

Sibling Preference Seat Assignment Form 2021-2022 School Year

STUDENT INFORMATION:

Name

Phone Number _

2021-22 Grade _____

Date of Birth

SCHOOL PREFERENCE: Oasis Elementary North

ELIGIB	ILITY FOR PR	EFERENCE: (Please check which	never box applies.)
Sibli	ing enrolled i	in Cape Coral Charter Scho	ol System
Name of sibling(s) and Grade level:			
Nam	ne of sibling(s)	and Grade level:	
Sibli	ng's school(s):	Oasis Elementary North	Oasis Elementary South
		Oasis Middle School	Oasis High School
	,	ur child's space on the waiting list,	the following documents must be
subm	nitted and in orde	er:	
1.	Student Regis	tration form, this can be found on the	ne Oasis Elementary South Website.
2.	Original Birth	Certificate	
3.	Florida Certificate of Immunization (blue)		
4.	Health Examination (gold) must be submitted and current.		
5.	Proof of Residency must be submitted to verify that you legally reside in Cape Coral. <i>This can</i>		
	be an LCEC, wa	ter, cable bill, signed lease agreement	t or a homestead exemption.
6.	5. Proof of Custody must be provided if the student does not live with both natural parents.		
7.	7. Copies of Both Parent(s)/Guardian(s) I.D.		
8.	IEP/Gifted Do	cuments: If applicable	

Please be aware that submission of this form does not guarantee your student a seat in the City of Cape Coral Charter School System, it is only used for determining the order of preference when assigning available seats.

ALL LISTED DOCUMENTS #1-7 <u>MUST BE SUBMITTED</u> TO ENSURE YOUR CHILD REMAINS ELIGIBLE FOR ASSIGNMENT PREFERENCE WITH A SIBLING IN OUR SYSTEM.