**ORGANIZATION OF FAMILY FILES**

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| **LEFT SIDE OF FAMILY FILE** | **RIGHT SIDE OF FAMILY FILE** |
| **Signature Documents**  From***Early Childhood Education Procedures, Guidelines & Information for Parents***   * **1. Personal Rights (LIC 613A)** * **2. Parent’s Rights (LIC 995)** * **3. Receipt of Annual Notification of Information**   **for Parents**   * **4. Information Release Form** * **5. Annual Pesticide Use Notification** * **6. Ethnicity/Race Identification of Students** * **7. Acknowledgement of Receipt of Licensing**   **Reports (LIC 9224) if cited.**   * **8. Publicity Authorization and Release** * **9. Causes for Termination** * **10. Student Residency Questionnaire** (Kept in separate binder “Homeless Education”) * **11. Migrant Family Questionnaire** (Sent to the Migrant Education Office – 29th Floor LAUSD Beaudry Bldg.)   Family ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_  Please put a checkmark (✓) in the box/circle to indicate that the document is complete.  Family File Checked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  OM or SAA’s Initial & Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Principal’s Initial & Date | **Initial Enrollment Documents**   * **1.** **CD9600 pages 1 & 2** with proper box checked, date & both parent & principal   signatures   * **2.** **CD7617 Notice of Action (NOA)** with parent initial or receipt of certified mail   and principal signature   * **3.** **Income & Need Information** (as per application): * Protective Services (83.66) * **€** A full month’s consecutive pay stubs & other documents to verify employment income   **€** Employment Verification (83.56)  **€** Self-Certification of Income if paid cash   * Seeking Employment (83.14) * **€** Training Verification (CD 9605)   **€** Progress report/s (99.1)  **€** Study time written statement   * Statement of Incapacity (9606) & State Disability Insurance (SDI) or Unemployment Benefits if received * Verification of Temporary Assistance for Needy Families (TANF) or other cash assistance * Formal parent request for any change (Signature & Date) * **4.** **Monthly Income Worksheet** (print from EESIS) * **5.**  **Verification of California Residence** * **6.** **Birth Certificates** or other documents for enrolled children & all siblings counted   in family size   * **7.** **Home Language Survey** (83.76) * **8.**  **Emergency Information** * **9. Current Health Card, and Physician’s Report (LIC 701)** * **10.** **CA School Immunization Record** (#9 & #10 Can be kept at Nurse’s station) * **11.** **Center Eligibility List Form** (If there is a waiting list)   **Recertification:** 1€, 2€, 3€, 4€, 5€ & 8€  **Eligibility/Need Change:** 3€, 4€ & 5€  **Termination:** 3€  ***\*Always scan and upload documents #1-7 to EESIS*** |

Rev. 05/25/2018