

# Registration Process Checklist



Oasis Elementary North: 239-283-4511  
Oasis Elementary South: 239-542-1577  
Oasis Middle School: 239-945-1999  
Oasis High School: 239-541-1167  
Jacquelin Collins, Superintendent

## Registration PROCESS:

Applicants are placed on the waitlist based on the date the application is received. Once a seat is available, the applicant is notified and given **1 business day** to respond. If a response is not received the applicant is removed from the waitlist. If a seat is offered and declined, a new application must be completed to be placed back on the waiting list. Students' positions on the waitlist may change at any time due to Enrollment Preference (see below).

## Registration PREFERENCE

Military, and siblings of students currently enrolled in our school system are given preference when enrolling. Please complete a Sibling Preference Seat Assignment Form when submitting your paperwork. This form will NOT guarantee a seat when applying to our school.

## APPLICATION DOCUMENTS

To finalize your child's application for our enrollment process, the following documents must be submitted:

- Student Registration form** completed and accurate (please be sure to answer all questions and fill in all areas). If your address and/or phone number change it is your responsibility to contact the school with updates. Inaccurate contact information will result in the loss of your seat, should one become available.
- Parent Involvement Acknowledgement** should be read, signed, and submitted.
- Parent Commitment Agreement** should be read, initialed, signed and submitted.
- Proof of Residency** must be submitted. This can be any one of the following: electric, water, cable bill, signed lease agreement, title statement or a homestead exemption. \*\*If you are residing with a relative or friend, a letter signed by that individual, must be submitted stating that you are residing in their home. Your name and your child's name must be included, and you must have a copy, in their name, of one of the proofs of residence documents listed above.
- Driver's license:** Parent(s)/ Guardian(s) must be photocopied for your student's file to ensure that you are the parent/guardian legally able to enroll your student in school.
- Academic Transcript**
- Current Class Schedule**
- State Test Scores:** ELA & Math
- Copy of your child's IEP** (Individual Education Plan) must also be provided if your child is in an Exceptional Student Education (ESE) Program (this includes Speech, OT, etc.)
- Proof of Custody** must be provided if the student does not live with both natural parents.
- Birth Certificate** must be submitted.
- Form 680 Florida Certificate of Immunization** must be submitted and current.
- School Entry Health Exam** (within 12 months) must be submitted and current.
- Your Child's Social Security Card** Social Security Cards are used for identification and are not mandatory.

**Submission of these documents does not guarantee your student a seat in our system.** It allows your child to participate in our enrollment process. Families will be notified by phone, and by email when a seat becomes available.

Please ensure your contact information is always up to date with us. Failure to do so, may result in loss of seat.

**Thank you for your interest in our Oasis Charter School System!**



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# Sibling Preference Seat Assignment Form 2026-2027 School Year

**STUDENT INFORMATION:**

Name \_\_\_\_\_ 2026-27 Grade \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SCHOOL PREFERENCE: Oasis Middle School**

**PREFERENCE APPLIES ONLY WHEN SIBLINGS ARE CURRENTLY ENROLLED IN THE OASIS CHARTER SCHOOL SYSTEM**

**Sibling Currently Enrolled in the Oasis Charter School System**

Name of sibling: \_\_\_\_\_ Grade level: \_\_\_\_\_

Name of sibling: \_\_\_\_\_ Grade level: \_\_\_\_\_

Sibling's school(s):  Oasis Elementary North       Oasis Elementary South  
 Oasis Middle School       Oasis High School

To place your child's name on the waiting list, the following documents **must** be submitted at the time of submission:

1. **Student Registration form**, this can be found on the Oasis Middle School Website.
2. **Birth Certificate:** Must be submitted
3. **Florida Certificate of Immunization** (Blue) DH680/Must be submitted and current.
4. **Health Examination** (Gold) DH3040/Must be submitted and current within 12 months.
5. **Proof of Residency** must be submitted to verify that you legally reside in SW Florida. *This can be an electric or water bill, signed lease agreement or a homestead exemption.*
6. **Proof of Custody** must be provided if the student does not live with both natural parents.
7. **Copies of Both Parent(s) I.D.'s / Guardian(s) I.D.'s**
8. **Academic Transcript/Current Class Schedule/ State Test Scores: ELA & Math/Must submit**
9. **IEP/Gifted Documents:** If applicable. This includes speech, O/T, etc.

Please be aware that submission of this form does not guarantee your student a seat in the City of Cape Coral Oasis Charter School System, it is only used for determining the order of preference when assigning available seats.

**ALL LISTED DOCUMENTS #1-8 MUST BE SUBMITTED TO ENSURE YOUR CHILD IS ELIGIBLE FOR ASSIGNMENT PREFERENCE IS AVAILABLE WHEN A SIBLING IS ENROLLED IN OUR SYSTEM.**



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

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

- Oasis Elementary North       Oasis Elementary South  
 School Year: 20 - 20      Grade:  KG  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  
 Oasis Middle  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>       Oasis High  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:

Last First Middle

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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) <input type="checkbox"/> White <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
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BIRTHDATE (M) \_\_\_\_/(D) \_\_\_\_/(Y) \_\_\_\_      BIRTHPLACE: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

Expelled from Previous School <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ School _____ Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Juvenile Justice Action <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous District Referral to Mental Health Services <input type="checkbox"/> YES <input type="checkbox"/> NO Life Threatening Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____ Medical Condition with Special Care <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____
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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: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main Contact #: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____	INFORMATION FOR: <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main Contact #: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____
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Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO Date entered in U.S. school. (M) ____/(D) ____/(Y) ____
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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:	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATIVE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL	Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY      STATE      COUNTY		
ZIP CODE      COUNTRY		

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 Intrap \_\_\_\_\_



## PARENT COMMITMENT AGREEMENT

By choosing Oasis Middle School, you are choosing for your child to attend a RIGOROUS ACADEMIC PROGRAM within a STRUCTURED and DISCIPLINED ENVIRONMENT. Please carefully read the following commitment statements and initial each one that agrees with your philosophy for your child's education.

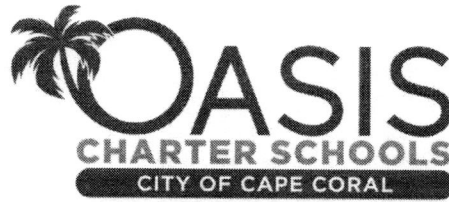
**If you hesitate to sign any of the following items, please carefully reconsider whether Oasis Middle School is the right choice for your student. Your child's opportunity for success is greatest if your educational beliefs are aligned with those of our school.**

1. \_\_\_ I understand that the curriculum is intended to be "hard". I will help my child welcome and revel in the challenge, beginning in 6<sup>th</sup> grade.
2. \_\_\_ I understand the school's grading scale, and that "average" work earns a "C", while "A's" are reserved for excellence.
3. \_\_\_ It is my responsibility to hold my child accountable for his or her actions, and I will not tolerate any behavior that distracts from the learning of others.
4. \_\_\_ I understand the specifics of the Oasis Middle School uniform policy and will dress my child accordingly.
5. \_\_\_ I will provide time and a quiet, distraction-free environment in my home for studying. I will see that my child's assignments are completed daily, using the student planner for current information.
6. \_\_\_ I understand that it is my responsibility to consider the retention of my child if he or she cannot perform on grade level.
7. \_\_\_ I understand that the Oasis Middle School program succeeds only through excellent attendance and that frequent absences are unacceptable. Therefore, I agree, whenever possible, to schedule family vacations and appointments outside of school hours, and to remove my child from school only for health reasons.
8. \_\_\_ I will read newsletters from teachers and the office, check the school calendar online, and be responsible for knowing the information contained in them.
9. \_\_\_ I will expect exemplary behavior from my child on the bus and will support the discipline policies needed to keep our children safe.
10. \_\_\_ I will readily be involved in my child's education as a member of our PTO, school committees, or in other roles that utilize my strengths.
11. \_\_\_ I understand that, by choosing Oasis Middle School, I have made a commitment to assist and support the school to provide the best possible education for all children. If the time comes that I am unable to honor that commitment and offer that support, I will carefully reconsider whether Oasis Middle School is the right program for my child.

Please direct any questions to our Oasis Middle School Principal at (239)945-1999

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Acknowledgement of Parent Volunteer Policy

### Documentation Required for Processing Background Checks for School Volunteers:

- You must fill out a Confidential Application form **each year** for each parent/guardian. This form allows us to ensure that your information is current and up to date and provides us with permission to run your background check.
- This information will be shared between Cape Coral Charter schools at your request.

### Receiving Clearance:

- While your paperwork is being processed, you may still help in certain areas on campus. You will need to bring your driver's license with you each time you arrive on campus.
- You will receive a Clearance Notification once your background check is complete. This notification should be completed and returned. It provides us with the necessary information to help you complete your volunteer hours.

### Requirements for Volunteering:

- Parents/Guardians are required to complete a minimum of 12 volunteer hours. **This requirement is per family, not per child.**
- It is your responsibility to accurately log your hours by signing in and out at the front desk or completing Off-Site Hours forms if necessary.
- When volunteering, you must sign in and out each time you are on campus. If you do not sign in/out, you will not receive credit for those hours.

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I agree and acknowledge that our family will spend a minimum of 12 hours involved with the Cape Coral Charter School System for each school year that my child attends.

Parent/Guardian Name

\_\_\_\_\_

Student Name(s)

\_\_\_\_\_

Students currently enrolled at (please check all that apply):  Oasis Middle School  
 Oasis Elementary North  Oasis Elementary South  Oasis High School

Parent/Guardian Signature: \_\_\_\_\_



# THE SCHOOL DISTRICT OF LEE COUNTY

## Department of ESOL

2855 Colonial Boulevard, Fort Myers, FL 33966 | ☎: 239.337.8311

### HOME LANGUAGE SURVEY

Instructions /Instrucciones / Enstriksyon:

Please answer Question 1 - 3. Check appropriate checkbox for language, sign, date and upload in FOCUS.

Favor de contestar las preguntas 1-3. Revise que ha marcado el idioma, y que ha firmado e incluido la fecha antes de someter en FOCUS.

Tanpri reponn Kesyon 1 - 3. Tcheke kaz ki apwopriye pou lang, siy, dat ak telechaje nan FOCUS.

STUDENT NAME/Estudiante/Élev: \_\_\_\_\_

Student ID#: \_\_\_\_\_

1. What language is primarily used in the home?

¿Qué idioma se utiliza principalmente en el hogar?

Ki lang yo itilize prensipalman nan kay la? \_\_\_\_\_

2. What is the student's first (native) language?

¿Cuál es el primer idioma (nativo) del estudiante?

Ki premye lang (matènèl) elèv la? \_\_\_\_\_

3. What language does the student most frequently speak?

¿Qué idioma habla el estudiante con más frecuencia?

Ki lang elèv la pale pi souvan? \_\_\_\_\_

Please check  to confirm / Por favor marque  para confirmar / Tanpri tcheke  pou konfime

<input type="checkbox"/>	<i>I acknowledge that by selecting a language other than English on any of the above three Home Language Survey questions, my child will be temporarily placed in the ESOL Program pending testing.</i>
<input type="checkbox"/>	<i>Reconozco que al seleccionar un idioma que no sea el inglés en cualquiera de las tres preguntas anteriores de la Encuesta sobre el idioma del hogar, mi hijo será colocado temporalmente en el programa ESOL en espera del examen.</i>
<input type="checkbox"/>	<i>Mwen rekonèt ke lè mwen chwazi yon lang ki pa angle nan nenpòt nan twa kesyon Sondaj Sou Lang Lakay Mwen Anlè a, y ap mete pitit mwen an tanporèman nan Pwogram ESOL la annatan tès la.</i>

Parent Signature/Firma/Siyati: \_\_\_\_\_

Date/Fecha/Dat: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Submitted by/Presentado por/Soumèt pa: \_\_\_\_\_