ONTARIO-MONTCLAIR SCHOOL DISTRICT
Enrollment Form

Student's **LEGAL** Name: _____
(From Birth Certificate) Last Name First Name Middle Name Suffix

Nickname: _____ Female ☐ Male ☐ Nonbinary ☐ _____ (_____) _____
Grade Home Phone

Date of Birth: _____/_____/_____ Birthplace: _____|_____|_____
Mo / Day / Year City State Country

_____
Residence Address City State Zip

_____
Mailing Address (IF DIFFERENT) City State Zip

What month and year did your child first enroll in a *U.S*. school? ***(Excluding Preschool)*** _____/_____ (Month / Year)

What month and year did your child first enroll in a *California* school? ***(Excluding Preschool)*** _____/_____ (Month / Year)

Has one of the parents/guardians engaged in migrant work (moved and worked seasonally in jobs related to agriculture, lumber or fishery) in the past three years Yes _____ No _____

Are you interested in enrolling your student in the OMSD Online Academy? Yes _____ No _____ **(TK – 8th Grade Only)**

What services is this student currently receiving?
(Please check all boxes that apply)

☐ Resource (RSP)
☐ Special Day Class (SDC)
☐ Speech/Language
☐ Gifted (GATE)
☐ IEP / 504 Accommodation Plan
☐ Adaptive PE
☐ Student **DOES NOT** Receive Services

Transfer: _____ **OFFICE USE ONLY** School: _____

Student I.D. #:._____ Entry Date: _____ Boundary #: _____

Birth Verification: **Proof of Residence:** **Proof of Immunizations:**

Type: _____ Type: _____ Type: _____

Verified By: _____ Home School: _____

PARENTS/GUARDIANS

Student Lives with: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other (Specify) _____

_____|_____|(_____)_____| (_____)_____
Father's/Guardian's First Name Last Name Cell Phone/Text Home Phone

_____ |_____| (_____)_____
Employer Name City Work Phone

Email Address: _____ | ☐ Father ☐ Guardian

Father's Education Level: Check the response that describes the highest education level completed:

☐ Not a high school graduate ☐ Some college (includes AA degree) ☐ Graduate school/post graduate training
☐ High school graduate ☐ College graduate

_____|_____|(_____)_____| (_____)_____
Mother's/Guardian's First Name Last Name Cell Phone/Text Home Phone

_____ |_____| (_____)_____
Employer Name City Work Phone

Email Address: _____ | ☐ Mother ☐ Guardian

Mother's Education Level: Check the response that describes the highest education level completed:

☐ Not a high school graduate ☐ Some college (includes AA degree) ☐ Graduate school/post graduate training
☐ High school graduate ☐ College graduate

Note: Only by court order can a non-custodial parent be prevented access to a student's records or be prevented from picking up the student

Name Grade Teacher Room No.

OTHER CHILDREN IN THE FAMILY

First and Last Name	Relationship	Lives at Home	School Attending	Grade/Age
_____	_____	Yes ☐ No ☐	_____	_____
_____	_____	Yes ☐ No ☐	_____	_____
_____	_____	Yes ☐ No ☐	_____	_____
_____	_____	Yes ☐ No ☐	_____	_____

OTHER EMERGENCY CONTACTS

_____|_____|_____|_____| (_____)_____
First Name | Last Name | Relationship | City | Home ☐ Cell ☐ Work ☐

_____|_____|_____|_____| (_____)_____
First Name | Last Name | Relationship | City | Home ☐ Cell ☐ Work ☐

_____|_____|_____|_____| (_____)_____
First Name | Last Name | Relationship | City | Home ☐ Cell ☐ Work ☐

SCHOOL INFORMATION

Has this student ever attended a school in the Ontario-Montclair School District? ☐ No ☐ Yes School? _____

Has this student ever attended a school in the State of California? ☐ No ☐ Yes School? _____

Has this student ever been retained? ☐ Yes, What Grade? _____ ☐ No Has student been or is in the process of being expelled? ☐ Yes ☐ No

Last School Attended: _____ Last Grade Enrolled _____
Name of School | City/State | Phone No.

IS STUDENT HISPANIC or Latino? ☐ Yes ☐ No

Race: (check all boxes that apply)

☐ American Indian or Alaskan Native
☐ Black or African-American
☐ Filipino
☐ White

Asian/ Indochinese

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

Pacific Islander

☐ Guamanian ☐ Hawaiian
☐ Samoan ☐ Tahitian
☐ Other Pacific Islander

Family Support: Please answer the following 2 questions:

1. Where is your child/family currently living:

☐ In a hotel/motel
☐ In a shelter or transitional housing program
☐ In a car, campsite, non-permanent residence
☐ Due to financial hardship, we live with more than one family in a house or apartment
☐ Unaccompanied youth
☐ None of the above reasons apply

2. Would you like someone to contact you with information about resources that may be offered to you? ___ Yes ___ No

HEALTH CONDITIONS / MEDICATIONS

Does the student have any allergies? ☐ Yes ☐ No If yes, specify: _____

Does this student have a health condition? ☐ Yes ☐ No If yes, specify: _____

Does this student take any medications? ☐ Yes ☐ No If yes, specify: _____

Health Plan/Insurance: ☐ Kaiser ☐ Blue Cross ☐ Medi-Cal ☐ Other (Specify): _____

Member ID Number: _____ Policy Holder Name: _____

I give my permission for school authorities to bill Medi-Cal and/or my medical insurance for medical and behavioral health services rendered at the school site. ☐ Yes ☐ No

Note: A medication consent form must be picked up from the office and completed if medication is needed at school.

EMERGENCY MEDICAL AUTHORIZATION

In case of an emergency and I cannot be reached, I give my consent to have such attention given my child as may be thought necessary by the nurse, physician, paramedic, or hospital in charge. I also consent to having my child transported home or to the designated babysitter's home by District personnel in case of an illness or health problem. _____ Initials

I /We have reviewed this two-page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorization.

Date: _____ **Signature of Parent/Guardian:** _____