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

becomes available.

То	finalize your child's application for our enrollment process, the following documents must be submitted.				
	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).				
	- a control of the state of the				
	Birth Certificate must be submitted.				
	Form 680 Florida Certificate of Immunization 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					

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

child to participate in our enrollment process. Families will be notified by phone, and by email when a seat



OASIS CHARTER SCHOOLS CITY OF CAPE CORAL CHARTER SCHOOL AUTHORITY STUDENT REGISTRATION

☐ Oasis Ele	for (if submentary Noi r: 20 -20	nitting a Lottery Enrollme rth ☐ Oasis Eleme ☐ Grade:	entary :	South ☐ 1 st	☐ 2 nd	isis Middle 3 rd 4 th	ol may be selected to the sele	ngn	
STUDENT'S NAME AS	IT APPEARS	S ON BIRTH CERTIFICA	ATE: First				Middle		
AKA/NICKNAME									
☐ First time in Lee Cou	nty Public Sc	chool 🚨 First Time in F	lorida	Public Sch	ool [□ First Time i	n school in the U	United States	
STUDENT'S SOCIAL SECURITY #	SEX MALE FEMALE	STUDENT'S ETHNICITY Hispanic or Latino Not Hispanic or Latino	W co	HAT IS THE	E STUDENT ident to be)	☐ Ind	one or more races t lian (American) o cific Islander or H		
BIRTHDATE (M)/	(D)/(Y)	BIRTHPLACE	: CITY			STATE	COU	NTRY	
Expelled from Previous School YES NO Date School NO Arrested Resulting in Charge YES NO Juvenile Justice Action YES NO					Previous District Referral to Mental Health Services YES NO Life Threatening Allergies YES NO If YES, Explain: Medical Condition with Special Care YES NO If YES, Explain:				
ADDRESS WHERE STU	DENT LIVE	S		49,171,94,851,00		ESS (IF DIFF	ERENT)		
	DEITE BITE			STREET					
STREET CITY/STATE				CITY/ST					
ZIP CODE				ZIP CODE					
MAIN CONTACT #:				EMERG	ENCY PE	IONE #:			
	student vo	rido? D Poth Natural	Darente	. □ Moth	er D Fa	ther 🗆 Lega	l Guardian 🚨	Other	
With whom does the student reside? ☐ Both Natural Parents INFORMATION FOR: ☐ Mother ☐ Guardian ☐ Other Name:				INFORMATION FOR: Father Guardian Other Name:					
Address:				Address: Home #:					
Main Contact #:	H	Iome #:		Main Co	ntact #:		Home #:		
		ccupation:	-	Wk. Phone: Occupation: E-mail Address:					
E-mail Address:				E-mail A	duress:				
Is a language other than Eng in the home? YES NO What language?	la C	Does the student have a first inguage other than English? YES D NO What language?		Does the student most frequently speak a language other than English? YES NO What language? Has your child attended a Uni school for less than 3 full year yes NO Date entered in U.S. school (M)/(D)/(Y)		han 3 full years? O U.S. school			
Preferred language to be o	ontacted:	English 🖸 Sr	anish	-	☐ Creole		Other		
		member of the U.S. milit	tary?	1 YES	i. NO)			
NAME OF LAST SCHOO						□ PUBLIC □ PRIVATE		Have you moved recently due to	
CITY STATE COUN			TY ALTERNATIVE SCHOOL working in agriculture						
ZIP CODE COUNTRY			☐ HOME SCHOOL ☐ YES ☐ NO						
SIGNATURE OF P	PRINT Y	OUR NA	ME		DATE				
THIS BOX FOR OFFICE STUDENT # ENROLLMENT CODE IN NEW ENROLLMENT PRIOR SCHOOL DISTRICT		ENROLLMENT DAT	E/	DL NAME/			CHOOL ENT TO LEE COUNT Y Yr		

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