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)
☐