



**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			
<input type="checkbox"/> First time in Lee County Public School <input type="checkbox"/> First Time in Florida Public School <input type="checkbox"/> 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
BIRTHDATE (M) ____/(D) ____/(Y) ____		BIRTHPLACE: CITY STATE COUNTRY	
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: _____	
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? <input type="checkbox"/> Both Natural Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> 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: _____	
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) ____
Preferred language to be contacted: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other _____			
Is either parent a current or former member of the U. S. military? <input type="checkbox"/> YES <input type="checkbox"/> 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 Intrp _____