



## Eligibility Pool Information

Christa McAuliffe Elementary  
Oasis Elementary School  
Oasis Middle School  
Oasis High School

Phone (239) 283-4511  
Phone (239) 542-1577  
Phone (239) 945-1999  
Phone (239) 541-1167

Fax (239) 282-0576  
Fax (239) 549-7662  
Fax (239) 540-7677  
Fax (239) 541-1590

Thank you for your interest in our school system!

### **ELIGIBILITY POOL 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. Students' positions on the waiting list may change at any time due to Enrollment Preference (see below).

### **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 Involvement Acknowledgement** should be read, signed and submitted.
- ☐ **Proof of Residency** must be submitted to verify that you legally reside in Cape Coral. *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.
- ☐ **Your 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.

**IF YOUR CHILD IS NOT CURRENTLY IN A LEE COUNTY PUBLIC SCHOOL** these additional documents are needed:

- ☐ **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.
- ☐ **Your Child's Social Security Card** should be brought in and a photocopy will be made. 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 when a seat becomes available.

**If the contact information is incorrect and a seat becomes available the student may be bypassed.**



## City of Cape Coral Charter School Authority

## STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY:			
STUDENT#		SCHOOL NAME:	
ENROLLMENT CODE		ENROLLMENT DATE ____/____/____	
ALTERNATIVE SCHOOL			
<input type="checkbox"/> NEW ENROLLMENT		<input type="checkbox"/> TRANSFER FROM SCHOOL	
<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY			
PRIOR SCHOOL DISTRICT:		STATE	
PRIOR COUNTRY		Yrs Intrp	
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:			
Last:		First:	
Middle:			
AKA/NICKNAME:		GRADE APPLYING FOR: ____ SCHOOL YR. 20__ - 20__	
<input type="checkbox"/> First time in Lee County Public School <input type="checkbox"/> First time in a Florida Public School <input type="checkbox"/> First time in school in the U.S.			
Student's Social Security #:		Sex:	
<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
Student's Ethnicity:		WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be):	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Indian (American) or Alaskan Native	
		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Pacific Islander	
		<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	
Current Mental Health Services		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:____ School:____		Life Threatening Allergies	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, explain:			
Arrest Resulting in Charge		Medical condition with special care	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Juvenile Justice Action		If Yes, explain	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDRESS WHERE STUDENT LIVES:		MAILING ADDRESS (IF DIFFERENT):	
STREET:		STREET:	
CITY/STATE:		CITY/STATE:	
ZIP CODE:		ZIP CODE:	
MAIN CONTACT #:		EMERGENCY PHONE #:	
Student lives with?		<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: Parent Guardian Other		INFORMATION FOR: Parent Guardian Other	
Name:		Name:	
Address:		Address:	
Main Contact#:		Main Contact#:	
Home:		Home:	
Wk Phone:		Wk Phone:	
Occupation		Occupation	
Email Address		Email Address	
Is language other than English used in the home?		Does the student have a first language other than English?	
What language:____		What language:____	
Does the student most frequently speak a language other than English?		Has your child attended a United States school for less than 3 full years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What Language?		Date Entered U.S. School? ____/____/____	
Preferred language to be contacted?		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:			
City		State	
County		Zip Code	
<input type="checkbox"/> Public <input type="checkbox"/> Alternative School		<input type="checkbox"/> Private <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			

Signature of Parent

Print your name

Date

Student Disclaimer: The CCCCSA will not disclose a student and/or parent Social Security Number without the consent of the student and/or parent(s) to anyone outside the CCCCSA except as mandated or permitted by law. The CCCCSA will utilize SSN's 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. Please note: A student is not required to provide his or her social security number as a condition for enrollment or graduation.

# 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 requested to facilitate the enrollment of my child at Oasis Middle School.

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

Thank you in advance for your prompt attention to this request.  
Registrar-Information Specialist, Oasis High School

## Acknowledgement of Parent Involvement Policy

(NOTE: Families with students attending VPK are not required to complete parent involvement hours. However, if you want to volunteer on campus, you must still complete the criminal background check.)

### 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 involvement hours.

### Requirements for Involvement:

- ✓ Parents/Guardians are required to complete a minimum of 30 involvement 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 30 hours involved with the Cape Coral Charter School System for each school year that my child attends.

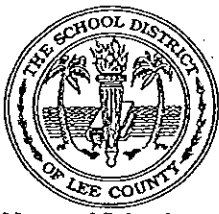
Parent/Guardian Name \_\_\_\_\_

Student Name(s) \_\_\_\_\_

Students currently enrolled/on waiting lists at (please check all that apply):

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

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



## PROJECT ACCESS STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residence information help determine the services the student may be eligible to receive.

Name of School:

Name of Student: Sex: Select One DOB: Age ID

Name of Student: Sex: Select One DOB: Age ID

Name of Student: Sex: Select One DOB: Age ID

Name of Student: Sex: Select One DOB: Age ID

Name of Student: Sex: Select One DOB: Age ID

### PART I

Is your current address a temporary living arrangement? Select One

Is this temporary living arrangement due to loss of housing or economic hardship? Select One

In the last 3 years, have you worked in any agricultural related activity in the U.S.? Example: Planting, Cultivation or Harvesting? Select One

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

### PART II

Where is the student presently living?

Select One

Check the box below that best describes with whom the student lives. (Legal guardianship may be only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in, and attend school).

☐ Parent(s) ☐ Legal Guardian(s) ☐ Unaccompanied Youth ☐ Caregiver(s) who are not legal guardian(s) Ex: friends, relatives, parents of friends, etc.) ☐ Other: \_\_\_\_\_

Name of Person with whom student resides:

Address:

City

Zip Code

Phone #:

Alt. Phone #

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct.

Signature of: ☐ Parent/ ☐ Legal Guardian/ ☐ Caregiver/ ☐ Unaccompanied Youth Date

I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

Signature, McKinney-Vento Social Worker Liaison  
Student Welfare and Attendance

Send via Inter-office Mail or Fax to SWAT at 239-335-1452.

F1138-projectaccessstudentresidency questionnaire/rev.01-01-11/djb

Submit

## Information for Parents

If, due to a lack of housing, you must live in a shelter, motel, vehicle, campground, on the street, abandoned buildings, trailers, or doubled-up with relatives or friends, then you are considered homeless according to the McKinney-Vento Act.

### Your children have the right to:

- ❖ Go to school, no matter where you live or how long you have lived there.
- ❖ Continue in the school they last attended before you became homeless, if that is your choice; and it is feasible.
- ❖ Receive transportation to the school they last attended before your family became homeless if you or a guardian requests such transportation.
- ❖ Attend a school and participate in school programs with children who are not homeless.
- ❖ Enroll in school without giving a permanent address.
- ❖ Enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.
- ❖ Enroll and attend classes in the school of your choice even while the school and you seek to resolve a dispute over enrolling your child.
- ❖ Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- ❖ Receive transportation to school and to school programs.

### When you move, you should do the following:

- ❖ Contact the school district's local liaison for homeless education (listed below) for assistance in enrolling your child in a new school, or arranging for your child to continue in his or her former school. Someone at a shelter, social services office, or your child's school can also direct you to the person you need to speak with.
- ❖ Contact the school and provide any information you think will assist the teachers in helping your child adjust to new circumstances.
- ❖ Ask the local liaison for homeless education, the shelter provider, or a social worker for assistance with clothing and supplies, if needed.

#### Local District Contacts:

Sheena Torres-Nunez, LCSW  
Project ACCESS Social Worker  
Office: (239) 337-8333  
Fax: (239) 335-1452

Dr. Ranice Monroe, District Homeless Liaison  
Assistant Director -Attendance & Social Work  
District Homeless Students Liaison  
2855 Colonial Blvd. Fort Myers, FL 33966-1012

For assistance, please contact  
Department of Student Welfare and Attendance  
(239) 337-8522