

Enrollment Process Checklist



Oasis Elementary North: 239-283-4511
Oasis Elementary South: 239-542-1577
Oasis Middle School: 239-945-1999
Oasis High School: 239-541-1167
Jacquelin Collins, Superintendent

ENROLLMENT PROCESS:

Applicants are placed on the waitlist based on the date the application is received. Once a seat is available, the applicant is notified and given **1 business day** to respond. If a response is not received the applicant is removed from the waitlist. 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 waitlist may change at any time due to Enrollment Preference (see below).

ENROLLMENT PREFERENCE

Military, and siblings of students currently enrolled in our school system are given preference when enrolling. Please complete a Sibling Preference Seat Assignment Form when submitting your paperwork. This form will NOT guarantee a seat when applying to our school.

APPLICATION DOCUMENTS

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.
- ☐ **Proof of Residency** must be submitted. This can be any one of the following: electric, water, cable bill, signed lease agreement, title statement or a homestead exemption. **If you are residing with a relative or friend, a 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.
- ☐ **Driver's license:** Parent(s)/ Guardian(s) must be photocopied for your student's file to ensure that you are the parent/guardian legally able to enroll your student in school.
- ☐ **Academic Transcript**
- ☐ **State Test Scores: ELA, Math, Science**
- ☐ **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.
- ☐ **Birth Certificate** must be submitted.
- ☐ **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** Social Security Cards are used for identification and are not mandatory.
- ☐ **AICE Application (If you are applying to the AICE Program)**

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, and by email when a seat becomes available.

Please ensure your contact information is always up to date with us. Failure to do so, may result in loss of seat.

Thank you for your interest in our Oasis Charter 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):
☐ 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? YES 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 ____/____/____
☐ NEW ENROLLMENT ☐ TRANSFER FROM SCHOOL
PRIOR SCHOOL DISTRICT _____ PRIOR STATE _____
ALTERNATIVE SCHOOL _____
☐ RE-ENROLLMENT TO LEE COUNTY
PRIOR COUNTRY _____ Yrs Intrap _____

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 High School.

Parent/Guardian Signature _____ Date: _____

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