

Oasis Learning Experience

Please complete 1 form PER child attending!

Student Name: _____

Student Preferred Name: _____

Parent Name: _____

Parent Name: _____

What Days will your student be attending Oasis School Camp?

Monday Tuesday Wednesday Thursday Friday

Day	Morning Drop Off Time (Cannot be before 7:15am)	Afternoon Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Student's School/Teacher: _____

School Teacher contact info (if available): _____

Form of Education Chosen by School:

Zoom Facebook Live School Website TextBook/Worksheets

Independent Reading Other (Please Specify): _____

Required Online Hours (If Any):

	Monday	Tuesday	Wednesday	Thursday	Friday
Required Hours (I.E. 2.5)					
Required Times (I.E. 8:30-10:30)					

Computer Access Info:

Platform	Username	Password

Student Allergies (If Any):

Medications being left with staff for student use (If Any):

Student IEP of 504 Accommodations (If Any):

Additional Information you wish us to know about your student:

Your Oasis Learning Experience Contact:

Mrs. Ashley Smith (Students will call her Mrs. Ashley)

Email: school@oasisgym.com

Text/FAST communication: **Remind App** (please download and connect to classroom via link) <https://www.remind.com/join/oasisgym>