



## Eligibility Pool Information

Christa McAuliffe Elementary	Phone (239) 283-4511	Fax (239) 282-0576
Oasis Elementary School	Phone (239) 542-1577	Fax (239) 549-7662
Oasis Middle School	Phone (239) 945-1999	Fax (239) 540-7677
Oasis High School	Phone (239) 541-1167	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



Application for (if submitting a Lottery Enrollment Application only one elementary school may be selected):

Christa McAuliffe ES     Oasis ES     Oasis MS     Oasis HS

School Year 20 -20 Grade  KG    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>  
 6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

<b>STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:</b>			
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 _____	
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 Date _____ School _____		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: _____	
Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO 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: _____	
<b>ADDRESS WHERE STUDENT LIVES</b>		<b>MAILING ADDRESS (IF DIFFERENT)</b>	
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"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		INFORMATION FOR: <input type="checkbox"/> Parent <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 _____
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? <input type="checkbox"/> YES <input type="checkbox"/> 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 \_\_\_\_\_

<b>THIS BOX FOR OFFICE USE ONLY</b>			
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 Intp _____

# 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 City of 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 as well as your Pending Clearance Log to record your hours.
- ✓ 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. Once you receive this notice, you should also submit your Pending Clearance Log as well in order to receive credit for the hours you have already completed.

### Requirements for Involvement:

- ✓ Parents/Guardians are required to complete a minimum of 12 involvement hours. **This requirement is per family, not per child.**
- ✓ Families must fulfill their 12 hour commitment to retain student seats in our system.
- ✓ You will not receive credit for any involvement hours until all documentation has been submitted. It is your responsibility to accurately log your hours once you've submitted your paperwork; first on the Pending Log and then 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 12 hours involved with the City of 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 \_\_\_\_\_