

Christa McAuliffe Phone: 239-283-4511 Oasis Elementary Phone: 239-542-1577 Oasis Middle Phone: 239-945-1999 Oasis High Phone: 239-541-1167

Nelson Stephenson, Superintendent

## Kindergarten Seat Preference Form 2017-2018 School Year

\*\*Forms must be submitted by October 14<sup>th</sup>\*\*

I am applying for a seat at:	
☐ Christa McAuliffe ES ☐ Oasis ES	
STUDENT INFORMATION: Name Parent Name	2017-18 Grade Kindergarten_ Date of birth
ELIGIBILITY FOR PREFERENCE: Please mark the appropri	ate sections.
<ol> <li>Sibling currently enrolled in Cape Coral Chart are guaranteed seats as long as this form and all documents in October 14<sup>th</sup>.)</li> <li>Name of sibling(s)</li> </ol>	isted below are submitted BY
<ol> <li>In order to finalize your child's application, the following do</li> <li>Student Registration form, this can be picked up in the following:</li> <li>Original Birth Certificate must be brought in and a photo</li> <li>Original Florida Certificate of Immunization and Hea</li> <li>Proof of Residency must be submitted to verify that you be any one of the following: electric, water, phone or constatement or a homestead exemption.</li> </ol>	front office. ocopy will be made. I <b>th Examination</b> legally reside in Cape Coral. <i>This can</i>
2.  Current Christa McAuliffe or Oasis ES VPK Stu  (no additional documents are required.)	ıdent

\*\*\*Please be aware that submission of this form and documents does not guarantee vour student a seat in the Cape Coral Charter School System if submitted after the October 14th cutoff. Eligibility Pool preference will be given to siblings/VPK students applying after the Lottery Enrollment Window. \*\*\*

Parent/Guardian Signature	Date	
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