

## Name \_\_\_\_\_

## Grade

**– leache**

Room No.

Mailing Address (IF DIFFERENT)	City	State	Zip
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What month and year did your child first enroll in a *California* school? (**Excluding Preschool**) \_\_\_\_\_ / \_\_\_\_\_ (Month / Year)

**Are you interested in enrolling your student in the OMSD Online Academy? Yes \_\_\_\_\_ No \_\_\_\_\_ (TK – 8<sup>th</sup> Grade Only)**

Transfer: **OFFICE USE ONLY** School:

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: \_\_\_\_\_

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**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
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[illegible]

Employer Name	City	Work Phone
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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

\_\_\_\_\_ | \_\_\_\_\_ | ( ) \_\_\_\_\_ | ( ) \_\_\_\_\_

Method 6: Guardian's First Name	Last Name	Cell Phone, Text	Home Phone

\_\_\_\_\_ | \_\_\_\_\_ | ( )

Employer Name	City	Work Phone
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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

OMSD Form 6902

Revised: Feb 2025

**OTHER CHILDREN IN THE FAMILY**First and Last NameRelationshipLives at HomeSchool AttendingGrade/Age

_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
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_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
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_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
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_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
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**OTHER EMERGENCY CONTACTS**

_____	_____	_____	_____	(____)	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		

**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?****Race: (check all boxes that apply)**☐ American Indian or Alaskan Native☐ Black or African-American☐ Filipino☐ White**Asian/ Indochinese**☐ Asian Indian☐ Hmong☐ Laotian☐ Cambodian☐ Japanese☐ Vietnamese☐ Chinese☐ Korean☐ Other Asian**Pacific Islander**☐ Guamanian☐ Samoan☐ Other Pacific Islander☐ Hawaiian☐ Tahitian☐ Yes ☐ No**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: \_\_\_\_\_

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 /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:** \_\_\_\_\_