

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 ☐ 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 _____

☐ First Time in Lee County Public School ☐ First Time in Florida Public School ☐ 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
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BIRTHDATE(M)____/(D)____/(Y)____ BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____

Special Education/Active IEP ☐ YES ☐ NO GIFTED ☐ YES ☐ NO Current 504 ☐ YES ☐ NO

Expelled from Previous School ☐ YES ☐ NO Previous District Referral to Mental Health Services ☐ YES ☐ NO
 Date _____ School _____ Life Threatening Allergies ☐ YES ☐ NO
 If YES, Explain: _____

Arrested Resulting in Charge ☐ YES ☐ NO Medical Condition with Special Care ☐ YES ☐ NO
 Juvenile Justice Action ☐ 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 #:

EMERGENCYPHONE #:

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: _____

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?
☐ YES ☐ NO

Does the student have a first language other than English?
☐ YES ☐ NO

Does the student most frequently speak a language other than English? ☐ YES ☐ NO

Has your child attended a United States school for less than 3 full years?

☐ YES ☐ NO

Date entered in U.S. school _____/_____/_____

What language? _____

What language? _____

What language? _____

Preferred language to be contacted: ☐ English ☐ Spanish ☐ Creole ☐ Other _____

Is either parent a current or former member of the U. S. military? ☐ YES ☐ NO

NAME OF LAST SCHOOL ATTENDED _____

☐ PUBLIC
☐ PRIVATE
☐ ALTERNATIVE SCHOOL
☐ HOME SCHOOL
☐ CHARTER SCHOOL

Have you moved recently due to working in agriculture or the fishing industry?
☐ YES ☐ 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 _____

☐ NEW ENROLLMENT ☐ TRANSFER FROM SCHOOL _____ ☐ RE-ENROLLMENT TO LEE COUNTY

PRIOR SCHOOL DISTRICT _____ PRIOR STATE _____ PRIOR COUNTRY _____ Yrs Intp _____