

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Student Health and Human Services

ATTACHMENT A

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Office Use Only</i>	
1. SCHOOL NAME: _____	6. LAUSD / STATE STUDENT ID NUMBER: _____
2. LOCATION CODE: _____	7. HOUSEHOLD NUMBER: _____
3. TRACK/SLC: _____	8. HOMEROOM: _____
4. ENROLLMENT DATE/CODE: _____	9. TEACHER/COUNSELOR: _____
5. STUDENT ENTRY GRADE LEVEL: _____	10. ENROLLMENT WIZARD USED: <input type="checkbox"/> Yes <input type="checkbox"/> No

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**STUDENT ENROLLMENT FORM**

*INSTRUCTIONS: Please print using black or blue ink. If you have any questions, please ask for assistance.*

**A. STUDENT INFORMATION**

*(LAUSD MAX: Family Member Information)*

1. Legal Name: Last _____ First _____ Middle _____	2. Alias/Nickname: Last _____ First _____ Middle _____
3. Home Address: Number _____ Street _____ Apt./Unit _____ City _____ Zip Code _____	4. Home Telephone Number _____
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth: ____/____/____
7. Place of Birth (City, State/Province, and Country) _____	

**B. PARENT/LEGAL GUARDIAN WITH WHOM THE STUDENT LIVES**

*(LAUSD MAX: Caretaker Information)*

1. Legal Name: Last _____ First _____ Middle _____	2. Other Names Used _____
3. Home Telephone Number: (____) _____	4. Cell/Pager Number: (____) _____
5. Work Telephone Number: (____) _____	6. E-mail Address: _____
7. Home Correspondence Language ( <i>Circle One</i> ) Correspondence is provided in the following languages; select preferred language. If <b>Other</b> is indicated, written correspondence will be in English. English Spanish Armenian Chinese Farsi Filipino Korean Russian Vietnamese Other: _____	
8. Highest Level of Education Completed ( <i>Circle One</i> ) Not a High School Graduate _____ High School Graduate or Equivalent _____ Some College (includes AA Degree) _____ College Graduate _____ Graduate School/Post Graduate Training _____ Decline to State or Unknown _____	
9. Does the student live with this parent/legal guardian? ( <i>Circle one</i> ) Yes No	
10. Relationship to Student: _____	

**C. HOME LANGUAGE AND ETHNICITY INFORMATION**

1. Home Language of the Student	
A. Which language did this student learn when he/she first began to talk? _____	
B. Which language does this student most frequently use at home? _____	
C. Which language do you use most frequently to speak to this student? _____	
D. Which language is most often used by the adults at home? _____	
E. Has this student received any formal English language instruction (listening, speaking, reading, or writing)? ( <i>Circle one</i> ) Yes No	
2. Is the student's ethnicity Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Student's Primary Race ( <i>Mark one choice</i> )	
<input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White	
Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	
Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	
4. Student's Additional Race ( <i>Optional</i> )	
<input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White	
Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	
Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	

**D. STUDENT EDUCATIONAL INFORMATION**

1. Special Services	
<i>If you have any questions regarding this section, please refer to the brochure entitled "Are You Puzzled By Your Child's Special Needs?"</i>	
A. Was this student receiving special education services at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Did this student have a current Individualized Education Program (IEP) at the previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you have a copy of the student's IEP with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Did this student have a Section 504 Plan at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you have a copy of the student's Section 504 Plan with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Does the student have difficulties that interfere with his/her ability to go to school or to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Has this student been identified for gifted and talented educational services (GATE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Previous School Information	
A. Has this student previously attended this school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____	
B. Has this student previously attended any other school or center in the LAUSD (e.g., early education center, state preschool, SRLDP, Head Start, or other preschool) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list most recent school/center attended.	
Name of School _____	City/State _____
Dates Attended _____	Grade Level(s) _____
C. Please list last non-LAUSD school student attended (including early education center, state preschool, SRLDP, Head Start, faith based or other preschool):	
Name of School _____	City/State _____
Type of School _____	Dates Attended _____
Grade Level(s) _____	

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D. STUDENT EDUCATIONAL INFORMATION (Continued)

D. Did you attempt to enroll the child in a different school in Los Angeles County for the current or preceding year?  Yes  No **If No, skip to E.**

1. If Yes, what was the outcome?  Accepted  Denied  Wait Listed  Other \_\_\_\_\_

2. Please provide name of school: \_\_\_\_\_

E. Is student currently under an expulsion order?  Yes  No  
If Yes, please list the name of the school district \_\_\_\_\_

F. Date of first U.S. school enrollment excluding preschool (mm/dd/yy) \_\_\_\_\_

G. Date of first California school enrollment excluding preschool (mm/dd/yy) \_\_\_\_\_

E. ADDITIONAL HOUSEHOLD INFORMATION

1. Court Orders  
A. Are there any court orders you wish to notify the school about regarding legal custody, physical custody or restricted contact with the school or child? (Circle one) Yes No **If Yes, a copy of the court order must be provided to the school.**

2. Student Lives with Foster Family  Yes  No If Yes,  Relative Caregiver \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
If Yes, please provide Notification of Placement Status Form  Non-Relative Caregiver Children's Social Worker (CSW) Telephone Number (ext) \_\_\_\_\_

3. Complete these three rows if student's address is a licensed children's institution/family foster agency/group home/adult residential facility.  
A. Facility Name \_\_\_\_\_ B. Facility Type \_\_\_\_\_ C. License Number \_\_\_\_\_ D. Contact Person \_\_\_\_\_  
E. (\_\_\_\_) \_\_\_\_\_ F. (\_\_\_\_) \_\_\_\_\_ G. \_\_\_\_\_  
Facility Telephone Number Alternate Telephone Number Facility Street Address: Number Street Apt./Unit City Zip Code  
H. Children's Social Worker (CSW) I. (\_\_\_\_) \_\_\_\_\_  
Telephone Number (ext) \_\_\_\_\_

4. Does the student have any relatives who are all or part American Indian or Alaska Native? (Circle one) Yes No

5. Has the student's parent or legal guardian worked in one or more of the following industries in the last three years (agriculture, dairy, fishery, food processing/packing, or livestock)? If you respond Yes, you will be contacted at home regarding the Migrant Education Program and whether your child may qualify for its free academic assistance and health benefits. (Circle one) Yes No

F. ADDITIONAL FAMILY INFORMATION

(LAUSD MAX: Caretaker Information)

PARENT/LEGAL GUARDIAN/CAREGIVER:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Legal Name: Last First Middle Other Names Used

3. \_\_\_\_\_  
Home Address (if different than student's) Number Street Apt./Unit City Zip Code

4. (\_\_\_\_) \_\_\_\_\_ 5. (\_\_\_\_) \_\_\_\_\_ 6. (\_\_\_\_) \_\_\_\_\_  Day  Evening 7. \_\_\_\_\_  
Home Telephone Number Cell/Pager Number Work Telephone Number E-mail Address

8. Preferred Correspondence Language (Circle One) English Spanish Armenian Chinese Farsi Filipino Korean Russian Vietnamese

9. Highest Level of Education Completed (Circle One) Not a High School Graduate High School Graduate or Equivalent  
Some College (includes AA Degree) College Graduate Graduate School/Post Graduate Training Decline to State or Unknown

10. Does the student live with this individual? (Circle one) Yes No 11. Relationship to Student: \_\_\_\_\_

PARENT/LEGAL GUARDIAN/CAREGIVER:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Legal Name: Last First Middle Other Names Used

3. \_\_\_\_\_  
Home Address (if different than student's) Number Street Apt./Unit City Zip Code

4. (\_\_\_\_) \_\_\_\_\_ 5. (\_\_\_\_) \_\_\_\_\_ 6. (\_\_\_\_) \_\_\_\_\_  Day  Evening 7. \_\_\_\_\_  
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**F. ADDITIONAL FAMILY INFORMATION (Continued)**

*(LAUSD MAX: Caretaker Information)*

**PARENT/LEGAL GUARDIAN/CAREGIVER:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Legal Name: Last First Middle Other Names Used

3. \_\_\_\_\_  
 Home Address (if different than student's) Number Street Apt/Unit City Zip Code

4. (\_\_\_\_) \_\_\_\_\_ 5. (\_\_\_\_) \_\_\_\_\_ 6. (\_\_\_\_) \_\_\_\_\_  Day  Evening 7. \_\_\_\_\_  
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10. Does the student live with this individual? (Circle one) Yes No 11. Relationship to Student: \_\_\_\_\_

**ADDITIONAL SCHOOL AGE CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)** (include brothers, sisters, and cousins)

1. _____ Last Name First Name Birth Date Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ / ____ / ____ Current School and Track
2. _____ Last Name First Name Birth Date Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ / ____ / ____ Current School and Track
3. _____ Last Name First Name Birth Date Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ / ____ / ____ Current School and Track
4. _____ Last Name First Name Birth Date Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ / ____ / ____ Current School and Track
5. _____ Last Name First Name Birth Date Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ / ____ / ____ Current School and Track
6. _____ Last Name First Name Birth Date Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ / ____ / ____ Current School and Track

**G. EMERGENCY CONTACT INFORMATION**

**EMERGENCY CONTACT** (other than parent(s)/legal guardian(s) above)

1. \_\_\_\_\_ 2. (\_\_\_\_) \_\_\_\_\_ 3. (\_\_\_\_) \_\_\_\_\_ 4. (\_\_\_\_) \_\_\_\_\_  
 Last Name First Name Home Telephone Number Cell/Pager Number Work Telephone Number

5. \_\_\_\_\_ 6. \_\_\_\_\_  
 Relationship to student Home Address: Number Street Apartment/Unit City Zip Code

**EMERGENCY CONTACT** (other than parent(s)/legal guardian(s) above)

1. \_\_\_\_\_ 2. (\_\_\_\_) \_\_\_\_\_ 3. (\_\_\_\_) \_\_\_\_\_ 4. (\_\_\_\_) \_\_\_\_\_  
 Last Name First Name Home Telephone Number Cell/Pager Number Work Telephone Number

5. \_\_\_\_\_ 6. \_\_\_\_\_  
 Relationship to student Home Address: Number Street Apartment/Unit City Zip Code

**THE SCHOOL IS AUTHORIZED TO RELEASE THIS STUDENT TO THE FOLLOWING PERSONS IN NON-EMERGENCY SITUATIONS** (after verifying with parent, in addition to the emergency contacts above)

1. _____ (____) Last Name First Name Home Telephone Number Relationship to Student Parent/legal guardian providing authorization
2. _____ (____) Last Name First Name Home Telephone Number Relationship to Student Parent/legal guardian providing authorization

**H. SIGNATURE**

I verify that the information contained in this document is true and correct to the best of my knowledge.

**X** \_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Printed Name

Relationship to Student (Circle one): Parent Legal Guardian Other (Specify): \_\_\_\_\_

DISTRIBUTION: STUDENT CUMULATIVE RECORD • ADMINISTRATOR/DESIGNEE • BILINGUAL COORDINATOR

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