

# City of 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     KG     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>  
 6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

<b>STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:</b>			
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"/> Black or African American <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
BIRTHDATE(M)___/(D)___/(Y)___		BIRTHPLACE: CITY	STATE    COUNTRY
Special Education/Active IEP <input type="checkbox"/> YES <input type="checkbox"/> NO		GIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO	Current 504 <input type="checkbox"/> YES <input type="checkbox"/> NO
Expelled from Previous School <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ School _____		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: _____	
Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Juvenile Justice Action <input type="checkbox"/> YES <input type="checkbox"/> NO		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"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main Contact #: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____		INFORMATION FOR: <input type="checkbox"/> Parent <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 ____/____/____
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 Intp \_\_\_\_\_