE	ZIP CODE

MAIN CONTACT #: **EMERGENCY PHONE #:**

With whom does the student reside? ❑ Both Natural Parents ❑ Mother ❑ Father ❑ Legal Guardian ❑ Other _____

INFORMATION FOR: ❑ Mother ❑ Guardian ❑ Other _____
Name: _____
Address: _____
Main Contact #: _____ Home #: _____
Wk. Phone: _____ Occupation: _____
E-mail Address: _____

INFORMATION FOR: ❑ Father ❑ Guardian ❑ Other _____
Name: _____
Address: _____
Main Contact #: _____ Home #: _____
Wk. Phone: _____ Occupation: _____
E-mail Address: _____

Is a language other than English used in the home?
❑ YES ❑ NO
What language? _____

Does the student have a first language other than English?
❑ YES ❑ NO
What language? _____

Does the student most frequently speak a language other than English?
❑ YES ❑ NO
What language? _____

Has your child attended a United States school for less than 3 full years?
❑ YES ❑ NO
Date entered in U.S. school
(M) _____/(D) _____/(Y) _____

Preferred language to be contacted: ❑ English ❑ Spanish ❑ Creole ❑ Other _____

Is either parent a current or former member of the U. S. military? ☐ YES ☐ NO

NAME OF LAST SCHOOL ATTENDED:
CITY STATE COUNTY
ZIP CODE COUNTRY

❑ PUBLIC
❑ PRIVATE
❑ ALTERNATIVE SCHOOL
❑ HOME SCHOOL
❑ CHARTER SCHOOL

Have you moved recently due to working in agriculture or the fishing industry?
❑ YES ❑ NO

_____ _____ _____
SIGNATURE OF PARENT **PLEASE PRINT YOUR NAME** **DATE**

THIS BOX FOR OFFICE USE ONLY
STUDENT #_____ SCHOOL NAME _____
ENROLLMENT CODE _____ ENROLLMENT DATE _____/_____/_____ ALTERNATIVE SCHOOL _____
❑ NEW ENROLLMENT ❑ TRANSFER FROM SCHOOL _____ ❑ RE-ENROLLMENT TO LEE COUNTY
PRIOR SCHOOL DISTRICT _____ PRIOR STATE _____ PRIOR COUNTRY _____ Yrs Intrp _____