

Los Angeles Unified School District
Student Health and Human Services

Attachment J-1

Student Name: PITT, CHRISTOPHER Date of Birth: 08 / 15 / 1999

OFFICE CHECKLIST FOR STUDENT ENROLLMENT (to be completed with each new enrollment form)

A. VERIFICATIONS/ADDITIONAL DOCUMENTATION RECEIVED

1. AGE VERIFICATION Certified copy of birth record Statement by local registrar or county recorder certifying the date of birth
 Baptismal Certificate duly attested Passport Affidavit (list below in #5) Chronological Age: 17 Years 00 Months

2. RESIDENCE VERIFICATION: Utility Service Bill (Electric, Gas or Water) Property Taxes or Rental or Lease Agreement
 Official Government Mail (CalWorks, Social Security) Affidavit (list below in number 5) Other (specify): _____

3. IMMUNIZATION VERIFICATION: Proof of Required Immunizations or Immunization Release

4. AFFIDAVITS (List all affidavits used, e.g. residence, homelessness, immunization release, caregiver): These forms can be used in lieu of missing required documentation. For more information refer to RE-6554.1 2016-2017 Opening Day Procedures: Supplemental Guide and Updates or BUL-6718, Educational Rights and Guide for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System.

5. EMANCIPATED MINOR VERIFICATION: Legal Document Supplied

6. OPTIONAL ATTENDANCE AREA DECISION: Completed, Signed, and Dated Option Area Decision Form

7. NON-RESIDENT/PERMIT REASON: _____ Transportation Non-Transportation Date / /

8. STUDENT RESIDENCY QUESTIONNAIRE (SRQ): If answered any choice other than "None of the Above Apply" the family was referred to the designated School Site Homeless Liaison on / / and a copy of the SRQ was faxed (213) 580-6551 or mailed to the Homeless Education Program on / / . Information was inputted in MiSiS on / / by _____. For information, please contact the Homeless Education Program in the Division of Student Health and Human Services.

9. OTHER DOCUMENTS RECEIVED (Check all that apply): Cumulative Record Emergency Card Health Card

10. RECORDS REQUESTED ON 8 / 17 / 17 from QUINCY ADAMS H.S. - GAINERVILLE, NV & JOHN BURROUGHS M.S.

B. ADDITIONAL HOUSEHOLD INFORMATION FOLLOW-UP (SECTION E)

1. COURT ORDER: SECTION E, QUESTION 1.
a. Has a copy of a court order been provided to the school? Yes No
b. What type of court order is in effect for this student: Custody Restraining/Injunction Other
c. If Restraining Order or Injunction, please answer the following questions:
i. Name of individual(s) for which the court order has been issued against: _____
ii. Date on which the court order ceases to be in effect: / /

2. STUDENT IS A FOSTER CHILD: SECTION E. If question 2 is answered Yes and/or question 3 is completed, the student is a transferring and/or matriculating student but is not identified as Foster Youth in MiSiS, contact the *Foster Youth Achievement Program* at 213-241-3552.

3. AMERICAN INDIAN/ALASKA NATIVE ANCESTRY: SECTION E, QUESTION 4. If answered Yes, the student's required federal form was completed and sent to the Indian Education Program Office on / / by _____.

4. Migrant Education Program: SECTION E, QUESTIONS 5. If answered Yes, the student's Family Education Family Questionnaire was completed and sent to the Migrant Education Program Office on / / by _____.

C. ENROLLMENT STAFF AND DATA ENTRY FOLLOW-UP

Enrollment Information Verified by (initials) AV on 08 / 16 / 17
Enrollment Data Entry in MiSiS Completed by (initials) AV on 08 / 16 / 17

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D. STUDENT EDUCATIONAL INFORMATION FOLLOW-UP (SECTION D, QUESTIONS 1 - 2)

1.A. Was this student receiving special education services at his/her previous school? (Circle one) Yes No

1.B. Did this student have an Individualized Education Program (IEP) at his/her previous school? (Circle one) Yes No

If the student had an IEP at his/her previous school, has this school received a copy of the IEP? (Circle one) Yes No

If IEP was not received, a copy of it was requested from: _____
(Name and Title, School and Office, Phone Number)

Requested by: _____ on ___/___/___ Received on: ___/___/___
(Name)

Forwarded to: _____ on ___/___/___
(Name)

Previous School/Office verified student received special education services? (Circle One) Yes No

(Name of School Verifying and Phone Number) (Name of Person Furnishing Information) (Date)

If applicable, date student exited from prior school's special education program: ___/___/___

Comments: _____

If interim placement, date IEP must be conducted by ___/___/___

1.C. If the student had a Section 504 Plan at previous school, has this school received a copy of it? (Circle one) Yes No

If 504 Plan was not received, a copy of it was requested from: _____
(Name and Title, School and Office, Phone Number)

Requested by: _____ on ___/___/___ Received on: ___/___/___
(Name)

Forwarded to: _____ on ___/___/___
(Name)

If applicable, date student exited from Section 504 Eligibility: ___/___/___

1.D. If the parent reported that the student has difficulties that interfere with his/her ability to go to school or to learn, to whom was this information forwarded? _____ on ___/___/___
(Name)

Responses to difficulties reported, documentation, and comments: _____

1.E. Has this student been identified as GATE? (Circle one) Yes No

GATE verification requested by: ANNA VARGAS on 08 / 16 / 17
(Name)

2.B. If a "Yes" is checked off on any of the items 1.A – 1.D and the parent checked "Yes" for 2.B, ask him/her the following oral questions and record the responses below: Was the school a magnet or charter school? If yes, what was the name of the school and the reason the student stopped attending? _____

After completing the blank above, fax this information and a photocopy of pp.1 and 2 of the student's enrollment form to the *Division of Special Education Fiscal and Program Accountability Office* at (213) 241-8916; be sure to include the name of your school.

Fax sent on: ___/___/___ by _____

2.D. If a "Yes" is checked off on any of the items 1.A – 1.D and the parent indicated in 2.D that s/he attempted to enroll the student in another school in Los Angeles County but was denied or wait listed, fax a photocopy of pp.1 and 2 of the student's enrollment form to the *Division of Special Education Fiscal and Program Accountability Office* at (213) 241-8916; be sure to include the name of your school. Fax sent on: ___/___/___ by _____