



**Cape Coral Charter School Authority
STUDENT REGISTRATION**



Application for (if submitting a Lottery Enrollment Application *only one elementary school* may be selected):

☐ Christa McAuliffe ES ☐ Oasis ES ☐ Oasis MS ☐ Oasis HS

School Year 20 -20 Grade ☐ VPK ☐ 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 _____

What is the student's:

Gender

☐ Male
☐ Female

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (mark all that apply)

☐ White ☐ Black or African American ☐ Am. Indian or Alaskan Native
☐ Asian ☐ Pacific Islander or Hawaiian

Birthdate ____ / ____ / ____

Social Security # _____

Birthplace City _____ **State** _____ **Country** _____

Home Language Survey

Is a language other than English used in the home? ☐ No ☐ Yes What language? _____
 Did the student have a first language other than English? ☐ No ☐ Yes What language? _____
 Does the student most frequently speak a language other than English? ☐ No ☐ Yes What language? _____
 Has your child been in attendance in a U.S. school for less than 3 full years? ☐ No ☐ Yes Date entered U.S. ____ / ____ / ____

Address where student lives

Street _____
 City _____ State _____ Zip Code _____

Who does the student live with?

☐ Both Natural Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other _____

Father's Information

Name _____
 Address _____

 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Occupation _____
 Email Address _____

Mother's Information

Name _____
 Address _____

 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Occupation _____
 Email Address _____

Previous School ☐ Public ☐ Private ☐ Charter ☐ Alternate ☐ Home School

Name of last school attended _____
 City _____ State _____ County _____

Was your child in any Special Education Program at the previous school (speech, gifted, etc.)? ☐ Yes ☐ No
 Does your child have a severe medical problem that requires special care? ☐ Yes ☐ No
 Is either parent/guardian a current or former member of the U.S. military? ☐ Yes ☐ No
 Have you moved recently due to working in agriculture or the fishing industry? ☐ Yes ☐ No
 Has the student previously been expelled (not suspended) by a school board action? ☐ Yes ☐ No

SIGNATURE OF PARENT/GUARDIAN _____

PLEASE PRINT YOUR NAME _____

DATE _____

Florida Law states that whoever knowingly provides false information in writing to a public servant in the performance of his or her duties commits a second degree misdemeanor punishable by a fine of up to \$500.

Student Disclaimer

The district will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the district except as mandated or permitted by law. The district will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications. **For the purpose of student registration identification numbers** such collection is governed by §1008.386 and §119.071 (5) (a) 6, Florida Statutes. Please note: a student is not required to provide his or her social security number as a condition for enrollment or graduation.