



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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Name _____ M ___ F ___
Last First Middle

Address _____ Apt. No. _____ City/State _____ Zip _____

Birthdate ____/____/____ Birthplace _____ Language Spoken at Home _____ City/State _____

Mother/Guardian/ Caregiver Name:		Father/Guardian/ Caregiver Name:	
Employer:		Employer:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Cell Phone:		Cell Phone:	
E-mail		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.

	Name	Relationship	Home Phone	Other/Cell Phone
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:

Year Name Birth	Relationship	Grade	of

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:

English Only _____ FEP _____ ELL _____



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

Firma de adulto/miembro del hogar quien llena esta forma

Date/Fecha

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, be a Program Coordinator.

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	Carnival (Sept)
BBQs (Fall or Spring)	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

- Rent or own a home, mobile home, apartment, or condominium.
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or transitional housing
- Moving from place to place/couch surfing
- Living in car, RV, park, campsite, encampment, or on the street
- 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 in 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



Oasis Charter Public School
1135 Westridge Parkway Salinas CA 93907
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A project of Under Construction
Educational Network, Inc.

Kindergarten Acknowledgement & Agreement

Student's Name _____

Date of Birth _____

I (we) acknowledge and agree to the Kindergarten program that Oasis will offer to my child for the 2023-2024 school year. The program is based on the following:

- ❖ An appropriate and well-designed play-based approach which supports children to develop the following skills:
 - Social, Emotional, Cognitive, and Academic

Initials _____

- ❖ Developmentally Appropriate Activities
 - Organized games and planned academic/learning centers

Initials _____

- ❖ Evaluations and Assessments
 - Observations, student's work, narratives and rubrics
 - Developmental Reading Assessment (DRA), and EasyCBM

Initials _____

- Children born after **September 1st 2018.**

Initials _____

****School Hours if your child is NOT ready for a full day of school:**

8:30am- 12:30pm Monday through Friday . **This determination will be made by teachers and administrators with the collaboration of parents. A meeting will be held before determination is made.**

Initials _____

Parent's Signature _____

Date _____

Thank you for giving your child the GIFT of TIME!