



Oasis Charter Public School

Enrollment Form SY 2022-2023

CHILD'S INFORMATION:

Child's Full Name _____
Last First Middle

Child's Nickname _____ Birth date _____ Birth Place _____ Gender **M** **F**

Grade Child will enter in SY 2022-2023 _____ District of Residence _____ Last School Attended _____

Student Lives With: ___ Both Parents ___ Father ___ Mother ___ Joint Custody ___ Guardian ___ Foster

FAMILY INFORMATION:

Mother/Step Mother/Guardian

Father/Step Father/Guardian

Full Name _____

Physical Address _____

Mailing Address _____

City _____

State & Zip _____

Phone (hm) _____ (wk) _____ (hm) _____ (wk) _____

Ethnicity: Is this student/staff member Hispanic or Latino? (Select only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be. **MUST ANSWER BOTH QUESTIONS.**

Race: What Is the race of this student? (Select one or more)

American Indian or Alaska Native

Asian:

Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian Filipino Hmong Other Asian

Native Hawaiian or Other Pacific Islander:

Hawaiian Guamanian Samoan Tahitian Other Pacific Islander

Black or African American

White

Parent Education Level: Check the response that describes the highest education level of parent/guardian(s):

- Not a high school graduate
- Some College (includes AA degree)
- Graduate school/postgraduate training
- High school graduate
- College graduate

Has your child ever been evaluated for special education or received special education services? ___Y ___N

If yes, please answer the following:

1. Which class or service did your child attend? (Circle all that apply).

SPEECH, LH/SDC, ED/SDC, CH/SDC, ADAPTIVE P.E., OTHER.

2. Has your child ever attended a special education class? ___ y ___ n If so, when: month ___ year ___

3. Was this in a public or private school (please circle one)? Name of School _____

***Residence** – where is your child/family currently living? (Federally mandated by NCLB: Please Check appropriate box)

- In a single family permanent residence (house, apartment, condo, mobile home)
- in a motel/hotel
- Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reason)
- Unsheltered (car/campsite)
- In a sheltered or transitional housing program
- Other _____

Parent/Guardian Signature _____ **Date** _____

OCPS will not discriminate on the basis of race, color, sex, national and ethnic origin, age, religion, or disability in the administration of its educational, admission and athletic policies and other school-administered programs.

Office Use ONLY:	Proof of Birth Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Assigned Grade:	Enroll Date:	Notes:
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