



Oasis Charter Public School

Enrollment Form SY 2023-2024

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 2023-2024 _____ 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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Oasis Charter Public School
EMERGENCY FORM SY 2023-24

Teacher _____ Grade _____

Name Last First Middle M F
Address Apt. No. City/State
Zip
Birthdate Birthplace
Language Spoken at Home

Table with 2 columns: Mother/Guardian/Caregiver Name, Father/Guardian/Caregiver Name. Rows include Employer, Home Phone, Work Phone, Cell Phone, and E-mail.

Child Living With Relationship

Emergency Contacts In case my child becomes ill or injured at school and parent contact cannot be made, you may contact or release my child to the following: The following people are also allowed to pick my child up after school.

Table with 5 columns: 1., Name, Relationship, Home Phone, Other/Cell Phone. Rows 1, 2, 3.

Health Care Provider Phone
Name of Medical Insurance Policy Number
No Medical Condition Or
My child receives regular care for the following medical condition(s):
Allergies/Allergic to: Date of last reaction:
Requires Epinephrine (circle one): Yes No
Asthma Diabetes *is insulin required? (Circle one): Yes No Seizures
Does your child have any other major health issue (s) Please list:
Is your child taking medication (s)? Please list medication (s) and times taken:

Other children in the family:

Table with 5 columns: Name, Year of Birth, Relationship, Grade, M/F. Rows for other children in the family.

In an emergency, when we cannot be contacted, the school authorities or parent volunteers have our permission to use their best judgment in the interest of our child's health and welfare. The school assumes no financial responsibility or legal liability. If emergency service involving medical action or treatment is required and neither parent nor the family physician can be reached for consent, the parent hereby consents to the rendering of such emergency medical service for the above named students as shall be necessary in the opinion of the adult performing supervision. I certify that my child is a resident of California. Yes No

Signature of Parent or Guardian

Date

**Oasis Charter Public School
HOME LANGUAGE SURVEY**

DATE: _____

SCHOOL: Oasis Charter Public

The California Education Code requires schools to determine the language(s) spoken at home by each student and the dates they first enrolled in schools in the United States. This information is essential for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the office. Thank you for your help.

NAME OF STUDENT:

Last _____ First _____ Middle _____

BIRTHDATE OF STUDENT:

Age:

Grade:

MONTH: _____ DAY: _____ YEAR: _____

FIRST ENROLLED IN A CALIFORNIA PUBLIC SCHOOL: DATE FIRST ENROLLED IN ANY SCHOOL IN THE UNITED STATES:

MONTH: _____ DAY: _____ YEAR: _____

MONTH: _____ DAY: _____ YEAR: _____

1. Which language did your son or daughter learn when he or she first began to talk?

2. What language does your son or daughter most frequently use at home?

3. In what language do you most frequently speak to your son or daughter?

4. What language is spoken most often by the adults at home?

Signature of Parent or Guardian: _____

Print Name: _____

FOR OFFICE USE ONLY

Language Proficiency Designation:

ELL _____ English Only _____ FEP _____



Income Survey SY 2023-2024

Encuesta de Ingresos

We need the following information in order to qualify for certain funds through the California Department of Education. We appreciate you taking the time to complete this form.

Name of Oasis Student:

How many adults are there in the household? _____

How many children are there in the household? _____

For School use only, total monthly income: _____

Please circle all services that you are receiving: CalFRESH CalWORKS Kin-GAP FDPIR
This information is confidential and will only be used to determine eligibility for state funds through the California Department of Education for the school year 23-24. This information will not be divulged for any other reason.

Necesitamos la siguiente información para solicitar fondos del Departamento de Educación del Estado de California. Les agradecemos mucho su tiempo en completar esta forma.

Nombre del estudiante:

¿Cuántos adultos hay en la casa? _____

¿Cuántos niños hay en la casa? _____

Para uso de la escuela, todo el ingreso del hogar: _____

Por favor de marcar todos los programas que recibe: CalFRESH CalWORKS Kin-GAP FDPIR

Esta información en esta forma es confidencial y solo será usada para determinar la elegibilidad para fondos del estado por el Departamento de Educación del Estado de California, Esta información no será divulgada por ningún otro motivo.

 X _____

Signature of parent/guardian filling out

_____ Date/Fecha

Firma de adulto/miembro del hogar quien llena esta forma

For OFFICE Use Only:
Teacher: _____

Free: ____ Reduced: ____ N/A: ____

Grade: _____

Free with FS/CALworks/Kin-Gap/FDPIR: _____



Field Trip Permission

SY 2023-2024

My child, _____ has my permission to participate in the following school authorized field trips:

Lunchtime playground activities and Enrichment Club activities.	Yes _____	No _____
School field trips within walking distance of school.	Yes _____	No _____
School field trips involving car pooling with parent volunteers as drivers.	Yes _____	No _____

(Parents will be notified with additional Form)

I hold Monterey County Office of Education, the UCEN Board of Directors, and Oasis Charter Public School, its Faculty, Agents and Employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in any school authorized field trip.

In an emergency when I cannot be contacted, the school authorities have my permission to use their best judgment in the interest of my child's health and welfare. The school assumes no financial responsibility. If emergency services involving medical action or treatment is required and neither parent nor the family physician can be reached for consent, I consent to the rendering of such emergency medical service for the above named student as shall be necessary in the opinion of the medical staff rendering service.



Oasis Charter Public School

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

SY 2023-2024

From time to time we take pictures during activities. We would like your permission to use these pictures on our website, advertisement, or in our tri-fold. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for Oasis purposes.

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES, I grant you permission to use photos of my child.

-Or-

_____ NO, Please do use any photos of my child.

Parent/Guardian's Name (PLEASE PRINT): _____

Parent/Guardian's Signature: _____

Date: _____

Office use ONLY:
Teacher: _____
Grade: _____



Family Participation AGREEMENT for 2023-2024

By enrolling my child at Oasis Charter Public School, in agreement with the school's charter, I commit to support the school and my child's education by:

- Attending BOTH All Family Meetings. _____
Initial
- Attending the parent-teacher conferences. _____
Initial
- Participating in school wide events. _____
Initial
- Having my child to school on time and making every effort to ensure my child attends school every day. _____
Initial
- Supporting the Oasis Charter Public School by modeling appropriate behavior at school. _____
Initial

Signature Parent(s)

Printed Name(s)

Family Participation Options

Classroom Support Position

- Coordinate with your child's teacher to help with needs in the classroom.

Individual Support Position (Do you have a talent/skill you would like to share with Oasis?)

School-wide Leadership Position

- Leadership position on the OCC

School-wide Support Position

- Participate on a school wide committee, help with recess duty, or maintenance needs.
- School-wide events to participate in for the 2023-2024 school year include:

School Camping	Harvest Feast (Nov)
Book Fairs	School Dances
Gala	Boxland (May)
6th grade promotion (Jun)	

I have read and understand the family participation contract. I agree to fulfill my 45 volunteer hours.

Child's Name: _____ Teacher: _____

Child's Name: _____ Teacher: _____

Child's Name: _____ Teacher: _____

Guardian Signature: _____

Date: _____



Homeless Children and Youth Services Program

Student Housing Questionnaire

The information provided below will help determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

STUDENT INFORMATION

Student Name: _____ Birthdate: _____

Grade: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact Number: _____

PLEASE CHECK THE BOX BELOW WHICH BEST DESCRIBES YOUR CURRENT LIVING ARRANGEMENT

- | | |
|--|---|
| <input type="checkbox"/> Rent or own a home, mobile home, apartment, or condominium.
<input type="checkbox"/> Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing
<input type="checkbox"/> Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
<input type="checkbox"/> Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or transitional housing | <input type="checkbox"/> Moving from place to place/couch surfing
<input type="checkbox"/> Living in car, RV, park, campsite, encampment, or on the street
<input type="checkbox"/> Living in a residence with inadequate facilities (no water, no heat, or no electricity), shed, or unconverted garage. |
|--|---|

PLEASE LIST ANY ADDITIONAL CHILDREN LIVING WITH YOU – They qualify for services, too!

Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____

YOUR CHILD OR CHILDREN MAY HAVE THE RIGHT TO:

*Immediate enrollment in the school they last attended or the local school where you are currently staying, even if you do not have all the documents needed to enroll. *Continue to attend their school of origin. *Receive transportation to and from their school of origin. *Receive special programs and services. *Free school meals. *Receive the full protections and services provided under all federal and state laws, as it relates to homeless children and youth.

As the parent/guardian of the above-named child, I declare under penalty of perjury under the laws of the State of California that the information provided here is true and correct.

Signature: _____ Date: _____

FOR DISTRICT PERSONNEL ONLY

For data collection purposes and student information system coding.

Student not covered by McKinney-Vento Act.

Student covered by McKinney-Vento Act