

OTHER EMERGENCY CONTACTS

First Name _____	Last Name _____	Relationship _____	City _____	(_____) _____	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
First Name _____	Last Name _____	Relationship _____	City _____	(_____) _____	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
First Name _____	Last Name _____	Relationship _____	City _____	(_____) _____	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
First Name _____	Last Name _____	Relationship _____	City _____	(_____) _____	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>

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. _____
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WHAT IS YOUR CHILD'S ETHNICITY? Mark the ethnicity with which the student most closely identifies: Please select one:

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Select up to five categories) 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.

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|--|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian: Chinese | <input type="checkbox"/> Asian: Vietnamese | <input type="checkbox"/> Pacific Islander: Tahitian |
| * Mexican, Mexican-American, Chicano | <input type="checkbox"/> Asian: Filipino | <input type="checkbox"/> Asian: Other | <input type="checkbox"/> Pacific Islander: Other |
| * Central American | <input type="checkbox"/> Asian: Hmong | <input type="checkbox"/> Black or African-American | <input type="checkbox"/> White |
| * South American | <input type="checkbox"/> Asian: Japanese | <input type="checkbox"/> Pacific Islander: Guamanian | * European |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian: Korean | <input type="checkbox"/> Pacific Islander: Hawaiian | * North African |
| <input type="checkbox"/> Asian: Cambodian | <input type="checkbox"/> Asian: Laotian | <input type="checkbox"/> Pacific Islander: Samoan | * Middle Eastern |

Family Support:

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
- In a foster care placement or group home
- Unaccompanied youth
- Due to financial hardship, with more than one family in a house or apartment
- None of the above

Would you like to be contacted for information on school resources? 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 Other (Specify) _____ Medi-Cal/Number: _____

I give my permission for school authorities to bill Medi-Cal and/or my medical insurance for medical 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 understand that **Ontario-Montclair School District does not provide accident or medical insurance for students for school-related injuries but does offer students accident insurance for voluntary purchase.** I have received the information and application for this program.

_____ Initial

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: _____