

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 _____		INFORMATION FOR: <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Name: _____		Name: _____	
Address: _____		Address: _____	
Main Contact #: _____ Home #: _____		Main Contact #: _____ Home #: _____	
Wk. Phone: _____ Occupation: _____		Wk. Phone: _____ Occupation: _____	
E-mail Address: _____		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: ___/___/___	ALTERNATIVE SCHOOL _____	
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> TRANSFER FROM SCHOOL		<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY	
PRIOR SCHOOL DISTRICT _____	PRIOR STATE _____	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



Student Housing Questionnaire

SCHOOL Data Entry:
Date: _____
Code: R _____ U _____
Initials: _____

This questionnaire is required under Every Student Succeeds Act: Title IX/Part A. The answers below will help us determine if your student may qualify for additional resources or educational supports. **PLEASE COMPLETE ONE FORM PER FAMILY.**

- How many other children/youths are in your household (even if not enrolled in school)? _____
- Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 (if needed, use an additional sheet of paper.)

a. Name of Student:

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

b. Other Children/Youth in Your Household (even if not enrolled in school):

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

3. Parent/Guardian, or Unaccompanied Youth's First & Last Name: _____

a. Current Address: _____

b. Length of Time at this Address: _____

c. Former Address: _____

d. Telephone: _____ Cell Phone: _____ Work phone: _____

The undersigned certifies that the information provided is accurate.

Parent's, Guardian's, or Unaccompanied Youth's Signature: _____ Date: _____

4. Place an "X" in the appropriate box to answer "Yes" or "No".

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer, ACT shelter, Salvation Army).	<input type="checkbox"/>	<input type="checkbox"/>	A
2. My family shares the housing of other persons due to loss of housing, economic hardship, eviction, or a similar reason; doubled-up (or "couch surfing").	<input type="checkbox"/>	<input type="checkbox"/>	B
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (such as shed, garage, etc.) or similar settings.	<input type="checkbox"/>	<input type="checkbox"/>	D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	E
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.	<input type="checkbox"/>	<input type="checkbox"/>	
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.	<input type="checkbox"/>	<input type="checkbox"/>	

5. If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box:

Disaster-Related:

- Man-made Disaster (Major) (D)
- Hurricane (H)
- Pandemic (Major) (P)
- Flooding (F)
- Earthquake (E)
- Tornado (T)
- Tropical Storm (S)
- Wildfire (W)

Non-Disaster Related:

- Unknown (U)
- Other Homelessness Causes (N)
- Mortgage Foreclosure (M)

If you answered "Yes" to some or all of the questions above, an educational representative may contact you to find out whether your child (or you - if an unaccompanied youth) are eligible for additional educational services.



Información de Residencia Estudiantil

SCHOOL Data Entry:	
Date:	_____
Code: R _____ U _____	
Initials:	_____

Este cuestionario es requerido bajo el Every Student Succeeds Act: Title IX/Part A. Las respuestas a continuación nos ayudarán a determinar si su estudiante puede calificar para recursos adicionales o apoyos educativos. **POR FAVOR COMPLETE UN FORMULARIO POR FAMILIA.**

1. ¿Cuántos otros niños/jóvenes hay en su hogar (incluso si no están matriculados en la escuela)? _____
2. Nombres de Estudiantes Matriculados en la Escuela (PK-12) o no matriculados en la escuela, incluidos aquellos de edades 1-4 (*Si es necesario, use una hoja de papel adicional*).

a. Nombre del Estudiante:

Nombre	MI	Apellido	DOB	Grado	Escuela
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b. Otros Niños/Jóvenes en su Hogar (*incluso si no están matriculados en la escuela*):

Nombre	MI	Apellido	DOB	Grado	Escuela
Nombre	MI	Apellido	DOB	Grado	Escuela
Nombre	MI	Apellido	DOB	Grado	Escuela

3. Nombre y Apellido del Padre/Madre/Tutor o del Joven No Acompañado: _____

- a. Dirección Actual: _____
- b. Tiempo en esta Dirección: _____
- c. Dirección Anterior: _____
- d. Teléfono: _____ Teléfono Celular: _____ Teléfono del Trabajo: _____

El abajo firmante certifica que la información proporcionada es precisa.

Firma del Padre, Madre, Tutor, o Joven No Acompañado: _____ Fecha: _____

4. Marcar una "X" en la casilla correspondiente para responder "Sí" o "No".

RESIDENCIA NOCTURNA	SI	NO	CODE
1. Mi familia vive en un refugio de emergencia o de transición (un remolque de FEMA, refugio ACT, Salvation Army).			A
2. Mi familia comparte la vivienda de otras personas debido a la pérdida de vivienda, dificultades económicas, desalojo, o una razón similar; vivienda compartida (o "surfing de sofá").			B
3. Mi familia vive en un coche, parque, parque de remolques temporal o campamento debido a la falta de otras alternativas adecuadas de alojamiento, espacio público, edificio abandonado, vivienda deficiente, estación de autobús o tren, lugar público o privado no diseñado ni utilizado habitualmente como alojamiento regular para seres humanos (como cobertizo, garaje, etc.) o entornos similares.			D
4. Mi familia vive en un hotel o motel debido a la falta de otras alternativas adecuadas de alojamiento.			E
5. Un niño/joven en mi hogar tiene menos de 16 años y no está acompañado (no está bajo la custodia física de un padre o tutor) o soy un joven no acompañado menor de 16 años.			
6. Un niño/joven en mi hogar tiene 16 años o más y es un joven no acompañado (joven no está bajo la custodia física de un padre o tutor) o soy un joven no acompañado de 16 años o más.			

5. Si marcó "Sí" en alguna de las preguntas anteriores, por favor indique la causa colocando una "X" en la casilla correspondiente:

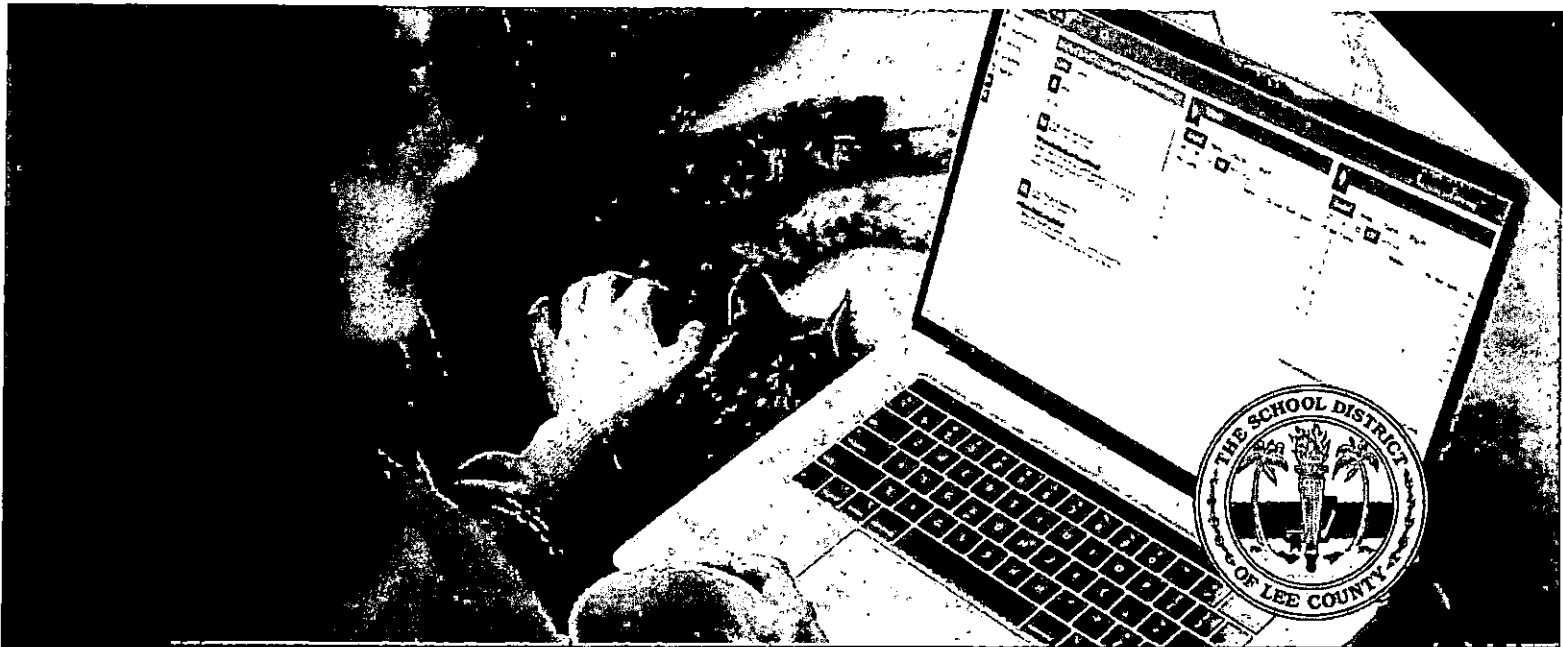
Relacionada con Desastres:

- | | |
|---|--|
| <input type="checkbox"/> Desastre causado por el hombre (D) | <input type="checkbox"/> Terremoto (E) |
| <input type="checkbox"/> Huracán (H) | <input type="checkbox"/> Tornado (T) |
| <input type="checkbox"/> Pandemia (Mayor) (P) | <input type="checkbox"/> Tormenta Tropical (S) |
| <input type="checkbox"/> Inundación (F) | <input type="checkbox"/> Incendio Forestal (W) |

No Relacionada con Desastres:

- | |
|--|
| <input type="checkbox"/> Desconocido (U) |
| <input type="checkbox"/> Otras Causas de Desamparo (N) |
| <input type="checkbox"/> Ejecución Hipotecaria (M) |

Si respondió "Sí" a algunas o todas las preguntas anteriores, un representante educativo puede contactarlo para averiguar si su hijo (o usted - si es un joven no acompañado) es elegible para servicios educativos adicionales.



FOCUS Parent Portal

Child's Assignment Grades • Class Grade • Attendance • Referrals
Progress Monitoring Results • Report Cards • Interim Report Cards
Beginning of the Year Forms such as Student Emergency and Health Information

How to Register

- Visit <http://focus.leeschools.net>
- Click "Create a Focus Parent Portal Account"
- Scroll to the bottom and click "Create Account"
- Fill in required fields and hit submit

Reset Password

- If your email is already registered or forgot your password:
 - Visit <http://focus.leeschools.net>
 - Click "Reset your Focus Parent Portal password"

Once an Account is Created

Linking Student Accounts

IMPORTANT

Gather **Student ID, Birth Date, and Portal PIN**

Portal PIN will be emailed to the email address on file at the beginning of 1st and 2nd semester or **contact your child's school.**

- Click "Link a child to your Focus Parent Portal account" or "I would like to ADD A CHILD who is already enrolled."
- Fill in required fields
- Click "Add Student"
- Repeat for each child
- Click "I am FINISHED adding students. Please take me to the Portal."

The School District of Lee County

PERSONAL | PASSIONATE | PROGRESSIVE