



2020-2021 Kindergarten Lottery & Waiting List

Christa McAuliffe Elementary	Phone (239) 283-4511	Fax (239) 282-0576
Oasis Elementary School	Phone (239) 542-1577	Fax (239) 549-7662

Thank you for your interest in our school system! Our enrollment process has two parts depending on the date you are applying:

PART 1 – LOTTERY ENROLLMENT (06/01/19 – 10/25/19)

A lottery is held when the number of applications received exceeds the number of seats available in a grade level. October 28, 2019 is the cut-off date for determining if a lottery is necessary. A computer generated lottery decides which applicants are awarded seats. If there are no seats available on a grade level a lottery will not be used and applicants will be placed in our Waiting List based on the date the application was received.

PART 2 – WAITING LIST (10/28/19 - 2/14/20)

Applicants not awarded a seat through our lottery are placed on a waiting list. After **October 28th** 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. Please request a Seat Preference Form when submitting your paperwork and submit it with the below documents in order to bypass the lottery. Siblings submitting documents after the **October 28th** cutoff will receive 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. For transportation purposes you must 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 to determine seats for the 2020-2021 school year. Families will be notified in end of October whether or not the student has been accepted or placed in the Eligibility Pool. **Families sent an acceptance letter must respond by November 25, 2019 or the seat is forfeited.**

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



Jacquelin Collins, Superintendent

Christa McAuliffe Phone: 239-283-4511
Oasis Elementary Phone: 239-542-1577
Oasis Middle Phone: 239-945-1999
Oasis High Phone: 239-541-1167

Kindergarten Seat Preference Form 2020-2021 School Year

****Forms must be submitted by October 25th****

I am applying for a seat at:

☐ Christa McAuliffe ES ☐ Oasis ES

STUDENT INFORMATION:

Name _____ 2020-21 Grade Kindergarten
Parent Name _____ Date of birth _____

ELIGIBILITY FOR PREFERENCE:

Sibling currently enrolled in the City of Cape Coral Charter School System.

(students are guaranteed seats as long as this form and all documents listed below are submitted **BY OCOBER 25th.**)

Name of sibling(s) _____

In order to finalize your child's application, **the following documents must be submitted:**

1. **Student Registration form**, this can be picked up in the front office.
2. **Original Birth Certificate** must be brought in and a photocopy will be made.
3. **Original Florida Certificate of Immunization and Health Examination**
4. **Proof of Residency** must be submitted. *For transportation purposes you must 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.*
5. **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(s) in school.

*****Please be aware that submission of this form and documents does not guarantee your student(s) a seat in the City of Cape Coral Charter School System if submitted after the October 28th cutoff. Eligibility Pool preference will be given to sibling(s) already enrolled in the City of Cape Coral Charter School System applying after the Lottery Enrollment Window.*****

Parent/Guardian Signature _____ Date _____



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: <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 <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	
Expelled from Previous School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Current 504 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: School:		Current Mental Health Services		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Life Threatening Allergies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrest Resulting in Charge		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, explain:	
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 #:		
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?		Does the student most frequently speak a language other than English?	
What language:		What language:		What Language?	
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		Country		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 parents(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.

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 12 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.

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

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

Parent/Guardian Signature _____

Oasis Charter Elementary School PARENT COMMITMENT AGREEMENT

By choosing Oasis Elementary, 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 is in agreement with your philosophy for your child's education.

If you hesitate to sign any of the following items, please carefully reconsider whether Oasis Elementary 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 Kindergarten.
- _____ 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 Elementary 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 on a daily basis, 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 Elementary 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 Elementary, I have made a commitment to assist and support the school in order 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 Elementary is the right program for my child.

Please direct any questions to our principal at (239) 542-1577.

Student's Name: _____

Parent Signature: _____ Date _____