

Waiting List Information

 Oasis Elementary North
 Phone (239) 283-4511
 Fax (239) 282-0376

 Oasis Elementary South
 Phone (239) 542-1577
 Fax (239) 549-7662

 Oasis Middle School
 Phone (239) 945-1999
 Fax (239) 540-7677

 Oasis High School
 Phone (239) 541-1167
 Fax (239) 541-1590

WAITING LIST APPLICATION

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

ENROLLMENT PREFERENCE

Siblings of students currently enrolled in our school system are given first preference on the waiting list, but will NOT be guaranteed a seat.

APPLICATION DOCUMENTS

In order 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 Volunteer Acknowledgement Policy 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, phone or cable bill, signed lease agreement, title statement or a homestead exemption. If you are residing with a relative or friend, a notarized 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 proof of residence documents listed above.
Parent(s)/Guardian(s) Driver's License must be photocopied for your student's file to ensure that you are the parent/guardian legally able to enroll your student in school.
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.
Original Birth Certificate must be brought in. A copy will be made and included with your student's documentation for eligibility.
Form 680 Florida Certificate of Immunization must be submitted and current.
School Entry Health Exam (within 12 months) must be submitted and current.

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 when a seat becomes available.

If the contact information is incorrect and a seat becomes available <u>the student may be</u> <u>bypassed</u>.

Thank you for your interest in our school system!



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):

	mentary Noi r: <u>20 -20</u>		(G □ 1 st □ 2 nd	asis Middle 3 rd 4 th 9 th 10	□ Oasis I □ 5 th □ 11 th □ 12	•	
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 STUDEN consider the student to be) White Black or African An	□ Inc	dian (American) o	or Alaskan Native	
BIRTHDATE (M)/	(D)/(Y)	BIRTHPLACE: CIT	Υ	STATE	COU	NTRY	
Expelled from Previous School YES NO Date School Arrested Resulting in Charge YES NO Juvenile Justice Action YES NO			Life Threatening A. If YES, Explain: Medical Condition wit	Previous District Referral to Mental Health Services			
ADDRESS WHERE STUDENT LIVES			MAILING ADDI	MAILING ADDRESS (IF DIFFERENT)			
STREET			STREET				
CITY/STATE			CITY/STATE	CITY/STATE			
ZIP CODE			ZIP CODE	ZIP CODE			
MAIN CONTACT #: EMERGENCY PHONE #:							
With whom does the	student res	side? Death Natural Pare	nts Mother F	ather 🗖 Lega	l Guardian 🛚	Other	
Name: Address: Main Contact #: Wk. Phone:	Н	Guardian Other	INFORMATION Name: Address: Main Contact #: Wk. Phone: E-mail Address:		Home #: Occupation:		
Is a language other than Eng in the home? YES NO What language?	la	oes the student have a first nguage other than English? NO That language?	Does the student mos speak a language oth English? YES NO What language?		school for less to YES Date entered in		
Preferred language to be o	ontacted: 🗆	English	n □ Creole		Other		
Is either parent a curre	nt or former	member of the U.S. military?	U YES LIN	0			
NAME OF LAST SCHOO	L ATTENDEI			□ PUBLIC □ PRIVATE		Have you moved recently due to working in agriculture	
CITY STATE COUNT			JNTY	☐ HOME SCHOOL or the fishing industry?			
ZIP CODE COUNTRY CHARTER SCHOOL YES INO					YES NO		
SIGNATURE OF PARENT PLEASE PRINT YOUR NAME DATE							
THIS BOX FOR OFFICE STUDENT # ENROLLMENT CODE NEW ENROLLMENT PRIOR SCHOOL DISTRICT		SCF ENROLLMENT DATE ER FROM SCHOOL		☐ RE-ENROLLM	CHOOL ENT TO LEE COUN' Y Yr	ΓΥ	

Oasis High School

3519 Oasis Blvd.

Cape Coral, Florida 33914 Phone: 239-541-1167 Fax: 239-541-1590

STUDENT RECORDS REQUEST

Date:						
Last School Attended:						
Address of School:						
Phone #:	Fax #:					
PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:						
(Student's Name)	(Grade)	(Date of Birth)				
PLEASE INCLUDE:						
 ⇒ Health Records {Immunization (HRS Form 680) and Physical} ⇒ Birth Certificate ⇒ Current Grades ⇒ Test Scores ⇒ Exceptional Education Records 						
I hereby give permission for the above named school to release all student records as herein equested to facilitate the enrollment of my child at Oasis High School.						
Parent/Guardian Signature						
Thank you in advance for your prompt attention to this request. Registrar-Information Specialist, Oasis High School						



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 insure 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.

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 Elementary North	Oasis Elementary South					
☐ Oasis Middle	☐ Oasis High					
Parent/Guardian Signature						