

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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mo Day Year Birthplace: \_\_\_\_\_ 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 – 8<sup>th</sup> 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

**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 ☐ NoLast 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  
☐ Hmong ☐ Japanese  
☐ Laotian ☐ Vietnamese☐ Chinese  
☐ Korean  
☐ 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
- ☐
- Unaccompanied youth
- 
- ☐
- In a shelter or transitional housing program
- ☐
- None of the above reasons apply
- 
- ☐
- In a car, campsite, non-permanent residence
- 
- ☐
- Due to financial hardship, we live with more than one family in a house or apartment

**2. Would you like someone to contact you with information about resources that may be offered to you?** \_\_\_\_ Yes \_\_\_\_ No**HEALTH CONDITIONS / MEDICATIONS****Note: A medication consent form must be picked up from the office and completed if medication is needed at school.**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 ☐ NoI give consent to OMSD staff to provide school-based services. ☐ Yes ☐ No**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:** \_\_\_\_\_