

The Enrollment Packet for 2nd thru 5th grade is the same packet with the exception of the **Oral Health Assessment** and the **Report of Health Examination for School Entry** forms that are mandatory to comply with the physical examination requirement for 1st grade entry.

For students matriculating and/or transferring within LAUSD shall be provided the Annually Disseminated Forms and shall not be required to complete the New LAUSD Student Forms, outlined at the **“Student Enrollment Document Checklist” from BUL-4926.3.**

To access the forms in English and other languages, please visit the **Pupil Services and Attendance SharePoint.**





LOS ANGELES UNIFIED SCHOOL DISTRICT

REFERENCE GUIDE

Race/Ethnicity/Cultural Heritage List

Attachment D

Current Values	3015 Central African	1007 Assyrian	1067 Puerto Rican
<i>Code Description</i>	3016 Chadian	1008 Azerbaijani	1068 Qatari
802 American Indian/Alaska Native	3017 Comorian	1009 Bahraini	1069 Romanian
406 Asian - Cambodian	3018 Congolese	1010 Bedouin	1070 Russian
401 Asian - Chinese	3019 Djiboutian	1011 Belizean	1071 Salvadoran
400 Asian - Hmong	3020 Equatorial Guinean	1012 Bolivian	1072 Saudi Arabian
407 Asian - Indian	3021 Eritrean	1013 Bosnian	1073 Serbian
402 Asian - Japanese	3022 Ethiopian	1014 Brazilian	1074 Slovakian
403 Asian - Korean	3023 Gabonese	1015 Bulgarian	1075 Solvenes
405 Asian - Laotian	3024 Gambian	1016 Chaldean	1076 South Georgia
408 Asian - Other	3025 Ghanaian	1017 Chicana/o	1077 South Sandwich Islands
404 Asian - Vietnamese	3026 Grenadian	1018 Chilean	1078 Spaniard
300 African American/Black	3027 Guadeloupean	1019 Columbian	1079 Surinamese
100 White	3028 Haitian	1020 Copt	1080 Syrian
600 Asian - Filipino	3029 Ivorian	1021 Costa Rican	1081 Tajikistani
702 Pacific Islander - Guamanian	3030 Kenyan	1022 Croatian	1082 Tunisian
701 Pacific Islander - Hawaiian	3031 Lesothan	1023 Cuban	1083 Turkish
704 Pacific Islander - Other	3032 Liberian	1024 Czechs	1084 Turkmen
703 Pacific Islander - Samoan	3033 Malagasy	1025 Dominican	1085 Ukrainian
705 Pacific Islander - Tahitian	3034 Malawian	1026 Druze	1086 Uruguyan
840 Decline to State	3035 Malian	1027 Ecuadorian	1087 Uzbekistani
	3036 Maorais	1028 Egyptian	1088 Venezuelan
Asian	3037 Martinican	1029 Emirati	1089 Yemeni
<i>Code Description</i>	3038 Mauritian	1030 Estonian	
4000 Bangladeshi	3039 Montserratian	1031 Falkland Islanders	Pacific Islander
4001 Bhutanese	3040 Mozambican	1032 Georgian	<i>Code Description</i>
4002 Burmese	3041 Namibian	1033 Guatemalan	7000 Are'are
4003 Cham	3042 Netherlands Antillean	1034 Guianan	7001 Carolinian
4004 Indonesian	3043 Nigerian	1035 Guyanese	7002 Chamorro
4005 Malaysian	3044 Nigerien	1036 Herzegovinian	7003 Chuukese
4006 Maldivian	3045 Principean	1037 Honduran	7004 Cook Islanders
4007 Mien	3046 Réunionese	1038 Hungarian	7005 Fijian
4008 Mongolian	3047 Rwandan	1039 Iranian	7006 Futunian
4009 Nepali	3048 Saint Helenian	1040 Iraqi	7007 Gambier Islanders
4010 Okinawan	3049 Saint-Barth	1041 Israeli	7008 i-Kiribati
4011 Pakistani	3050 Sao Tomean	1042 Jamaican	7009 Kanak
4012 Punjabi	3051 Senegalese	1043 Jordanian	7010 Kosraean
4013 Singaporean	3052 Seychellois	1044 Kazakhstani	7011 Kwaio
4014 Sri Lankan	3053 Sierra Leonean	1045 Kurdish	7012 Maori
4015 Taiwanese	3054 Somalian	1046 Kuwaiti	7013 Marquesans
4016 Thai	3055 South African	1047 Kyrgyzstani	7014 Marshalllese
4017 Tibetan	3056 South Sudanese	1048 Latvian	7015 Motuan
	3057 Sudan	1049 Lebanese	7016 Nauruan
African American/Black	3058 Swazi	1050 Libyan	7017 Niuean
<i>Code Description</i>	3059 Tanzanian	1051 Lithuanian	7018 Ni-Vanuatu
3000 African American	3060 Togolese	1052 Macedonian	7019 Palauan
3001 African Canadian	3061 Ugandan	1053 Mauritanian	7020 Papuan
3002 Angolan	3062 Virgin Islander	1054 Mestizo	7021 Pohnpeian
3003 Anguillan	3063 Zambian	1055 Mexican	7022 Rapan
3004 Antiguan	3064 Zimbabwean	1056 Montenegrin	7023 Rapanui
3005 Bahamian		1057 Moroccan	7024 Rotuman
3006 Barbadian	White	1058 Native Central & S. America	7025 Saipanese
3007 Beninese	<i>Code Description</i>	1060 Nicaraguan	7026 Solomon Islander
3008 Bissau-Guinean	1000 Afghan	1061 Omani	7027 Tokelauan
3009 Botswanan	1001 Albanian	1062 Palestinian	7028 Tongan
3010 Burkinese	1002 Algerian	1063 Panamanian	7029 Tuamotuan
3011 Burundian	1003 Amazigh or Berber	1064 Paraguayan	7030 Tubuai
3012 Cameroonian	1004 Arab	1065 Peruvian	7031 Tuvaluan
3013 Cape Verdean	1005 Argentinian	1066 Polish	7032 Uvean
3014 Caymanian	1006 Armenian		7033 Yapese

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

STUDENT ENROLLMENT DOCUMENT CHECKLIST

DOCUMENTS	***New LAUSD Student	Annually Disseminated Form
<p>This checklist serves as a quick reference guide for all schools. All of the documents listed below must be included in student enrollment packets. The inclusion of these forms in student enrollment packets are differentiated by the following two categories: New LAUSD Students and Annually Disseminated Forms for all students. Students matriculating and/or transferring within LAUSD shall be provided the Annually Disseminated Forms and shall not be required to complete the New LAUSD Student Forms.</p> <p>Please refer to Office Checklist for Student Enrollment to ensure all information has been received with each new enrollment form and file in Cumulative Record for audit purposes.</p>		
Student Enrollment Form* (file white copy in Cumulative Record)	✓	
Student Emergency Information Form** (Original to Main Office, Optional copy to Attendance and/or Nurse's Office) <ul style="list-style-type: none"> • Information on the Student Emergency Information Form should be updated in MiSiS within 5 days. 	✓	✓
Permanent Health History, Elementary and Secondary Schools	✓	
Guide to Immunizations Required for School Entry – Grade TK/K-12	✓	✓
Oral Health Assessment Letter/Waiver Request Form (only for kindergarten or 1 st grade entry)	✓	
Student Housing Questionnaire (SHQ)	✓	✓
Title III Immigrant Education Program Questionnaire	✓	
Migrant Education Program Family Work Questionnaire	✓	
Title VI, American Indian Education Program Cover Letter and Form	✓	
Refugee Educational Support Program Eligibility Questionnaire	✓	
Parent and Student Acknowledgement Form- Loaned Computing Device	✓	✓
Parent/Student Handbook (updated yearly)	✓	✓
Master Instructional School Calendar	✓	✓
CHAMP Program Brochure	✓	✓
Health Insurance Enrollment Information	✓	✓
Responsible Use Policy (RUP) for District Computer Systems	✓	✓
Parent/Guardian Publicity Authorization and Release	✓	✓
School rules, behavior standards, policies, school map including location of restrooms, bell schedules, pedestrian routes, etc.	✓	✓
School attendance policy and procedures related to absences, tardiness and truancy aligned to District policy.	✓	✓

* Affiliated charter schools extend enrollments to students outside attendance boundaries through the Choices Program. Affiliated charter schools are required to prioritize students who live in their attendance boundary and must verify residence all incoming students.

**Additional languages available in the [Enrollment Packet \(Part 1\) Pupil Services SharePoint](#)

***A new student is defined as a student who has not attended any LAUSD school within the current academic school year.

Los Angeles Unified School District STUDENT ENROLLMENT FORM

Student Name: _____ Date of Birth (Month/Day/Year): ____/____/____

Office Use Only	
1. School Name:	4. Student Entry Grade Level:
2. Location Code:	5. LAUSD/State Student ID Number:
3. Enrollment Date/Code:	

*Instructions: Please print using black or blue ink. If you have any questions, please ask for assistance.
Parents/Guardians/Caregivers: If you are unable to complete all of the information on the Student Enrollment Form, your child will still be enrolled in school. The District does not collect Social Security numbers or immigration status information in order to enroll students in school.*

A. STUDENT INFORMATION

Legal Name:						
Last	First	Middle				
Preferred Name:						
Last	First	Middle				
Home Address						
Number	Street	Apt/Unit	City	Zip Code	Home Phone Number	
Legal Sex: (Select One)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Intersex	Gender: (Select One)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth ____/____/____ <i>Month/Day/Year</i>		

B. PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

Home Correspondence Language: *This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

English
 Spanish
 Armenian
 Mandarin
 Cantonese
 Farsi
 Korean
 Russian
 Vietnamese
 Tagalog
 Other:

Highest Level of Education Completed (Check One)

Not a High School Graduate
 High School Graduate or Equivalent
 Some College (includes AA Degree)
 College Graduate
 Graduate School / Doctorate
 Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____

If No, please provide address:

Number	Street	Apt/Unit	City	Zip Code
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PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:		
Last	First	Middle

Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____ If No, please provide address: _____			
Number	Street	Apt/Unit	City
		Zip Code	
PARENT/LEGAL GUARDIAN/CAREGIVER			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____ If No, please provide address: _____			
Number	Street	Apt/Unit	City
		Zip Code	
PARENT/LEGAL GUARDIAN/CAREGIVER			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			

Highest Level of Education Completed (Check One)

- Not a High School Graduate
 High School Graduate or Equivalent
 Some College (includes AA Degree)
 College Graduate
 Graduate School / Doctorate
 Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____

If No, please provide address:

Number Street Apt/Unit City Zip Code

C. HOME LANGUAGE AND ETHNICITY INFORMATION

Home Language of the Student

Which language did your child learn when he/she/they first began to talk? _____

Which language does your child most frequently use at home? _____

Which language do you (the parents or guardians) most frequently use when speaking to your child? _____

Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Has this student received any formal English language instruction? Yes No

Student's Race/Ethnicity/Cultural Heritage

Is the student's ethnicity Hispanic or Latino? Yes No

Student's Race/Ethnicity/Cultural Heritage (May enter up to 5)

Please refer to the Race/Ethnicity/Cultural Heritage List and enter the numerical code along with the corresponding text

Race/Ethnicity/Cultural Heritage: _____ Decline to State

Race/Ethnicity/Cultural Heritage: _____

Race/Ethnicity/Cultural Heritage: _____

Race/Ethnicity/Cultural Heritage: _____

Race/Ethnicity/Cultural Heritage: _____

D. STUDENT EDUCATION INFORMATION

Special Services **Check One for Each Question**

Was this student receiving special education services at their previous school? Yes No

Did this student have a current Individualized Education Program (IEP) at the previous school? Yes No

If yes, do you have a copy of the IEP? Yes No

Did the student have a Section 504 Plan at their previous school? Yes No

If yes, do you have a copy of the Section 504 Plan? Yes No

Does the student have difficulties that interfere with his/her ability to go to school or to learn? Yes No

Is the student identified to receive gifted and talented educational services (GATE)? Yes No

Previous Schools

Has the student previously attended this school? Yes No If yes, when: _____

Has the student previously attended any other school or center in the LAUSD (e.g., early education center, state preschool, Head Start, or other preschool)? Yes No

If yes, list most recent LAUSD school/center attended:			
<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>
List last non-LAUSD school student attended (including early education center, state preschool, Head Start, or other preschool):			
<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>
Is this student currently under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the name of the school district:			
Additional Student Information			
Are there any court orders regarding legal custody, physical custody, educational rights, or restricted contact with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, a copy of the court order should be provided to the school.			
Does the student have any relatives who are all or part American Indian or Alaskan Native? <i>(Please complete the American Indian-Alaskan Native Letter Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you will be contacted at home regarding the American Indian-Alaskan Native Program and whether your child may qualify for its free academic assistance and health benefits.			
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 process/packing, or livestock)? <i>(Please complete the Migrant Education Program, Family Work Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 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.			
E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S) (include brothers, sisters, cousins)			
1.	_____	____/____/____	_____
	Last Name, First Name	Birth Date (Month/Day/Year)	Current School
2.	_____	____/____/____	_____
	Last Name, First Name	Birth Date (Month/Day/Year)	Current School
3.	_____	____/____/____	_____
	Last Name, First Name	Birth Date (Month/Day/Year)	Current School
4.	_____	____/____/____	_____
	Last Name, First Name	Birth Date (Month/Day/Year)	Current School
5.	_____	____/____/____	_____
	Last Name, First Name	Birth Date (Month/Day/Year)	Current School
F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)			
1. Legal Name:			
	Last	First	Middle
Relationship to Student			
Home Address:			
	Number	Street	Apartment/Unit
		City	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
2. Legal Name:			
	Last	First	Middle
Relationship to Student			
Home Address:			
	Number	Street	Apartment/Unit
		City	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

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



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME		FIRST NAME			CHOSEN OR PREFERRED NAME (if different)		M.I.	STUDENTS LAST NAME																								
BIRTH DATE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY		GRADE	HOME LANGUAGE																											
STUDENT'S HOME ADDRESS -- NUMBER		STREET			APT #	CITY	ZIP CODE																									
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		STREET			APT #	CITY	ZIP CODE																									
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME			RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	FIRST NAME																								
WORK ADDRESS -- NUMBER		STREET			CITY		ZIP CODE																									
CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:																											
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																											
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																											
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																											
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.																														
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME			RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	MIDDLE INITIAL																								
WORK ADDRESS -- NUMBER		STREET			CITY		ZIP CODE																									
CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:																											
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																											
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																											
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																											
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.																														
<p><i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 20%;">RELATIONSHIP</td> <td style="width: 15%;">HOME PHONE</td> <td style="width: 15%;">CELL PHONE</td> <td style="width: 20%;">WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> </table> <p><i>List any other family members attending this school:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LAST NAME</td> <td style="width: 30%;">FIRST NAME</td> <td style="width: 10%;">HOME ROOM</td> <td style="width: 10%;">GRADE</td> <td style="width: 20%;">RELATIONSHIP</td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> </table>								NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																												
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LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																												
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<p>MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 70%;">Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Relationship to Student: _____</td> <td>Military Branch: _____</td> </tr> <tr> <td></td> <td>Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased</td> </tr> </table>								Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO	Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship to Student: _____	Military Branch: _____		Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased																			
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<p>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</p> <p>The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)</p> <p>hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.</p> <p>HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</p>																																
<p>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p> <p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. PRIVATE HEALTH INSURANCE NAME</td> <td style="width: 10%;">GROUP NO.</td> <td style="width: 30%;">2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)</td> <td style="width: 30%;">GROUP NO.</td> </tr> <tr> <td>NAME OF DOCTOR / MEDICAL OFFICE</td> <td colspan="3">PHONE NUMBER OF DOCTOR / MEDICAL OFFICE</td> </tr> </table>								1. PRIVATE HEALTH INSURANCE NAME	GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)	GROUP NO.	NAME OF DOCTOR / MEDICAL OFFICE	PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																			
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NAME OF DOCTOR / MEDICAL OFFICE	PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																															
<p>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</p> <p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p> <p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p> <p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p> <p>X _____ DATE _____</p> <p>SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN CAREGIVER (AFFIDAVIT)</p>																																

* Selected telephone number must be a direct dial number (no extensions).

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES HISTORIAL PERMANENTE DE LA SALUD

Estudiante _____ Sexo: M ___ F ___ FDN _____
APELLIDO NOMBRE SEGUNDO NOMBRE MES DÍA AÑO

Última escuela a la que asistió el menor _____ Nombre _____ Lugar _____ <small>Ciudad y Estado</small>		Cuidado de la salud _____ Fecha del último examen físico _____ Dentista de la familia _____ Fecha del último examen dental _____	
Grado actual _____ CLASE O ESCUELA ESPECIAL _____		ENFERMEDADES DEL NIÑO (anteriores o actuales) favor de marcar (V):	
FAMILIA:	Vive con el niño (nombres)	SALUD	
Padre		Varicela	<input type="checkbox"/> Sí <input type="checkbox"/> No
Madre		Meningitis	<input type="checkbox"/> Sí <input type="checkbox"/> No
Padrastro/Madrastra		Paperas	<input type="checkbox"/> Sí <input type="checkbox"/> No
Otros		Rubeola (sarampión de 3 días)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Hermanos	¿cuántos mayores? _____ ¿cuántos menores? _____	Rubeola (sarampión de 10 días)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Hermanos		Tos ferina	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Ha pasado la noche en un hospital? Sí _____ No _____ Nombre del hospital _____ Ciudad _____ Estado _____ Fechas en el hospital _____ Motivos de la hospitalización _____		Resultados positivos en la Prueba cutánea de TB	<input type="checkbox"/> Sí <input type="checkbox"/> No
Indicar si el menor toma medicamentos: Sí _____ No _____ Nombre del medicamento: _____ Cantidad _____ Frecuencia _____ Indicar si se le limitaron actividades - Sí _____ No _____ En caso afirmativo, razón de la limitación: _____		Bronquitis	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Neumonía	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Asma	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Urticaria o eczema	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Alergia: medicamento/otro	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Lesión de la cabeza	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Convulsiones/desmayos	<input type="checkbox"/> Sí <input type="checkbox"/> No
		Otros accidentes o enfermedades graves (describir) _____	
HISTORIAL DE NACIMIENTO:		HISTORIAL DE DESARROLLO:	
EMBARAZO DE LA MADRE:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO	Indicar la edad en la que su hijo:	
Infecciones		Se sentó solo _____ Gateó _____	
Sangrado		Se puso de pie solo _____ Caminó _____	
Alta presión arterial		Pronunció palabras _____ oraciones _____	
Toxemia		Usó el inodoro _____ Comió independientemente _____	
Diabetes		FAVOR DE MARCAR () LAS OPCIONES CORRESPONDIENTES A SU HIJO:	
Otras complicaciones del embarazo		Disfruta del aprendizaje	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
Embarazo de 9 meses		Le agrada la escuela	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
Tipo de parto		Le agradan los demás niños	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
Peso al nacer _____		Come bien	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
Condición al nacer (marque) buena _____ deficiente _____		Bebe leche	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
De ser deficiente, describa: _____		Desayuna	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
		Duerme bien	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
		Sigue indicaciones	<input type="checkbox"/> SÍ <input type="checkbox"/> NO
ENFERMEDADES DURANTE LAS PRIMERAS 2 SEMANAS:	<input type="checkbox"/> SÍ <input type="checkbox"/> NO	¿A qué hora se duerme? _____	
Dificultad respiratoria		¿Tiene alguna pregunta o inquietud sobre la salud de su hijo? Favor de anotar: _____	
Convulsiones			
Cianosis (color azulado)			
Ictericia (color amarillento)			
Problemas alimentarios			
Anemia			
Defecto de nacimiento			
Precisó incubadora			
Se le dio de alta con su madre			

Fecha _____ Firma del padre/tutor _____
 Fecha _____ Historial a cargo de _____
 (nombre) título _____
 Nombre de la Escuela _____

Parents' Guide to Immunizations Required for School Entry



Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who are new admissions.

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM

California law, *Education Code Section 49452.8*, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Student's Last Name	First Name	Middle Initial	Birth Date (mo/day/year)
Address		City	Zip
			Phone ()
School Name	Teacher	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name
Child's race/ethnicity: (Optional): <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
SECTION 1: To be completed by the parent or guardian			

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

➤ _____
Signature of parent or guardian *Date*

SECTION 2: Oral Health Data Collection			
To be completed by the dental professional conducting the assessment			
Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed

➤ _____
Signature of Dental Professional *Date*

SECTION 3: Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement
I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.) <input type="checkbox"/> I am unable to find a dental office that will take my child's insurance plan. My child is covered by the following insurance plan: <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> None <input type="checkbox"/> Other _____ <input type="checkbox"/> I cannot afford an oral health assessment for my child. <input type="checkbox"/> I do not wish my child to receive an oral health assessment. Optional: Other reasons my child could not get an oral health assessment _____

RETURN THIS FORM TO THE SCHOOL BY MAY 31.
Original to be retained in student's school record.

Evaluación de la Salud Dental y Formulario para Solicitar una Exención

El Artículo 49452.8 del *Código de Educación* de la ley de California ahora dispone que su hijo de kinder o de primer grado deba ser sometido a una evaluación de salud dental para el 31 de mayo durante su primer año en la escuela pública. La ley especifica que la evaluación deberá ser realizada por un dentista titulado o por algún otro profesional registrado o con licencia para ejercer en el área de la salud dental. Los exámenes dentales que se han llevado a cabo durante los 12 meses antes de que su hijo entre a esta escuela también cubren este requisito. Si no puede llevar a su hijo(a) a que le hagan este exámen, se le puede exentar de este requisito llenando la Sección 3 de esta forma.

Sección 1: Debe ser completada por el padre, la madre o el tutor legal			
Nombre del alumno	Apellido	Inicial (segundo nombre)	Fecha de nacimiento: (mes/día/año):
Domicilio		Ciudad	Zona Postal
			Teléfono ()
Nombre de la escuela	Maestro(a)	Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Nombre del padre o tutor:
Raza o grupo étnico del (la) niño(a): (Opcional) <input type="checkbox"/> Nativo de Alaska <input type="checkbox"/> Indioamericano <input type="checkbox"/> Asiático <input type="checkbox"/> Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Nativo de Hawaii/Islands del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Se desconoce <input type="checkbox"/> Otro: _____			

La ley de California dispone que las escuelas deban mantener confidencial la información de la salud de los estudiantes. La identidad de su hijo(a) no se relacionará con ningún informe que se elabore como resultado de este requisito. Si tiene preguntas en relación con esto, por favor comuníquese con la oficina de su escuela.

➤ _____
Firma del padre o tutor _____
Fecha

SECTION 2: Oral Health Data Collection			
To be completed by the dental professional conducting the assessment (Debe ser completada por el profesional dental que realiza la evaluación)			
Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed

➤ _____
Signature of Dental Professional _____
Date

SECCIÓN 3: Exención del Requisito para la Evaluación de la Salud Dental
Debe ser completada por el padre, la madre o tutor legal que solicite la exención de este requisito
Solicito que a mi hijo(a) se le exente del requisito de la evaluación dental debido a la siguiente razón: (Por favor marque el cuadro que describa la razón)
<input type="checkbox"/> No puedo encontrar una oficina dental que acepte el plan de seguro de mi hijo(a). Mi hijo(a) está cubierto(a) por el siguiente plan de seguro: <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> Ninguno <input type="checkbox"/> Otro _____
<input type="checkbox"/> No puedo pagar una evaluación de salud dental para mi hijo(a).
<input type="checkbox"/> No deseo que a mi hijo(a) se le haga una evaluación de salud dental.
Opcional: Otras razones por las cuales a mi hijo(a) no se le puede realizar una evaluación dental _____

DEVUELVA ESTA FORMA A LA ESCUELA PARA EL 31 DE MAYO.
El original se archivará en el expediente original del estudiante.



STUDENT HOUSING QUESTIONNAIRE (SHQ)

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all school-aged children experiencing homelessness access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to enrollment, attendance, and academic success of students experiencing homelessness. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Office at (213) 202-7581.

Student First Name:		Student Last Name:		Date of Birth:	Gender:
Local District:	School:	Campus/Site:	Grade:	Student District ID:	
Address:		Apt#:	City:	Zip Code:	
Parent/Guardian Name:			Contact Number:		
Is the student: (check all that apply): <input type="checkbox"/> a parenting teen? <input type="checkbox"/> an unaccompanied youth? <input type="checkbox"/> a runaway?					
Has the student transferred schools any time after completing the second year of high school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.					



Is the student currently living in one of the Nighttime Residence options listed below?

YES NO



If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.

CHECK (✓) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:

Shelter (ex. Homeless, Domestic Violence...etc) Name:	Motel or Hotel Name:
Garage (unconverted)	Car, trailer, or campsite
Temporarily in another family's house or apartment	Temporarily with an adult that is not the parent or guardian
Transitional Housing Program Name:	Trailer/motor home on private property
Other places <u>NOT</u> designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____	

Is the student in need of services? YES NO

If yes, please check the services being requested.

Backpack/School Supplies Hygiene Kits Transportation Assistance *

*If you are requesting transportation assistance, please read and sign the affidavit below:

I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Guardian can appeal.

Parent/Guardian's Initials: _____ Date: _____

Is the student in need of a referral for additional resource(s)? YES NO

If yes, please check the referral(s) being requested.

Clothing Assistance: Shoes, Clothing, Uniforms Tutoring Housing Referrals Assistance for a Parenting Teen

Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)

Your Designated School Site Homeless Liaison is:

Name	Title	Phone	E-mail

Do you have other preschool and/or school aged children in the home? YES NO

If yes, please complete an additional SHQ. All sibling(s) must have an SHQ on file at their school site.

✓ For any questions about these rights, please contact Dr. Denise Miranda, at 213-202-7581 or homelesseducation@lausd.net.

AFFIDAVIT- By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: _____ Date: _____

SCHOOL PLEASE NOTE:

- ✓ Upon completion, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: shqldc@lausd.net, shqldc@lausd.net, shqldne@lausd.net, shqldnw@lausd.net, shqlds@lausd.net, or shqldw@lausd.net
- ✓ SHQ **MUST** be kept in a **CONFIDENTIAL** file, which is separate from the permanent student record (this form must NOT be placed in the cumulative file).



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Title III Immigrant Education Program *Questionnaire Form*

ATTACHMENT A

Your child and you as the parent/guardian may be eligible to receive *FREE* supplemental educational and support services funded by the Title III Immigrant Education Program. These services may include:

<ul style="list-style-type: none"> After-School Tutoring Saturday School Summer School 	<ul style="list-style-type: none"> Family Literacy Family Training Parent/Family Outreach
---	--

The purpose of the Title III Immigrant Education Program is to provide enhanced instructional opportunities to immigrant students and their families to support students in meeting the grade level and graduation standards.

Important: Proof of family income or immigration status is *NOT* required to receive services. Any student who was not born in the U.S. and has been attending U.S. schools for less than three school years may be eligible for these services. To determine eligibility for these services, please provide the following information to the school:

Student Name: _____	Grade: _____
Place of Birth (City, State/Province, and Country): _____	
Date of first U.S. school enrollment (mm/dd/yy): _____	

Programa de Educación Inmigrante de Título III *Forma de Cuestionario*

Sus hijos y usted como padre o guardián pueden ser elegibles para recibir servicios educativos y de apoyo *GRATUITOS*. Servicios pueden incluir:

<ul style="list-style-type: none"> Tutoría después de clases Clases de sábado Escuela de verano 	<ul style="list-style-type: none"> Alfabetización para familias Entrenamiento para familias Alcance para padres/familia
--	--

El propósito de Programas de Educación Inmigrante de Título III es de proveer oportunidades de instrucción mejoradas para los estudiantes inmigrantes y sus familias. Esto asegurará que estos estudiantes alcancen los estándares del nivel de grado y los estándares de graduación.

Importante: NO se requiere pruebas del ingreso familiar o documentos de inmigración para recibir estos servicios suplementarios. Cualquier estudiante que no haya nacido en los Estados Unidos y haya asistido a escuelas en los Estados Unidos durante menos de tres años escolares puede ser elegible para estos servicios suplementarios. Para determinar si su hijo/a califica para estos servicios, provee la siguiente información a su escuela:

Nombre del Estudiante: _____	Grado: _____
Lugar de Nacimiento (ciudad, estado y país): _____	
Fecha de primera inscripción en la escuela de los EE.UU. (mes, día, año): _____	



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.2

ATTACHMENT A



Los Angeles Unified School District

Migrant Education Program
Family Work Questionnaire



Your children may be eligible to receive **FREE** educational and health services.

Possible services may include:

- After-School Tutoring
- Saturday School
- Preschool Programs
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Dental Screenings/Medical Referrals

Parents receive training on:

How to become involved in their children's schools, how to support their children's academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

Have you or any family member moved to work or seek work in agriculture within the last 3 years? Yes NO

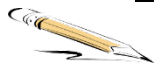
If you answered YES, please answer the next question

Did your children move with you during the time you worked or went to seek work? Yes NO

(Please check all the agricultural and fishing jobs, temporary and seasonal, that applies.)

<input type="checkbox"/> Field Work/ Agriculture Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)	<input type="checkbox"/> Orchard Examples: (pick, prune, sort fruit, nut trees, vines, etc.)	<input type="checkbox"/> Nursery Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)	<input type="checkbox"/> Fishing Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)
<input type="checkbox"/> Dairy/Farm/Ranch/ Livestock Examples: (milking, cattle feeding, transporting animals; raising farm animals such as poultry, goats, pigs, etc.; and sale of its products such as milk, eggs, cheese, etc. for someone or for family support.)	<input type="checkbox"/> Packing Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)	<input type="checkbox"/> Food Processing Examples: (prepare, process foods like tomato sauce, fruit jellies, chili sauce; processing of wheat or flour for tortilla items, pack cut or pack an assortment of meats.)	<input type="checkbox"/> Forestry/Lumber Examples: (plant, grow, cultivate, harvest trees; thinning and vegetation control, etc.)

Important: Proof of family income or immigration status is **NOT** required to receive services.



Please provide the following information:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? 8am-12pm 12pm-6pm 6pm-8pm

Student's Name: _____

School Name: _____ Grade: _____

For more information, call the Los Angeles Unified School District, Migrant Education Office at: (213) 241-0510

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Office, Beaudry Building, 29TH Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-0510 for more information.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.2

ATTACHMENT A



Los Angeles Unified School District

Programa de Educación Migrante
Cuestionario Sobre el Trabajo de la Familia



Sus hijos pueden ser elegibles para recibir servicios educativos y de salud **GRATUITOS**.

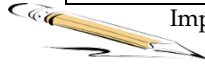
Algunos servicios pueden incluir:

- Tutoría Después de Clases
- Clases los Sábados
- Programas de Preparación para el Kinder
- Ayuda para Recuperar Créditos de la Secundaria/Preparatoria (High School)
- Academias Universitarias en el Verano
- Campamento al Aire Libre en el Verano
- Academias de Ciencias en el Verano
- Exámenes Dentales/Referencias Médicas

Los padres recibirán entrenamiento en lo siguiente:

Como involucrarse en la escuela de sus hijos, como apoyar el logro académico de sus hijos, conocer los requisitos de admisión al colegio y otros servicios. También tenemos información sobre las clases para obtener el certificado del GED, que es un equivalente al diploma de la escuela preparatoria (high school).

<p>¿Se ha mudado usted o algún miembro de la familia a trabajar o buscar trabajo en la agricultura dentro de los últimos 3 años? Sí <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">Si contesto SI, favor de contestar la siguiente pregunta</p> <p>¿Sus hijos se mudaron con usted cuando fue a trabajar o a buscar trabajo? Sí <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">(Por favor indique todos los trabajos agrícolas y de pesca, temporales o de temporada, que aplican.)</p>			
<p><input type="checkbox"/> Trabajo de Campo/Agricultura <u>Ejemplos:</u> (sembrar, plantar, podar, pizar, cosechar, empacar, sortear o transportar frutas, vegetales, granos, u otras cosechas; preparación de la tierra, irrigación, fumigación, etc.)</p>	<p><input type="checkbox"/> Huerta <u>Ejemplos:</u> (pizar, podar, sortear frutas, árboles de nueces, y viñas, etc.)</p>	<p><input type="checkbox"/> Vivero <u>Ejemplos:</u> (sembrar, cultivar, plantar, cosechar flores, plantas, árboles, arbustos, hierbas, siembra del césped, etc.)</p>	<p><input type="checkbox"/> Pesca <u>Ejemplos:</u> (pescar, sortear, empacar, procesar, transportar pescado o mariscos, etc.)</p>
<p><input type="checkbox"/> Lechería/Granja/Rancho/Ganadería <u>Ejemplos:</u> (ordeñar, alimentar ganado, transportar animales; crianza de animales de granja, tales como aves de corral, chivos, cerdos, etc.; y venta de sus productos como leche, huevos, queso, etc. para alguien o para el sustento de la familia.)</p>	<p><input type="checkbox"/> Empacadora <u>Ejemplos:</u> (procesamiento/tratamiento, almacenaje, congelación, enlatar, empacar frutas, vegetales, carnes, etc.)</p>	<p><input type="checkbox"/> Tratamiento/Procesamiento de Comida <u>Ejemplos:</u> (preparar, procesar, tratamiento de comidas como la salsa de tomate, jaleas de fruta, salsa, o procesamiento de trigo o de harina para productos de tortilla, cortar o empacar un surtido de carnes.)</p>	<p><input type="checkbox"/> Silvicultura/Madera de Construcción/Trabajo Forestal <u>Ejemplos:</u> (sembrar, plantar, cultivar, cosechar árboles; control de la vegetación, etc.)</p>



Importante: **NO** se requiere pruebas del ingreso familiar o documentos de inmigración para recibir servicios.

Favor de proveer la siguiente información:

Nombre del Padre de Familia o Guardián: _____ Fecha: _____

Domicilio: _____

Número de Teléfono: _____

¿Cuál es la mejor hora para llamarle? 8am-12pm 12pm-6pm 6pm-8pm

Nombre del Estudiante: _____

Escuela del Estudiante: _____ Grado: _____

**Para más información llame a la oficina del Programa de Educación Migrante,
del Distrito Escolar Unificado de Los Ángeles al (213) 241-0510**

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Office, Beaudry Building, 29th Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-0510 for more information.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



Los Angeles Unified School District
Refugee Educational Support Program
Eligibility Questionnaire

Your children may be eligible to receive *FREE* educational services.

Possible services may include:

- After-School Programs
- Saturday School
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp

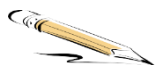
Parents receive training on:

How to become involved in their children’s schools, how to support their children’s academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

You may be eligible for services if 1) your child arrived in the U.S. within the last 5 years, 2) is between the ages 5 - 18, **and** 3) has the following immigration status:

- | | | |
|---|--|---|
| <input type="checkbox"/> Paroled as a Refugee or Asylee | <input type="checkbox"/> Amerasians | <input type="checkbox"/> victims of severe forms of trafficking who receive certification or an eligibility letter from ORR |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Iraqi and Afghan Special Immigrants | |
| <input type="checkbox"/> Asylee | <input type="checkbox"/> Unaccompanied Refugee Minors | |
| <input type="checkbox"/> Cuban and Haitian Entrant | | |

For detailed documentation requirements please visit <http://bit.ly/ORRequirements>



Please provide the following information to your school:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? 8am-12pm 12pm-6pm 6pm-8pm

Student's Name: _____

School Name: _____ Grade: _____

For more information, call the Los Angeles Unified School District, RESPite Office at: (213) 241-3107

***** TO HOME SCHOOL STAFF *****

Please return this survey to the Refugee Educational Support Program office, Beaudry Building, 29TH Floor, within two weeks of student’s enrollment, in order to make services available to eligible families. Please call (213) 241-3107 for more information.

MEMBERS OF THE BOARD

KELLY GONEZ, PRESIDENT
TANYA ORTIZ FRANKLIN
MÓNICA GARCÍA
JACKIE GOLDBERG
DR. GEORGE J. MCKENNA III
NICK MELVOIN
SCOTT M. SCHMERELSON



LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
 333 South Beaudry Avenue, 25th Floor
 Los Angeles, California 90017
 Telephone: (213) 241-4822 | Fax: (213) 241-8977

MEGAN K. REILLY
 Interim Superintendent

ALISON YOSHIMOTO TOWERY
 Chief Academic Officer

SOPHIA MENDOZA
 Director, Instructional Technology Initiative

PARENT and STUDENT NOTIFICATION

Rules Concerning Use of Loaned Computing Devices (i.e., Tablets, Laptops) and Related Accessories Assigned to Students

 Student Last Name (PRINT) Student First Name (PRINT) Grade Student ID Number Date

 Parent/Guardian Last Name (PRINT) Parent/Guardian First Name (PRINT)

I am being issued a Los Angeles Unified School District (LAUSD) computing device and related accessories. I agree to keep it safe and well maintained. I will follow the guidelines for care of the device as explained below.

SECURITY

1. I will know where my assigned device is at all times.
2. I will never leave my assigned device unattended.
3. I will secure my assigned device when I am participating in PE by putting it in my locker or other secure location, unless instructed to bring the device to PE class by the teacher.
4. I will never loan my assigned device to anyone.
5. I realize that security devices have been installed on the assigned device that permit tracking and that usage will be monitored.
6. I will, at all times, keep myself safe and will use the device only in areas where I can keep myself and the device safe.

(Student and Parent initial here) _____

CARE

7. I understand that the device assigned may include a protective case that is to remain on the device at all times. This case may not be removed or replaced.
8. I will protect the screen from scratches.
9. I will keep food and beverages away from my assigned device since they may cause damage to it.
10. I will not mark, draw, write or place unapproved stickers on the device or case.
11. I will not disassemble or attempt any repairs on any part of my assigned device. Doing so will void the device's warranty.
12. If damage occurs, including, but not limited to, scratches, cracks or dents, I will report the damage to the school administration within 24 hours or as soon as possible thereafter.
13. In the case of theft or vandalism, I will file a police report and notify school administration within 24 hours or as soon as possible thereafter.

(Student and Parent initial here) _____

USAGE

14. I will follow the LAUSD Responsible Use Policy (RUP) for use of LAUSD computers and network systems.
15. I will not reformat the device, tamper with its security settings, or change its operating system (e.g., iOS for Apple Devices).
16. I will adhere to all applicable copyright and software license agreements that forbid downloading of media and software that has not been legally acquired.
17. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.

(Student and Parent initial here) _____

RESPONSIBILITY

18. I understand that my assigned device is subject to inspection by any staff member, teacher or administrator at the school, at any time and without notice. I further understand that the device remains the property of LAUSD.
19. I agree to return the device, related accessories and device case in good working condition (with the exception of normal wear and tear) immediately upon request by LAUSD.
20. I will return the assigned device to my school administrator (or designee) at the end of each school year. If I withdraw, am expelled, or terminate enrollment at my school for any reason, I will return the assigned device and accessories on the date of termination to the school's administrator. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.
21. I have completed the Digital Citizenship lessons.

(Student and Parent initial here) _____

**PARENT/GUARDIAN ACKNOWLEDGEMENT
(Devices Take Home)**

Responsibility for Loaned Computing Devices Assigned to Students

This document informs you of your legal responsibility with regard to the device and its related accessories, which may include case, keyboard cable and battery charger ("Loaned Equipment") described below, that the Los Angeles Unified School District ("LAUSD") is loaning to your child.

LAUSD may hold liable a parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any property of LAUSD, or fails to return any property of LAUSD upon demand of LAUSD, for all damages caused by the minor. (See, District Bulletin BUL-5509.2, Restitution Procedures for the Loss or Damage of School Property, dated March 7, 2017 California Education Code §48904.) LAUSD property includes the Loaned Equipment, which may have a value of up to \$700 for tablets and \$1,300 for laptops.

- I agree to the **Security, Care, Usage and Responsibility** conditions listed in the "Rules Concerning Use of Loaned Devices (i.e., Tablets or Laptops) Assigned to Students" ("Rules"), on the previous page. My child's failure to abide by the Rules, thereby resulting in damage to or loss of the Device, may be considered a willful act for which I am liable, subject to the following due process procedures set forth in Bulletin BUL-5509.2:
 - LAUSD shall inform parent or guardian immediately in writing after any alleged loss which gives rise to an obligation under Section 48904 of the Education Code.
 - The parent or guardian may present information on behalf of the student during a conference at the school as to the reasons why a fee should not be imposed.
 - The principal/designee shall, after reviewing any information presented during this meeting, decide whether or not to withhold the marks, diploma, or transcripts and/or impose the fee for damages. The parent/guardian and student shall be notified in writing of the decision. The decision of the principal is final, and there is no appeal beyond the school level.
 - Upon receiving notification of the school's decision, the parent or guardian may, if necessary, pay the outstanding obligation, or the student may complete a voluntary work assignment determined by the school.
- The Loaned Equipment is, and will remain, the property of the Los Angeles Unified School District with the sole intended use by the student to whom it has been assigned.
- I further agree to abide by LAUSD's Responsible Use Policy (RUP) for use of loaned equipment and LAUSD's computer network ([see attached](#)).

CHOOSE OPTION 1 or 2 BELOW BY CHECKING THE APPROPRIATE BOX

OPTION 1 – "OPTING IN" TO TAKING DEVICE HOME – Yes, I want my student to take the device home.

I have read and I understand the responsibilities described above and agree to comply with the "Rules." I give permission for my child to take the Device home. I agree to monitor and engage with my child when accessing online content away from school using the Device.

Acknowledgement of Inherent Risks of Internet Usage: I acknowledge that there are security, privacy and confidentiality risks inherent in Internet use and wireless communications. I understand that the District has taken those reasonable measures, including a web filtering solution, currently available to minimize such risks. However, I acknowledge that no filter or other technology currently available provides complete protection against such risks. I have determined that for my child the benefits of online activity and wireless communications outweigh the risks, and on my child's behalf, I will assume the risk associated with such activity. I agree that it is my responsibility to monitor and engage with my child concerning appropriate online usage.

OPTION 2 – "OPTING OUT" TO TAKING DEVICE HOME – No, I do NOT want my child to take the device home.

I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

Print Student Name (Last, First): _____

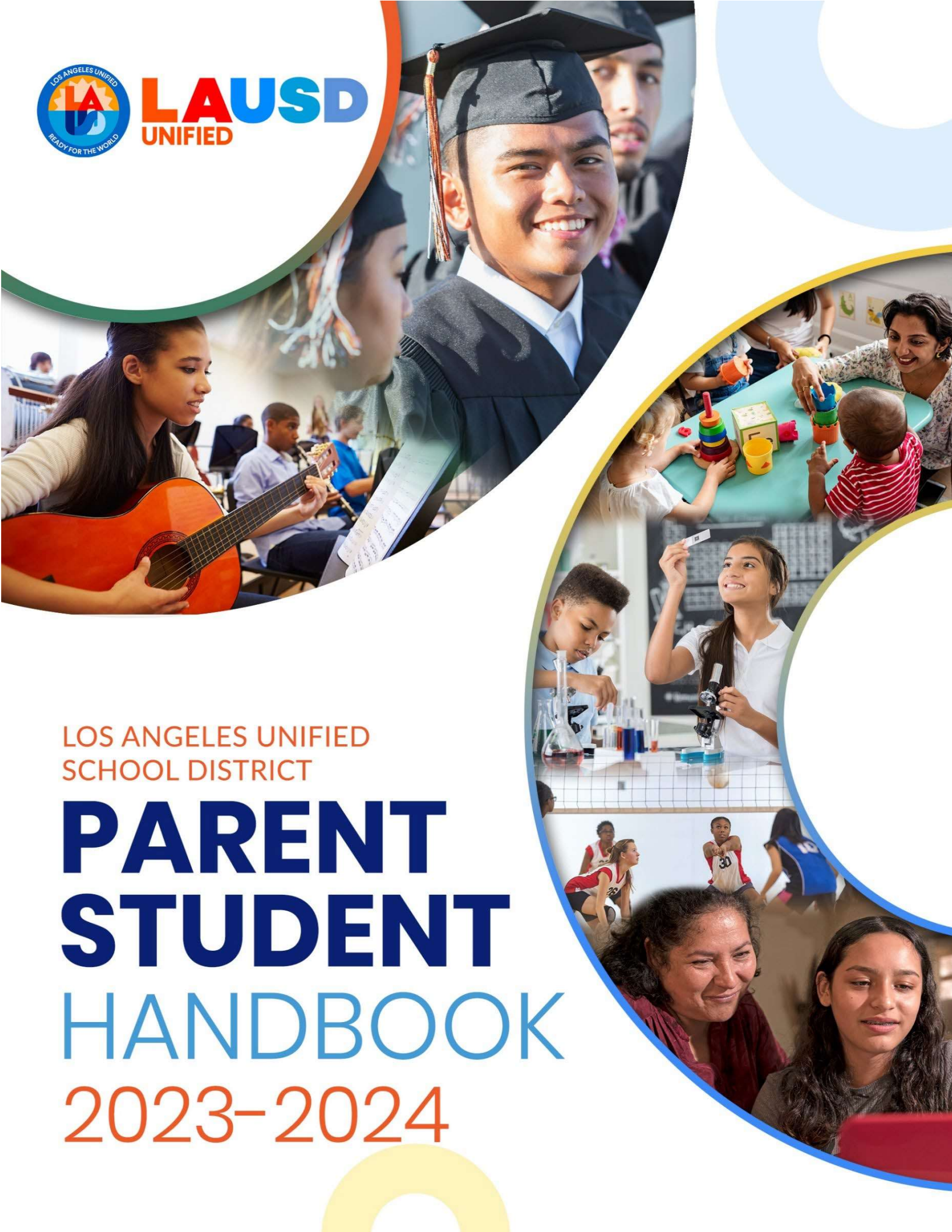
Student Signature: _____ **Date:** _____

Print Parent (Guardian) Name: _____

Parent (Guardian) Signature: _____ **Date:** _____



LAUSD
UNIFIED



LOS ANGELES UNIFIED
SCHOOL DISTRICT

PARENT STUDENT HANDBOOK 2023-2024



Los Angeles Unified School District
INSTRUCTIONAL SCHOOL CALENDAR 2023-2024

Board Approved
6/20/2023

JULY

MO	TU	WE	TH	FR
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

AUGUST

MO	TU	WE	TH	FR
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

SEPTEMBER

MO	TU	WE	TH	FR
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

OCTOBER

MO	TU	WE	TH	FR
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

NOVEMBER

MO	TU	WE	TH	FR
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

DECEMBER

MO	TU	WE	TH	FR
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

JANUARY

MO	TU	WE	TH	FR
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

FEBRUARY

MO	TU	WE	TH	FR
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	

MARCH

MO	TU	WE	TH	FR
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

APRIL

MO	TU	WE	TH	FR
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

MAY

MO	TU	WE	TH	FR
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

JUNE

MO	TU	WE	TH	FR
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

07/04/23	Independence Day	01/15/24	Dr. Martin L. King Jr. Birthday
08/14/23	First Day of Instruction	02/19/24	Presidents' Day
09/01/23	Admission Day	03/25 - 03/29/24	Spring Break
09/04/23	Labor Day	04/01/24	Cesar E. Chavez Birthday Observed
11/10/23	Veterans Day Observed	04/24/24	Armenian Genocide Remembrance Day
11/23 - 11/24/23	Thanksgiving Holiday	05/27/24	Memorial Day
12/18/23 - 12/20/23	Optional Winter Recess Academy	06/11/24	Last Day of Instruction
12/18/23 - 01/05/24	Winter Break	06/19/24	Juneteenth Holiday
01/08/24	Second Semester Begins		

LEGEND:

- First Day/Last Day of Instruction
- Legal/Local Holidays
- Optional Winter Recess Academy
- School Recess
- Unassigned Day (no school)
- Optional Employee Preparation Day
- Second Semester Begins
- Instructional Days

Instructional Days	
Fall Semester	81
Spring Semester	102
Total	183



WELLNESS PROGRAMS

Children's Health Access & Medi-Cal Program (CHAMP)



DOES YOUR FAMILY NEED HELP GETTING FREE/LOW COST HEALTH INSURANCE?

All Families Healthy and Thriving

CHAMP provides free access to Medi-Cal, Covered CA, and Kaiser Permanente Child Health Program

Health Insurance
Application Assistance, Enrollment, and Renewal

Outreach and Education on the Affordable Care Act "Obama Care"

Information About
Utilizing and Maintaining Health Insurance Benefits

Health Care Referrals to School-Based Health/Wellness Centers and Community Clinics



CHAMP (213) 241-3840 or email: champ@lausd.net

Weekdays 8:00 AM - 4:30 PM | CHAMP is a department within the Los Angeles Unified School District and is part of the Student Health & Human Services Division.

Enroll. Get Care. Renew.

Free or Low Cost Health Coverage
Exists for ALL Lower-Income
California Families (options on page 2)

CALIFORNIA
Information for other
states is different.



Renew Your Coverage in 2023-24!

IMPORTANT for 2023 and 2024: CONTINUOUS MEDI-CAL COVERAGE PROTECTIONS END STARTING APRIL 2023.

Do you or a family member have Medi-Cal coverage? If so, you may need to take steps to keep it. You will need to renew your Medi-Cal at some point between April 2023 and May 2024. Annual renewals are usually due in the same month you first enrolled in Medi-Cal.

What to Do to Stay Covered:

- ▶ **Update your contact information.** Tell your county Medi-Cal office about any changes in your contact information (mailing address, phone number, email) so they can contact you with information about how to renew your coverage.
- ▶ **Check your mail.** When it is time to renew coverage, Medi-Cal will mail you a letter to let you know if you need to complete a renewal form or if your renewal can be completed automatically.
- ▶ **Complete your renewal form.** If you receive a renewal form, your coverage will not be renewed unless you complete it. Renewal forms will be sent in a **YELLOW ENVELOPE**. Fill out the form and answer any county follow up questions right away by phone, online, mail or in person to help avoid a gap in your coverage.



How to Renew your Medi-Cal Coverage and Report Changes:

- ▶ **Set up an account online.**
Visit: <https://benefitscal.com/> OR
- ▶ **Contact your county Medi-Cal office.**
To find your county Medi-Cal office, visit dhcs.ca.gov/COL or call (800) 541-5555.

What if You No Longer Qualify for Medi-Cal Coverage?

If your family income increased above Medi-Cal eligibility levels (see income chart on second page), you may qualify for discounted premiums through Covered California. If so, when your Medi-Cal coverage ends, Covered California will send you information about your automatic enrollment and what you need to do to activate it. Your Covered California coverage would begin when:

- ▶ You pay your premium, OR
- ▶ If you have no premium, when you accept the coverage online or by phone.

Often when family income increases, your child(ren) may still qualify for Medi-Cal even if adult family members no longer qualify. Continue to fill out and submit renewal information to keep your child(ren)'s free Medi-Cal coverage even if you may be enrolled in Covered California.

Enroll.

Ways to enroll in Medi-Cal and Covered California:

- ☎ 1(213) 214-3840
- 🌐 achieve.lausd.net/CHAMP
- 🚶 In-person: www.coveredca.com/get-help/local/
- ✉ champ@lausd.net



Get Care.

- ▶ Find a primary care doctor. Ask your health plan for help locating an available doctor near you.
- ▶ Schedule an annual checkup for you and your child(ren). Young children need frequent well-child visits within a year.
- ▶ Your health plan is required to help you make appointments and get interpretation services. Additionally, Medi-Cal is required to help you get free transportation to your appointments.
- ▶ Find a dentist. Visit SmileCalifornia.org to find a Medi-Cal dentist and a dental home near you.
- ▶ In Covered California, dental care is covered for children. Adults will need to purchase an additional dental plan.

Renew.

DHCS Medi-Cal must be renewed every year except for those listed below. It is important to ensure that Medi-Cal has your current address so that when it's time to renew your coverage, they can contact you. If you receive a renewal notice, be sure to act! Children in foster care and former foster care youth are not required to renew their coverage. Postpartum individuals also do not need to renew their coverage within 12 months postpartum



Covered California health plans must be renewed every year. Renewal information will be mailed at the end of the year, or you can contact Covered California directly.



Scan the QR code for information about when and how to renew!



A PROJECT OF
The Children's Partnership

© The Children's Partnership 2023



Need Help?

Scan this
QR code for
LOCAL HELP in your area.

OR GO TO:

www.allinforhealth.org

Options for Health Coverage

Medi-Cal:

- ▶ Children and adults qualify for full-scope Medi-Cal benefits depending on their income. Children, pregnant and post-partum individuals have higher income eligibility levels than other adults (see chart below).
- ▶ Medi-Cal covers ALL COSTS for screenings, immunizations, checkups, specialists, mental health, vision, dental services, and all other medically necessary care.
- ▶ Medi-Cal enrollment is available year round.
- ▶ Most Medi-Cal enrollees must enroll in a Medi-Cal health plan that will manage their health care coverage. Each health plan is different and has their own list of healthcare providers. Learn more about health plans at: <https://www.healthcareoptions.dhcs.ca.gov>
- ▶ Medi-Cal plans offer services using telehealth. Ask your provider about accessing care over video or phone.

- ▶ For more information about services covered under Medi-Cal for Kids & Teens, go to www.allinforhealth.org or click for the [DHCS webpage](#), flier for [kids](#) and [teens](#) and [know your rights letter](#).

Covered California:

- ▶ Covered California offers a selection of health plans. They help in comparing and choosing a health plan that works best for each person. To learn more, visit: CoveredCA.com
- ▶ Many Californians may qualify for financial assistance via a Premium Tax Credit or reductions in what enrollees pay for their health care (known as cost-sharing reductions).
- ▶ Enroll during Open Enrollment or any time you experience a **life-changing event**, like losing your job or having a baby. You have 60 days from the event to complete enrollment.



Immigrant Families

Expansion of Medi-Cal

- ▶ Currently, every income-eligible child or person under the age of 26, every adult 50 years and older, DACA recipients, pregnant persons and recently pregnant persons are eligible for Medi-Cal health coverage and benefits **REGARDLESS OF IMMIGRATION STATUS**.
- ▶ Young people who are undocumented and turning 26 in 2023 will continue on Medi-Cal until 2024. By 2024, these individuals will be sent information about when and how to renew their Medi-Cal.
- ▶ In 2024, California is removing all barriers to Medi-Cal based on immigration status. Beginning on January 1, 2024, all California residents with qualifying incomes will be eligible for full Medi-Cal benefits regardless of their immigration status.

Covered California

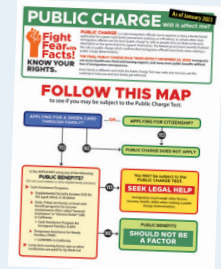
- ▶ Those with immigration documentation can qualify for Covered California and its financial

assistance. Some counties offer other health care options regardless of immigration status

Updated Public Charge Rule

- ▶ In December 2022, the federal government updated the public charge rule and made clear that using Medi-Cal is not considered for purposes of public charge (except in the case of long-term institutionalized care, also known as skilled nursing home care).
- ▶ Your child's enrollment in Medi-Cal and use of health care services will not impact your immigration status.

- ▶ While the public charge test may make you nervous, use this **Public Charge Roadmap** to better understand whether it applies to you or your family member.



Go to: allinforhealth.org/public-charge

Financial Help. You or your family may qualify for free Medi-Cal or premium assistance under Covered California.*

SEE NOTE BELOW FOR INCOMES IN THIS RANGE	Covered California Premium Subsidies**									
	American Indian / Alaska Native (AI/AN) Zero Cost Sharing									Tax credit continues beyond 400%
% FPL	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%
Household Size	If 2023 household income is at or less than									
1	\$13,590	\$18,755	\$20,385	\$27,180	\$28,947	\$33,975	\$36,150	\$40,770	\$43,760	\$54,360
2	\$18,310	\$25,268	\$27,465	\$36,620	\$39,001	\$45,775	\$48,705	\$54,930	\$58,959	\$73,240
3	\$23,030	\$31,782	\$34,545	\$46,060	\$49,054	\$57,575	\$61,260	\$69,090	\$74,157	\$92,120
4	\$27,750	\$38,295	\$41,625	\$55,500	\$59,108	\$69,375	\$73,815	\$83,250	\$89,355	\$111,000
5	\$32,470	\$44,809	\$48,705	\$64,940	\$69,162	\$81,175	\$86,371	\$97,410	\$104,554	\$129,880
6	\$37,190	\$51,323	\$55,785	\$74,380	\$79,215	\$92,975	\$98,926	\$111,570	\$119,752	\$148,760
	Medi-Cal for Adults		Medi-Cal for Pregnant & Postpartum Individuals			Medi-Cal Access for Pregnant & Postpartum Individuals				
	Medi-Cal for Kids (0-18 Yrs.)					CCHIP***				

* For information on calculating income and household size visit: healthcare.gov/income-and-household-information

** For Covered California, these 2023 income eligibility levels are effective at the beginning of the upcoming open enrollment period starting in November 1, 2023.

*** For San Francisco, San Mateo, and Santa Clara County residents only.

Note: Consumers after 138% FPL may qualify for a Covered California health plan with financial help including: federal premium tax credit, Zero Cost Sharing and Limited Cost Sharing AI/AN plans. Source: www.coveredca.com/pdfs/FPL-chart.pdf



OUR PARTNERS:



FOR MORE INFORMATION GO TO: www.allinforhealth.org

Purpose

The purpose of the District's Responsible Use Policy ("RUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of, or access to, sensitive information, and to comply with legislation including, but not limited to, the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA), Family Educational Rights and Privacy Act (FERPA), and the California Electronic Communications Privacy Act (CalECPA). Furthermore, the RUP clarifies the educational purpose of District technology. As used in this policy, "user" includes anyone using computers, Internet, email, and all other forms of electronic communication or equipment provided by the District (the "network") regardless of the physical location of the user. The RUP applies even when District-provided equipment (laptops, tablets, etc.) is used off District property. Additionally, the RUP applies when non-District devices access the District network or sensitive information. "Parent" is defined as a biological or adoptive parent, legal guardian, or educational rights holder who has rights to access pupil record information. **Only parents of current students are authorized to use the Parent Portal and associated applications.**

The District uses technology protection measures to block or filter access, as much as reasonably possible, to visual and written depictions that are obscene, pornographic, or harmful to minors over the network. The District can and will monitor users' online activities and access, review, copy, and store or delete any communications or files and share them with adults as necessary. Users should have no expectation of privacy regarding their use of District equipment, network, accounts, and/or Internet access or files, including electronic communications with District accounts. Users understand that the District has the right to take back possession of District equipment at any time.

The District will take all necessary measures to secure the network against potential cyber security threats. This may include blocking access to District applications, including, but not limited to, email, data management and reporting tools, and other web applications outside the United States and Canada.

The RUP also applies to the use of generative artificial intelligence tools such that can generate brand new content including text, images, video, audio, structures, computer code, synthetic data etc. in response to prompts from users.

Parent Responsibility

By initialing and signing this policy, you acknowledge that you understand the following:

 I am responsible for practicing positive digital citizenship.

- I will practice positive digital citizenship, including appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites, and all other electronic communications, including new technology such as generative artificial intelligence.
- I will not generate or distribute images, recordings, videos, or statements that misrepresent or seek to misinform others.
- I will be honest in all digital communication.
- I understand that what I do, and post online must not disrupt school activities or compromise school safety and security.

_____ I am responsible for keeping personal information private.

- I will not share personal information about myself or others including, but not limited to, names, home addresses, telephone numbers, birth dates, or visuals such as pictures, videos, and drawings.
- I will not include personal information about myself or others as prompts for generative artificial intelligence tools.
- I will be aware of privacy settings on websites that I visit.
- I will abide by all laws, this Responsible Use Policy, and all District security policies.

_____ I am responsible for my passwords and my actions on District accounts.

- I will not share any school or District usernames and passwords with anyone or directly or indirectly allow another person to use them.
- I will not access the account information of others.
- I will log out of unattended equipment and accounts in order to maintain privacy and security.
- I will be aware of privacy settings on websites that I visit.

_____ I am responsible for my verbal, written, and artistic expression.

- I will use school appropriate language in all electronic communications, including email, social media posts, audio recordings, video conferencing, and prompts for generative artificial intelligence tools.

_____ I am responsible for treating others with respect and dignity.

- I will not send and/or distribute hateful, discriminatory, or harassing digital communications, or engage in sexting.
- I understand that bullying in any form, including cyberbullying, is unacceptable.
- If I become aware of bullying, I am strongly encouraged to report it to the school.

_____ I am responsible for accessing only District-related content when using District technology.

- I will not seek out, display, generate, or circulate material that is hate speech, sexually explicit, or violent.
- I understand that the use of the District network for illegal, political, or commercial purposes is strictly forbidden.

_____ I am responsible for respecting and maintaining the security of District electronic resources and networks.

- I will only use software and hardware that has been authorized by the District.
- I will not try to get around security settings and filters, including using proxy servers to access websites blocked by the District.
- I will not install or use illegal software or files, including copyright or trademark protected materials, unauthorized software, or apps on any District computers, tablets, smartphones, or other new technologies.
- I will not use the District network or equipment to obtain unauthorized information, attempt to access information protected by privacy laws, or impersonate other users.
- I will report system security weaknesses or security events to the school.

 I am responsible for taking all reasonable care when handling District equipment.

- I understand that vandalism in any form is prohibited.
- I will report any known or suspected acts of vandalism to the appropriate authority.
- I will respect my and others' use and access to District equipment.

 I am responsible for respecting the works of others.

- I will follow all copyright guidelines.
- I will not download illegally obtained music, software, apps, and other works.

Consequences for Irresponsible Use

Misuse of District devices and networks may result in restricted access. Failure to uphold the responsibilities listed above is misuse. Such misuse may also lead to legal action.

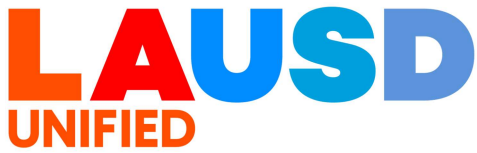
Disclaimer

The District makes no guarantees about the quality of the services provided and is not liable for any claims, losses, damages, costs, or other obligations arising from use of the network or District accounts.

Users are responsible for any charges incurred while using District devices and/or the network. The District also denies any liability for the accuracy or quality of the information obtained through user access. Any statement accessible online is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

Summary:

All users are responsible for practicing positive digital citizenship. Positive digital citizenship includes appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites and all other electronic communications, including new technology. It is important to be honest in all digital communications without disclosing sensitive personal information. What District community members do and post online must not disrupt school activities or otherwise compromise individual and school community safety and security.



Instructions:

Read and initial each section above and sign below. Return to your school site.

I have read, understand, and agree to abide by the provisions of the Responsible Use Policy of the Los Angeles Unified School District.

Date: _____

School: _____

Student Name: _____

Parent/Legal
Guardian Name: _____

Parent/Legal
Guardian Signature: _____

Please return this form to the school where it will be kept on file. It is required for all parents that will be using a District network, applications, account, and/or Internet access.



**Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means educational program activities in which your pupil has participated. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print) 2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian 5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City 8. State 9. Zip Code

10. Telephone

Granting of permission is voluntary. Please return completed form to school.

11. Principal

12. School

**Approved as to form by the
Office of the General Counsel.**

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information

DO NOT FORGET TO INCLUDE...

- SCHOOL RULES
- BEHAVIOR STANDARDS
- POLICIES
- SCHOOL MAP
- BELL SCHEDULES
- PEDESTRIAN ROUTES
- SCHOOL ATTENDANCE POLICY AND PROCEDURES RELATED TO ABSENCES, TARDINESS, AND TRUANCY ALIGNED WITH DISTRICT POLICY

REFER TO BUL-4926.3 (REV.6/2023)

PUPIL SERVICES AND ATTENDANCE SHARE POINT LINK:

<https://lausd.sharepoint.com/sites/shhs/pserv/cpsa/sc/SitePages/PSA%20SharePoint%20Home%20Page.aspx?ga=1>



PERSONNEL COMMISSION

Organizational Excellence Classified Training Branch

www.oetraining.net oetraining@lausd.net
Phone: 213-241-3440 Fax: 213-241-8450

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

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 Enrollment and Attendance 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 Housing QUESTIONNAIRE (SHQ):** 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 SHQ 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 Student Support Program 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 STUDENT INFORMATION FOLLOW-UP

1. **COURT ORDER:**
 - 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. **AMERICAN INDIAN/ALASKA NATIVE ANCESTRY:** SECTION D, Additional Student Information. If answered **Yes**, the student's required federal form was completed and sent to the Indian Education Program Office on ____/____/____ by _____.
3. **Migrant Education Program:** SECTION D, Additional Student Information. If answered **Yes**, the student's Family Work 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 ____/____/____



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

LOS ANGELES UNIFIED SCHOOL DISTRICT Student Health and Human Services

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

OFFICE CHECKLIST FOR STUDENT ENROLLMENT

D. STUDENT EDUCATION INFORMATION FOLLOW-UP

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: _____ <i>(Name and Title, School and Office, Phone Number)</i>		
Requested by: _____ <i>(Name)</i>	on ____/____/____	Received on: ____/____/____
Forwarded to: _____ <i>(Name)</i> on ____/____/____		
Previous School/Office verified student received special education services?	(Circle One) Yes	No
_____	_____	____/____/____
<i>(Name of School Verifying and Phone Number)</i>	<i>(Name of Person Furnishing Information)</i>	<i>(Date)</i>
If applicable, date student exited from prior school's special education program: ____/____/____		
Comments: _____		
If interim placement, date IEP must be conducted by ____/____/____		
1.C. 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: _____ <i>(Name and Title, School and Office, Phone Number)</i>		
Requested by: _____ <i>(Name)</i>	on ____/____/____	Received on: ____/____/____
Forwarded to: _____ <i>(Name)</i> on ____/____/____		
If applicable, date student exited from Section 504 Eligibility: ____/____/____		
1.D. 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 ____/____/____ <i>(Name)</i>	
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 ____/____/____ <i>(Name)</i>		
2. If a "Yes" is checked off on any of the items 1.A – 1.D and the parent checked "Yes" indicating the student attended a school outside of LAUSD, ask them 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, fax this information and a photocopy of the student's enrollment form to the Division of Special Education-Operations at (213) 241-5167 ; be sure to include the name of your school.		
Fax sent on: ____/____/____ by _____		