

Confidential **AFTER SCHOOL PROGRAM APPLICATION** ***Confidential***

Student Name (Last, First)	Grade	Gender M / F	Birthdate
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Because this program is funded with State and federal monies, race and ethnicity data must be collected and reported. Please answer the following:

Ethnicity: Is your son/daughter Hispanic or Latino? (*Select only one*)

- No, not Hispanic or Latino
 Yes, Hispanic or Latino

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 of the boxes to indicate what you consider your son/daughter's race to be: (*Select one or more*)

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hmong | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | |

My son/daughter will attend the program on the following days: (select days that apply)

- MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

- Be picked up every day at _____ p.m. (After School Program dismissal time)
 Will ride the bus at _____ p.m. Route/Stop: _____
 Will walk home on a daily basis at the dismissal time

**Any student leaving before the dismissal time must have an Early Release Form on file.*

PARENT/GUARDIAN SECTION

NOTE TO PARENT/GUARDIAN: By signing below, I give my son/daughter permission to attend the After School Program beginning at the conclusion of the regular school day until the Program's dismissal time. I understand anyone picking up my son/daughter may be required to provide identification to the After School Program staff. If further clarification is needed, the After School Program staff may contact me, the parent/guardian, at the phone number below.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Address

Home Phone	Work Phone	Cell Phone
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By signing below, I acknowledge I have read the After School Program attendance guidelines. I understand my son/daughter must follow these guidelines in order to participate in the After School Program.

Parent/Guardian Signature	Date	Phone Number
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FOR TEACHER USE ONLY

Teacher Name	Room #	Eng Lang Learn Yes / No	Start Date	CSIS#
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Student Academic Standing:		# of attempts	Math: Year Passed	Lang Arts: Year Passed
CAHSEE MATH P / F / N.T.	CAHSEE LANG ARTS P / F / N.T.			

Confidencial* SOLICITUD PARA EL PROGRAMA DESPUES DE ESCUELA *Confidencial

Nombre del Estudiante (Apellido, Nombre)	Año Escolar	Género M / F	Fecha de Nacimiento
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Debido a que este programa está financiado con fondos del estado y federales, se debe recolectar y reportar la información demográfica de raza y origen étnico. Por favor conteste lo siguiente:

Origen Étnico: ¿Es su hijo/hija Hispano o Latino? (*Seleccione solamente uno*)

- No, no es Hispano o Latino
 Si, es Hispano o Latino

La pregunta antes mencionada es sobre el origen étnico, no la raza. No importa que ha sido seleccionado arriba, por favor continúe respondiendo lo siguiente marcando uno o más de los recuadros para indicar lo que usted considere es la raza de su hijo/hija: (*Seleccione uno o más*)

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Indio Americano u oriundo de Alaska | <input type="checkbox"/> Guaméense | <input type="checkbox"/> Otro Asiático |
| <input type="checkbox"/> Indio Asiático | <input type="checkbox"/> Hawaiano | <input type="checkbox"/> Samoano |
| <input type="checkbox"/> Negro o Afroamericano | <input type="checkbox"/> Hmong | <input type="checkbox"/> Tahitiano |
| <input type="checkbox"/> Camboyano | <input type="checkbox"/> Japonés | <input type="checkbox"/> Vietnamita |
| <input type="checkbox"/> Chino | <input type="checkbox"/> Coreano | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laosiano | |

Mi hijo/hija asistirá al programa los siguientes días: (marque los días que irá)

- MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

- Recogido cada día a las ____ p.m. (Hora de salida del Programa Después de Escuela)
 Tomará el autobús a las _____ p.m. Ruta/Parada: _____
 Caminará a casa diariamente a la hora de salida del programa

**Cualquier estudiante que salga antes de la hora de salida deberá tener una forma de Salida Temprana archivada.*

SECCION DEL PADRE/TUTOR

NOTA AL PADRE/TUTOR: Al firmar la parte de abajo, yo doy permiso a mi hijo/hija de asistir al Programa Después de Escuela empezando al concluir el día regular de escuela hasta la hora de salida del Programa. Yo estoy consciente de que mi hijo/hija **deberá** ser recogido a la hora de salida o tener una forma de Salida Temprana archivada. Yo comprendo que cualquier persona que recoja a mi hijo/hija puede ser requerido el presentar identificación al personal del Programa Después de Escuela. En caso de necesitar aclaración adicional, el personal del Programa Después de Escuela puede contactarme, a mi el padre/tutor, al teléfono que esta a continuación.

Nombre del Padre/Tutor	Firma del Padre/Tutor	Fecha
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Domicilio

Teléfono de Casa	Teléfono del Trabajo	Teléfono Celular
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Al firmar la parte de abajo, yo reconozco que he leído las reglas de asistencia del Programa Después de Escuela. Yo comprendo que mi hijo/hija debe seguir estas reglas para poder participar en el Programa Después de Escuela.

Firma del Padre/Tutor	Fecha	Número Telefónico
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FOR TEACHER USE ONLY / PARA USO EXCLUSIVO DEL MAESTRO

Teacher Name	Room #	Eng Lang Learn Yes / No	Start Date	CSIS#
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Student Academic Standing:		# of attempts	Math: Year Passed	Lang Arts: Year Passed
CAHSEE MATH P / F / N.T.	CAHSEE LANG ARTS P / F / N.T.			

STUDENT EMERGENCY CONTACT FORM/MEDICAL CONSENT

In case of an emergency, it is imperative that the After School Program be able to reach the student's parent or guardian. Please fill in the information on both sides of this form carefully and accurately. Please type or use ink and print clearly and legibly.

STUDENT

Last Name	First Name	Middle	Gender	Grade
			M / F	
Home Address (Primary Residence)		City	Zip	
Mailing Address, if different from above		City	Zip	
Home Phone		Birthdate		

Lives with: Both Parents Mother Father Legal Guardian
 Address change? YES NO If Yes, please contact the school office.

MOTHER/GUARDIAN

Last Name	First Name	Email	Employer
Home Address, if different from above		City	Zip
Home Phone	Cell Phone	Work Phone	

FATHER/GUARDIAN

Last Name	First Name	Email	Employer
Home Address, if different from above		City	Zip
Home Phone	Cell Phone	Work Phone	

Is there any COURT-MANDATED custody/visitation orders limiting access to this student?
 YES NO **If Yes, please attach legal order.**

AUTHORIZED CONTACTS

Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS FORM.**

I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in the Before School/After School Program.

NAME	RELATIONSHIP	HOME PHONE	WORK OR CELL PHONE

I declare that the information on this form is true and correct. I will notify the Before School/After School Coordinator immediately of any changes to be made in the foregoing information.

Parent/Guardian Signature	Relationship	Date
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FORMULARIO DE CONTACTOS DE EMERGENCIA DEL ESTUDIANTE /CONSENTIMIENTO MEDICO

En caso de emergencia, es imprescindible que el Programa Después de Escuela pueda localizar al padre o tutor del estudiante. Por favor llene la información en ambos lados de este formulario cuidadosamente y con precisión. Por favor escriba a máquina o use tinta y escriba clara y legiblemente.

ESTUDIANTE

Apellido	Primer Nombre	Segundo Nombre	Género M / F	Año Escolar
Dirección de Casa (Domicilio Principal)		Ciudad	Código Postal	
Dirección Postal, si es diferente al anterior		Ciudad	Código Postal	
Teléfono de Casa		Fecha de Nacimiento		

El niño(a) vive con: Ambos Padres Madre Padre Tutor Legal

¿Cambio de Domicilio? SI NO Si la respuesta es sí, por favor comuníquese con la oficina escolar.

MADRE/TUTOR

Apellido	Nombre	Email	Empleador
Dirección de Casa, si es diferente al anterior		Ciudad	Código Postal
Teléfono de Casa	Teléfono Celular	Teléfono del Trabajo	

PADRE/TUTOR

Apellido	Nombre	Email	Empleador
Dirección de Casa, si es diferente al anterior		Ciudad	Código Postal
Teléfono de Casa	Teléfono Celular	Teléfono del Trabajo	

¿Existe alguna orden de custodia/visita DICTAMINADA POR LA CORTE limitando el acceso a este estudiante?

SI NO Si la respuesta es sí, por favor adjunte la orden legal.

CONTACTOS AUTORIZADOS

Por favor haga una lista de parientes/vecinos/amigos a poca distancia de la escuela a quienes podríamos dejar salir a su hijo(a) o contactar en caso de que usted no pueda ser localizado. NINGUN ESTUDIANTE PODRA SALIR A MENOS QUE SEAN LOS PADRES, TUTORES O ADULTOS QUE ESTAN INCLUIDOS EN ESTE FORMULARIO.

Yo/nosotros por la presente autorizamos la salida del estudiante mencionado arriba con las siguientes personas en caso de enfermedad, lesión, evacuación o emergencia que pudieran ocurrir mientras los estudiantes se encuentran en el Programa Antes/Después de Escuela.

NOMBRE	RELACION	TELEFONO DE CASA	TELEFONO DEL TRABAJO/CELULAR

Yo declaro que la información en esta forma es veraz y correcta. Yo notificaré inmediatamente al Coordinador del Programa Antes/Después de Escuela de cualquier cambio que se tenga que hacer a la información antes mencionada.

Firma del Padre/Tutor	Relación	Fecha
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STUDENT EMERGENCY CONTACT FORM

Last Name _____

First Name _____

Middle _____

If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name. An "Authorization for Administration of Medication" form must be on file with the school district.

MEDICATION	DOSAGE	HOUR(S) GIVEN

HEALTH INSURANCE INFORMATION

- Family Health Insurance
 Healthy Families
 California Kids
 Medi-Cal # _____
 No Health Insurance

Health Plan Group Name	Policy Number
Physician/Health Care Provider	Policy Number
Dentist	Phone Number

VISION AND/OR HEARING PROBLEMS

- Wears glasses/contacts Date of last eye exam Wears hearing aid(s)
 for board work
 for reading
 all the time

MEDICAL CONDITIONS

- Severe allergies requiring Food/Environmental
 Epi-pen Benadryl
 Stinging Insects/Bees
 Medicines/Drugs
 Other

Please Explain _____

<input type="checkbox"/> Current Asthma	If checked: <input type="checkbox"/> uses inhaler <input type="checkbox"/> on daily medication	Behavioral problems
<input type="checkbox"/> Current seizures	If checked: <input type="checkbox"/> on medication	Movement limitations
<input type="checkbox"/> Diabetes	If checked: <input type="checkbox"/> insulin dependent	Other

Recent illnesses, hospitalization, or surgery. If checked, please provide date(s) and description(s): _____

Medical condition which might require care of accommodation at school (please describe): _____

I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby give authorization and consent to the Before School/After School Program to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

_____ is the hospital I/we prefer for emergency medical treatment of my/our child.

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district.

Parent/Guardian Signature _____ Date _____ Relationship _____

FORMULARIO DE CONTACTOS DE EMERGENCIA DEL ESTUDIANTE/CONSENTIMIENTO MEDICO

Apellido

Primer Nombre

Segundo Nombre

Si su hijo necesita medicamentos en la escuela, toda medicina que se mande a la escuela deberá estar en el envase original de la receta con fecha reciente y el nombre del niño(a). Una forma de "Autorización para la Administración de Medicamentos" deberá estar archivada en el distrito escolar.

MEDICAMENTO	DOSIS	HORA(S) A TOMAR

INFORMACION DE SEGURO DE SALUD

- Seguro de Salud Familiar
 Familias Saludables (Healthy Families)
 Niños de California (California Kids)
 Medi-Cal # _____
 No tiene Seguro de Salud

Nombre del Grupo de Plan de Salud	Número de Póliza
Medico/ Proveedor de Servicios de Salud	Número de Póliza
Dentista	Número Telefónico

PROBLEMAS DE VISION Y/O AUDITIVOS

- Usa anteojos/ lentes de contacto Fecha del último examen de la vista Usa aparatos auditivos
 para trabajar
 para leer
 todo el tiempo

PADECIMIENTOS MEDICOS

- Alergias severas que requieren Comida/Ambiental
 Epi-pen
 Benadryl
 Abejas/ Insectos con Aguijones
 Medicinas/Fármacos
 Otros

Por favor, explique

<input type="checkbox"/> Asma	De ser así: <input type="checkbox"/> usa inhalador <input type="checkbox"/> medicamento diario	Problemas del Comportamiento
<input type="checkbox"/> Convulsiones	De ser así: <input type="checkbox"/> bajo medicamento	Limitaciones del Movimiento
<input type="checkbox"/> Diabetes	De ser así: <input type="checkbox"/> dependiente de insulina	Otros

Enfermedades, hospitalización o cirugía recientes. De ser así, por favor proporcione la fecha(s) y descripción(es):

Padecimiento Médico que pudiera requerir asistencia médica por parte de la escuela (por favor describa):

Yo/nosotros, el abajo firmante padre(s) o tutor legal de _____, un menor, por medio de la presente doy autorización y el consentimiento al Programa Antes/Después de Escuela de obtener cuidado médico de emergencia y transportación necesaria, incluyendo exámenes de rayos x, anestésicos, diagnósticos médicos o quirúrgicos y hospital de emergencia el cual se considere aconsejable siendo proporcionado bajo la supervisión general o específica del personal médico y de la sala de emergencias autorizados bajo las disposiciones del Acta de la Practica de la Medicina y el Departamento de Salud Pública del Estado de California.

Se entiende que se hará el esfuerzo de contactar al abajo firmante antes de prestar tratamiento al estudiante, pero que cualquiera de los tratamientos no serán aplazados si el abajo firmante o los adultos autorizados no pueden ser localizados.

_____ es el hospital que yo/nosotros preferimos en caso de tratamiento médico de emergencias para mi/nuestro hijo(a).

Yo/nosotros entendemos que el distrito escolar no proporciona seguro de accidente/médico para estudiantes, y que además yo/nosotros entendemos que todos los costos relacionados al tratamiento médico puede ser mi/nuestra responsabilidad y no del distrito escolar.

Firma del Padre/Tutor _____

Fecha _____

Relación _____

MEDIA ACCESS FORM

Student Name (Last, First)	Grade	Gender M / F
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By signing below, I give permission for my son/daughter to be interviewed, photographed, and/or videotaped while participating in the After School Program. I am aware there are times the Program may be featured in news stories and reporters, photographers, and/or film crews from television, radio stations, and newspapers may wish to interview my son/daughter. I understand that such photographs, video recordings, and/or reports will be property of the After School Program, Merced County Office of Education, and _____ School District, and may be used **ONLY** for the purpose of documenting or publicizing the After School Program.

My son/daughter has permission to be interviewed, photographed, and/or videotaped while participating in the After School Program.

Parent/Guardian Signature	Date	Phone Number
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MOVIE RELEASE FORM

Student Name (Last, First)	Grade	Gender M / F
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As part of the after school enrichment and classroom academic activities, instructors may occasionally show movies to the after school participants. The movies are rated either "G," "PG," or "PG-13." In order for your son/daughter to view a "PG" or "PG-13" rated movie, we must have your permission. This form will serve as a permission slip.

- YES, my son/daughter is allowed to view "PG" rated movies.**
 YES, my son/daughter is allowed to view "PG-13" rated movies.
 NO, my son/daughter is not allowed to view "PG" or "PG-13" rated movies.

(Parents may request a list of movies prior to their showing)

Parent/Guardian Signature	Date	Phone Number
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MOTION PICTURE RATING SYSTEM

The following is provided to parents as an explanation of the voluntary rating system endorsed by the major theater owners associations and video retailer associations.

G	GENERAL AUDIENCES
All Ages Admitted	

A G-rated motion picture contains nothing in theme, language, nudity, sex, violence or other matters that, in the view of the Rating Board, would offend parents whose younger children view the motion picture. The G rating is not a "certificate of approval," nor does it signify a

"children's" motion picture. Some snippets of language may go beyond polite conversation but they are common everyday expressions. No stronger words are present in G-rated motion pictures. Depictions of violence are minimal. No nudity, sex scenes or drug use are present in the motion picture.

PG	PARENTAL GUIDANCE SUGGESTED
SOME MATERIAL MAY NOT BE SUITABLE FOR CHILDREN	

A PG-rated motion picture should be investigated by parents before they let their younger children attend. The PG rating indicates, in the view of the Rating Board, that parents may consider some material unsuitable for their children, and parents should make that decision. The more mature themes in some PG-rated motion pictures may call for parental guidance. There may be some profanity and some depictions of violence or brief nudity. But these elements are not deemed so intense as to require that parents be strongly cautioned beyond the suggestion of parental guidance. There is no drug use content in a PG-rated motion picture.

PG-13	PARENTS STRONGLY CAUTIONED
Some Material May Be Inappropriate for Children Under 13	

A PG-13 rating is a sterner warning by the Rating Board to parents to determine whether their children under age 13 should view the motion picture, as some material might not be suited for them. A PG-13 motion picture may go beyond the PG rating in theme, violence, nudity, sensuality, language, adult activities or other elements, but does not reach the restricted R

category. The theme of the motion picture by itself will not result in a rating greater than PG-13, although depictions of activities related to a mature theme may result in a restricted rating for the motion picture. Any drug use will initially require at least a PG-13 rating. More than brief nudity will require at least a PG-13 rating, but such nudity in a PG-13 rated motion picture generally will not be sexually oriented. There may be depictions of violence in a PG-13 movie, but generally not both realistic and extreme or persistent violence. A motion picture's single use of one of the harsher sexually-derived words, though only as an expletive, initially requires at least a PG-13 rating. More than one such expletive requires an R rating, as must even one of those words used in a sexual context. The Rating Board nevertheless may rate such a motion picture PG-13 if, based on a special vote by a two-thirds majority, the Raters feel that most American parents would believe that a PG-13 rating is appropriate because of the context or manner in which the words are used or because the use of those words in the motion picture is inconspicuous.

CONSENTIMIENTO PARA ENTREVISTA CON LOS MEDIOS

Nombre del Estudiante (Apellido, Nombre)	Año Escolar	Género M / F
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Al firmar la parte de abajo, yo doy permiso que mi hijo/hija pueda ser entrevistado, fotografiado, y/o grabado en video mientras participa en el Programa Después de Escuela. Yo estoy consciente de que habrá momentos en que el Programa saldrá en reportajes de prensa y los reporteros, fotógrafos, y/o el equipo de filmación de la televisión, estaciones de radio, y periódicos pudieran querer entrevistar a mi hijo/hija. Yo comprendo que tales fotografías, grabaciones de video, y/o reportajes serán propiedad del Programa Después de Escuela, la Oficina de Educación del Condado de Merced, y el Distrito Escolar de _____, y podrá ser utilizado **SOLAMENTE** con el propósito de documentar o promocionar el Programa Después de Escuela.

Mi hijo/hija tiene permiso de ser entrevistado, fotografiado, y/o grabado en video mientras participa en el Programa Después de Escuela.

Firma del Padre/Tutor	Fecha	Número Telefónico
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CONSENTIMIENTO PARA VER PELÍCULAS

Nombre del Estudiante (Apellido, Nombre)	Año Escolar	Género M / F
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Como parte de las actividades de enriquecimiento extracurricular y académico del Programa Después de Escuela, los instructores de vez en cuando exhibirán películas a los participantes del Programa Después de Escuela. Estas películas son clasificadas "G", "PG" o "PG-13." Para que su hijo/hija pueda ver una película clasificada como "PG" o "PG-13", nosotros debemos tener su autorización. Esta forma servirá como permiso.

- Si, mi hijo/hija tiene permiso de ver películas clasificadas "PG".**
- Si, mi hijo/hija tiene permiso de ver películas clasificadas "PG-13".**
- No, mi hijo/hija no tiene permiso de ver películas clasificadas "PG" o "PG-13".**
- (Los padres pueden solicitar una lista de películas antes de su exhibición)

Firma del Padre/Tutor	Fecha	Número Telefónico
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MOTION PICTURE RATING SYSTEM

Lo siguiente se les proporciona a los padres como una explicación del sistema de clasificación voluntaria aprobado por la asociación de dueños de salas de cines y asociaciones de renta y venta de videos.

G	GENERAL AUDIENCES
All Ages Admitted	

A G-rated motion picture contains nothing in theme, language, nudity, sex, violence or other matters that, in the view of the Rating Board, would offend parents whose younger children view the motion picture. The G rating is not a "certificate of approval," nor does it signify a

"children's" motion picture. Some snippets of language may go beyond polite conversation but they are common everyday expressions. No stronger words are present in G-rated motion pictures. Depictions of violence are minimal. No nudity, sex scenes or drug use are present in the motion picture.

PG	PARENTAL GUIDANCE SUGGESTED
SOME MATERIAL MAY NOT BE SUITABLE FOR CHILDREN	

A PG-rated motion picture should be investigated by parents before they let their younger children attend. The PG rating indicates, in the view of the Rating Board, that parents may consider some material unsuitable for their children, and parents should make that decision. The more mature themes in some PG-rated motion pictures may call for parental guidance. There may be some profanity and some depictions of violence or brief nudity. But these elements are not deemed so intense as to require that parents be strongly cautioned beyond the suggestion of parental guidance. There is no drug use content in a PG-rated motion picture.

PG-13	PARENTS STRONGLY CAUTIONED
Some Material May Be Inappropriate for Children Under 13	

A PG-13 rating is a sterner warning by the Rating Board to parents to determine whether their children under age 13 should view the motion picture, as some material might not be suited for them. A PG-13 motion picture may go beyond the PG rating in theme, violence, nudity, sensuality, language, adult activities or other elements, but does not reach the restricted R

category. The theme of the motion picture by itself will not result in a rating greater than PG-13, although depictions of activities related to a mature theme may result in a restricted rating for the motion picture. Any drug use will initially require at least a PG-13 rating. More than brief nudity will require at least a PG-13 rating, but such nudity in a PG-13 rated motion picture generally will not be sexually oriented. There may be depictions of violence in a PG-13 movie, but generally not both realistic and extreme or persistent violence. A motion picture's single use of one of the harsher sexually-derived words, though only as an expletive, initially requires at least a PG-13 rating. More than one such expletive requires an R rating, as must even one of those words used in a sexual context. The Rating Board nevertheless may rate such a motion picture PG-13 if, based on a special vote by a two-thirds majority, the Raters feel that most American parents would believe that a PG-13 rating is appropriate because of the context or manner in which the words are used or because the use of those words in the motion picture is inconspicuous.