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** ❑ VPK ❑ 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 _____

What is the student's:

Gender
❑ Male
❑ Female

Ethnicity
❑ Hispanic or Latino
❑ Not Hispanic or Latino

Race (mark all that apply)
❑ White ❑ Black or African American ❑ Am. Indian or Alaskan Native
❑ Asian ❑ Pacific Islander or Hawaiian

Birthdate ____/____/____ **Social Security #** _____

Birthplace City _____ State _____ Country _____

Home Language Survey

Is a language other than English used in the home? ❑ No ❑ Yes What language? _____
Did the student have a first language other than English? ❑ No ❑ Yes What language? _____
Does the student most frequently speak a language other than English? ❑ No ❑ Yes What language? _____
Has your child been in attendance in a U.S. school for less than 3 full years? ❑ No ❑ Yes
What is the date your child first started attending classes in a U.S. school? ____/____/____

Address where student lives

Street _____
City _____ State _____ Zip Code _____

Who does the student live with?
❑ Both Natural Parents ❑ Mother ❑ Father ❑ Legal Guardian ❑ Other _____

Father's Information

Name _____
Address _____
_____
Home Phone _____
Cell Phone _____
Work Phone _____
Occupation _____
Email Address _____

Mother's Information

Name _____
Address _____
_____
Home Phone _____
Cell Phone _____
Work Phone _____
Occupation _____
Email Address _____

Previous School ❑ Public ❑ Private ❑ Charter ❑ Alternate ❑ Home School

Name of last school attended _____
City _____ State _____ County _____

Please answer all questions

Was your child in any Special Education Program at the previous school (speech, gifted, etc.)? ❑ Yes ❑ No
Does your child have a severe medical problem that requires special care? ❑ Yes ❑ No
Is either parent/guardian a current or former member of the U.S. military? ❑ Yes ❑ No
Have you moved recently due to working in agriculture or the fishing industry? ❑ Yes ❑ No
Has the student previously been expelled (not suspended) by a school board action? ❑ Yes ❑ No

_____ _____ _____
SIGNATURE OF PARENT/GUARDIAN PLEASE PRINT YOUR NAME DATE

Florida Law states that whoever knowingly provides false information in writing to a public servant in the performance of his or her duties commits a second degree misdemeanor punishable by a fine of up to $500.

Student Disclaimer

The district will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the district except as mandated or permitted by law. The district will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

For the purpose of student registration identification numbers such collection is governed by §1008.386 and §119.071 (5) (a) 6, Florida Statutes. Please note: a student is not required to provide his or her social security number as a condition for enrollment or graduation.