

Student Name: _____ Date of Birth: ____/____/____

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:** ____ Years ____ 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** ____/____/____ from _____

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, QUESTION 2 or QUESTION 3.** If question 2 is 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) _____ on ____/____/____
Enrollment Data Entry in MiSiS Completed by (initials) _____ on ____/____/____

Student Name: _____ Date of Birth: ____/____/____

OFFICE CHECKLIST FOR STUDENT ENROLLMENT

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: _____ on ____/____/____
(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- Operations at (213) 241-5168**; 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 - Operations at (213) 241-5168** to include the name of your school. Fax sent on: ____/____/____ by _____