



Dr. Lee Bush, Principal  
2817 SW 3<sup>rd</sup> Lane  
Cape Coral, Florida 33991

Phone: 239-283-4511  
Fax: 239-282-0376

## Sibling Preference Form 2010-2011 VPK School Year

### **INCOMING VPK STUDENT INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **ELIGIBILITY FOR PREFERENCE:**

**Sibling enrolled in Cape Coral Charter School System**

Name of sibling(s):

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Sibling's school(s):  Christa McAuliffe ES  Oasis ES  Oasis MS  Oasis HS

- ❖ For a guaranteed seat, siblings **must be** enrolled on February 23<sup>rd</sup>.
- ❖ Sibling enrollments **after** February 23<sup>rd</sup> will receive waiting list preference, but will not be guaranteed a seat.
- ❖ Sibling enrollment will be verified for all VPK students enrolling on February 23<sup>rd</sup>. If we are unable to verify that the VPK student has a sibling enrolled with the City of Cape Coral Charter School System, the application will be voided and the parent/guardian will need to reapply.

I understand that in order to enroll my child on February 23<sup>rd</sup> the VPK student must have a sibling currently enrolled in Christa McAuliffe ES, Oasis ES, Oasis MS or Oasis HS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date