

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

								etemen Oasis N		ooi may be sele Oasis			
☐ Oasis Elementary North ☐ Oasis Elementary  School Year: 20 -20				⟨G	■ 1 <sup>st</sup>		□ 3 <sup>r</sup>		h <b>1</b> 5 <sup>th</sup>	2th			
				<u> </u>	5 <sup>th</sup>	□ <b>7</b> <sup>th</sup>	<b>□</b> 8 <sup>th</sup>	<b>□</b> 9	" <b>U</b> 10	O <sup>th</sup> □11 <sup>th</sup> □ 1	Z <sup>tii</sup>		
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE: Last First						Middle							
AKA/NICKNAME													
☐ First time in Lee County Public School ☐ First Time in Florida Public School ☐ First Time in school in the United States													
STUDENT'S	SEX	l l				WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you							
SOCIAL SECURITY #	☐ MALE	AALE   Dilliamania and Latina				consider the student to be)  White  Indian (American) or Alaskan Native							
	☐ FEMALE				_	☐ Black or African American ☐ Pacific Islander or Hawaiian ☐ Asian							
BIRTHDATE (M)/(D)/(Y) BIRTHPLACE: CITY							STATE COUNTRY						
Expelled from Previous School  YES NO  DateSchool						Previous District Referral to Mental Health Services  YES  NO  Life Threatening Allergies  YES  NO  If YES, Explain:							
Arrested Resulting in Charge ☐ YES ☐ NO  Juvenile Justice Action ☐ YES ☐ NO						Medical Condition with Special Care ☐ YES ☐ 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? ☐ Both Natural Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other													
INFORMATION FOR:  Mother  Guardian  Other						INFORMATION FOR: ☐ Father ☐ Guardian ☐ Other Name:							
Address:						Address:							
Main Contact #:	ain Contact #: Home #:						Main Contact #: Home #:						
	Vk. Phone: Occupation:						Wk. Phone: Occupation:						
E-mail Address:		E-mail Address:											
in the home?  ☐ YES ☐ NO							speak a language other than English? □ YES □ NO Date				as your child attended a United States thool for less than 3 full years?  YES NO  atte entered in U.S. school  I)/(Y)		
Preferred language to be co	ntacted: 🗖 E	English		☐ Spanish	ı		☐ Cred	ole		Other			
Is either parent a current	t or former n	nember (	of the U.S. n	nilitary?		□ YES		NO					
NAME OF LAST SCHOOL	ATTENDED	:							UBLIC		Have you moved		
CITY STATE COUNT						Y □ PRIVATE □ ALTERNATIVE SCHOOL □ HOME SCHOOL					recently due to working in agriculture or the fishing industry?		
ZIP CODE COUNTRY						☐ CHARTER SCHOOL ☐ YES ☐ NO							
SIGNATURE OF PARENT PLEASE						PRINT YOUR NAME					DATE		
THIS BOX FOR OFFICE USE ONLY  STUDENT # SCHOOL NAME  ENROLLMENT CODE ENROLLMENT DATE/  D NEW ENROLLMENT								ALTERNATIVE SCHOOL  RE-ENROLLMENT TO LEE COUNTY  PRIOR COUNTRY Yrs Intrp					