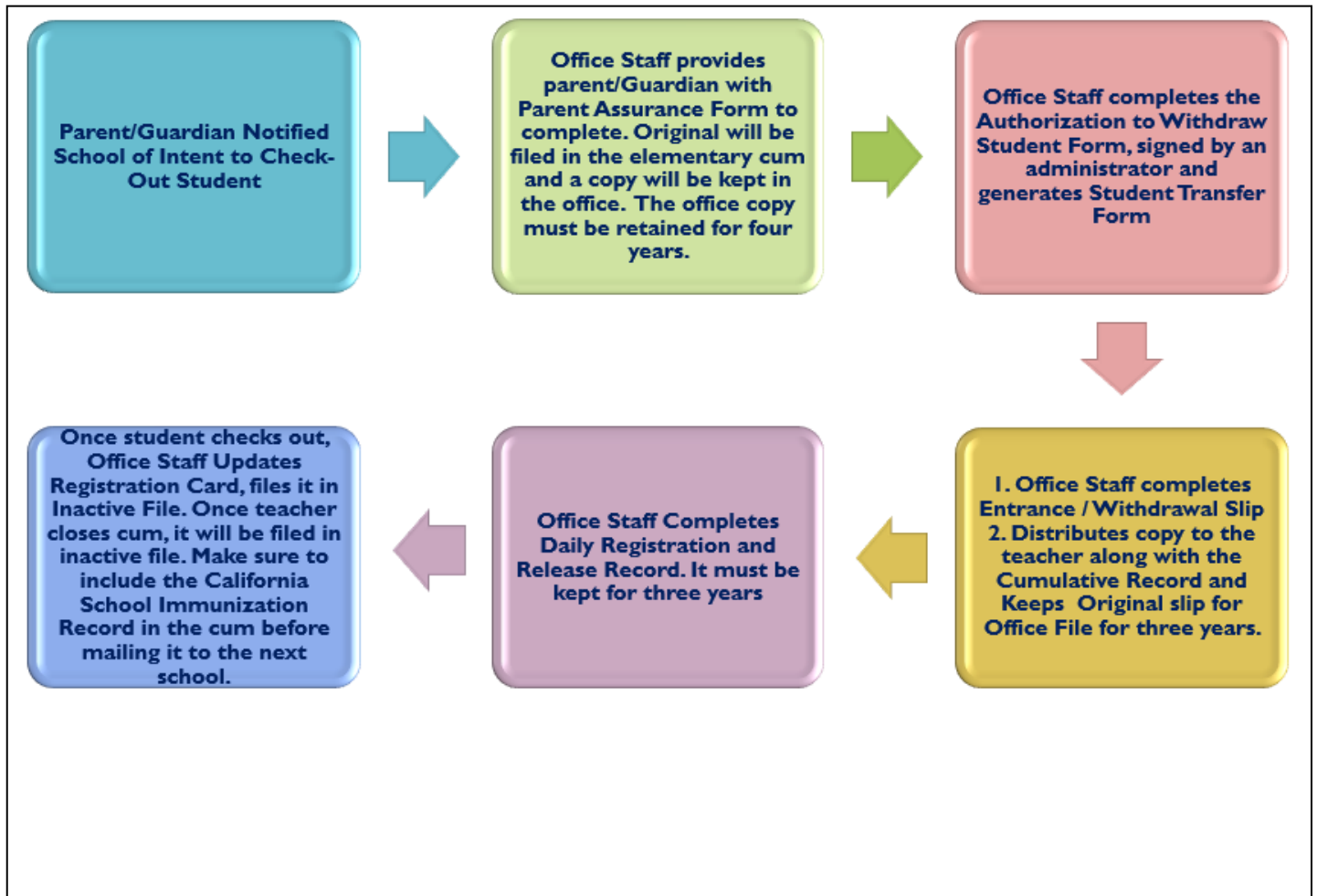


ELEMENTARY STUDENT CHECK OUT PROCESS FOR OFFICE ORGANIZATION



STUDENT CHECK OUT PROCEDURES FOR ELEMENTARY SCHOOLS
QUICK REFERENCE GUIDE
Revised January 2020

Check Outs

1. Once it has been determined that the student is to be withdrawn, complete **Attachment Q: Authorization to Withdraw Student Form** is completed by the office staff and signed by the administrator (Refer to MiSiS job aid Withdraw a Student).
2. Request information from parent as to where the student is moving.
Provide parent with **Attachment R (REF-6554.4): Parent Assurance Letter**. Once the parent completes the Parent Assurance Letter and the checkout process is completed, file the original Parent Assurance Letter inside the secondary cumulative record and keep a copy for your office file, continue the checkout process by completing the following steps in MiSiS:
3. **Step 3 – Begin the withdrawal process by entering the checkout data on MiSiS:** 1) initiate a student search, 2) click on the action button, 3) select Withdraw History on the drop-down menu, 4) collapse the search results window by clicking on the arrow displayed in the middle of the screen, 5) click the add new record button. All fields except the comments field require entry. Each field listed below must be completed to begin the withdrawal process:
 - a) Withdrawal Date – Enter the last day (L-date) the student attended class.
 - b) Withdrawal Type – Select the L code type from the drop-down list in MiSiS.
 - c) Withdrawal Reason – The values in this parameter will update based on withdrawal reason (L-code) selected.
 - d) Future School – Enter a school name, or type Unknown
 - e) Future Residence – Enter the new address or type Unknown.
 - f) Comments (optional) – Type additional comments as needed.

Once the required fields have been completed, click the drop button to withdraw the student. Once the withdrawal record has been created, the Student Transfer Form (PAR) can be generated.

4. **Step 4 – Begin the process of generating a Student Transfer Form:**
 - a) Go to reports in MiSiS
 - b) Locate and click on Enrollment
 - c) Click on Student Transfer Form
 - d) Complete the Parameters
 - 1) Educational Service Center
 - 2) Enrollment Status
 - 3) School
 - 4) Student Name
 - 5) As of Date
 - 6) Comments
 - 7) Include Current Courses

Once all the parameters have been completed, click on View Report and the Student Transfer Form will display. Click on the Export drop down menu to select PDF (open with Adobe Reader), click on ok and print.

5. Keep a copy of the Pupil Accounting Report for your office file and provide the original to the parent, along with a copy of the student's California School Immunization Record. (Please keep a 3-ring binder in a confidential location in the Main Office). Keep the copies of the Pupil Accounting Report (PAR) for present and last school year.
6. **Step 5** – Office staff completes the Entrance and Withdrawal Slip (AKA: the pink slip). Distribute a copy of the Entrance and Withdrawal Slip to the student's teacher along with the cumulative record. Make sure to file a copy of the emergency Card in the cum and make sure the cum contains the completed and updated California School Record prior to giving it to the teacher for closing (REF-6554.4 dated August 16, 2019). Keep the original Entrance and withdrawal Slip in the Main Office and retain it for three years.
7. **Step 6** – Office Staff completes the Daily Registration and Release Record (AKA: In and Out Book, Enter and Leave Book). Make sure to complete the name of the student, leaving date, L symbol column, grade and room for students who checkout. Retain it for three years.

Additional Resources

Additional information and forms are available in the Attendance Manual: Policy and Procedures for Elementary, Secondary and Option Schools – dated March 2013, Version 3.0

REF-6554.4 – 2019-2020 Opening Day Procedures: Supplemental Guide and Updates Erika Torres, Executive Director, Student Health and Human Services dated August 16, 2019

MiSiS Resources and Job Aids - <http://achieve.lausd.net/Page/8061>

SAMPLE OF PARENT ASSURANCE LETTER

File original in cum and a copy in the main office. Retain the office copy for four years

Los Angeles Unified School District
Student Health and Human Services

ATTACHMENT Q

Parent Assurance Letter (PAL)

Student's Name: _____ Date: _____

D.O.B.: _____ Grade: _____ Track: _____

I, _____, declare that I am the parent/guardian/caregiver of _____
and I am withdrawing this child from this school due to the following reason:

Moving to another city within the State of California: _____

Moving to another state: State and City: _____

Moving to another country: Country: _____

Enrolling in a private school: Name of School: _____

Enrolling in another public school: Name of School: _____

City: _____

Full-time private tutoring by a credentialed tutor _____

Other: _____

I assure you that I will enroll this child in a school within a reasonable period of time. I am aware of the compulsory education statute in California, as stated in Cal. Education Code Section 48200 that requires all children between the ages of 6-18 years old to have a full-time education, unless they are exempt. I also understand that if I fail to compel the attendance of the child in my care to attend a full-time education while in the State of California, unless they are exempt, that I may be subject to criminal penalties.

To the best of my knowledge, this child will be attending school in the city of _____, State of _____.

I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Parent/Guardian/Caregiver's Name

Parent/Guardian/Caregiver's Signature

Please fill out your new contact information below:

New Address

New Phone Number

Date

Parent Assurance Form – English

SAMPLE OF AUTHORIZATION TO WITHDRAW STUDENTS FROM ENROLLMENT FORM
It may be filed with a copy of parent assurance letter and retained for three years.

Los Angeles Unified School District
Student Health and Human Services

ATTACHMENT P

Authorization to Withdraw Students from Enrollment

Name of Initiating School _____	Location Code _____	
Student Name _____	DOB _____	
Student ID # _____	Grade _____	Track _____
House _____		
It is recommended that this student be withdrawn to the following:		
REASON _____		
School _____		
Program _____		
Other _____		
Parent Signature _____	Phone # _____	
Effective Date _____		
Recommended by _____	Office _____	
Authorized by _____	Office _____	
Completed in MiSIS by: <u>(date/name)</u>		

For internal use only

SCHOOL ENROLLMENT CODES

- E For Pre-K entry; for TE (Expanded Transitional Kindergarten) entry, if student is less than 5 years old at date of entry
- E1 Within District, same school
- E2 Within District, different school
- E3 Public-supported school within state
- E4 Non Public school within the state
- E5 Other states and other countries
- E7 First time school enrollment; for TE entry, if student is 5 years old at date of entry

SCHOOL WITHDRAWAL CODES

- L Pre-K withdrawal; for TE withdrawal, if student is less than 5 years old at date of withdrawal
- L1 Within District, same school
- L2 Within District, different school
- L3 Public-supported school within state
- L4 Non Public school within the state
- L5 Other states and other countries
- L7 Student matriculating to the next level
- L8 Other



ELEMENTARY SCHOOL WITHDRAWAL SYMBOLS

Schools must use the appropriate leaver codes and withdrawal reason codes for students who withdraw or leave school and enter them in SIS. See below.

Elementary SIS Leaver Codes

Leave Code	Description	Applicable Reason Codes
L	Preschool students	Reason Codes 1-51
L2	Student transfers to another LAUSD school (includes LAUSD charter schools).	Reason Codes 1-51 (If OT use Reason Code 18 with letter A-U from the OT/Expulsion Table)
L3	Student transfers to another public school within the state of California but outside LAUSD.	Reason Codes 1-51
L4	Student transfers to a non-public school including home schooling.	Reason Codes 1-51
L5	Student leaves the state of California.	Reason Code 1
L7	Student matriculates to the middle school	Matriculating 5 th /6 th graders need no reason code
L8	Deceased or unknown	

Withdrawal Reason Codes (L to L5)

Code	Description
1	Residence Change – the student moves from one residence to another.
2	Inaccurate Residence – the school determines that the student has been enrolled based upon a false address or inaccurate residence information.
3	Special Education Assignment – the student attends another school that has the special education facilities or appropriate instructional program.
4	Permits With Transportation Assignment – court-ordered voluntary permit program to allow students to attend schools outside of their attendance area if space is available.
5	Magnet/Alt Assignment – court-ordered voluntary permit program granted to students who meet the eligibility requirements.
6	Satellite Zone Assignment – when a school has reached its enrollment capacity and cannot accommodate additional students from its attendance area, new enrollees may be assigned to a designated Satellite Zone school. Applies only to Langdon Elementary to Parthenia Elementary School.
7	Capacity Adjustment Program- when a school has reached its enrollment capacity and cannot accommodate additional students from its attendance area, new enrollees may be assigned to a school with space available.
8	Caregiver's Affidavit – the student named in the caregiver's affidavit is deemed to have satisfied residency requirements for school enrollment based on the caregiver's address.
9	Inter-District Permit – an approved application to attend a district other than LAUSD.
10	Bilingual / ESL Assignment – the student attends another school that has the appropriate bilingual/ESL program.

ELEMENTARY SCHOOL WITHDRAWAL SYMBOL - CONTINUED



Code	Description
11	Direction of the Superintendent – used in special circumstances for the welfare of the student.
14	Elementary Child Care Permit – allows a student to receive before and/or afterschool care by an adult who lives or works in a school's attendance area other than that of the school of residence.
15	Medical Permit -- a medical condition requires a student to attend a school because of the school's location or a school with physical characteristics or available services
16	Prospective Residence Change – student is planning to move to another school due to residence change (valid for 60 days only).
17	Any Permit Termination – a permit is terminated and no longer valid.
18	Opportunity Transfer – the student is provided an opportunity transfer permit at another school
19	Expulsion – the student is expelled from school.
20	Opportunity Transfer Termination – the opportunity transfer permit is terminated.
21	Expulsion Reinstatement – student returns to the school upon reinstatement from an expulsion
22	Continuing Enrollment Permit – when a student moves out of the attendance area of a school, but wishes to remain at the school. (Must meet certain requirements).
23	Other – other reason not listed above.
32	Child Care Parent Supervision Permit - allows a student in the elementary grades to attend a school near the parent's workplace.
40	Open Enrollment Permit – permit to attend a school outside of the student's attendance area where space is available.
41	Advanced Studies Permit – permit for students to attend an Advanced Study Program outside of the student's attendance area.
43	Overcrowded Permit – when a student is CAPPED from a school and chooses not to go to the receiver they may find another school. This permit does not entitle the student to transportation.
44	Public School of Choice – NCLB required for PI schools.
45	Disaster – students displaced by natural disasters.
46	Charter School
50	Parent Employment Permit - Permit issued for a student whose parent/guardian is a full-time employee of LAUSD. This permit will allow the student to attend a school that is within the attendance boundary of the place of employment of the parent/guardian.
51	Safety and Protection Permit – Necessary for the protection or personal welfare of the student.
52	Charter Opt-Out Permit
53	University Outreach Permit
54	Romero Open Enrollment Permit
55	Senior Status Permit
56	Specialized Program Permit

SAMPLE OF A PUPIL ACCOUNTING REPORT (PAR) – PAGE 1 OF 2
Retention period present and last school year.

Pupil Accounting Report		Los Angeles Unified School District				
Transfer From :						
Leave Date :						
Address :						
District ID :		CSISID :				
Name :		Grade :				
BirthDate :		Sex :				
Birth Ver : Birth Certificate		Ethnicity : White				
Birth Regn : UNITED STATES		Grad Year :				
1st US Enrollment :						
Residing with						
Name :						
Relationship : Mother		Emer Name : Emergency Card Phone				
Address :		Emer Relation : Emergency Contact				
Home Phone :						
Work Phone :						
Cell Phone :						
EC48915 : No		Permit :				
Migrant : No		Transportation Program :				
Homeless : No		IEP : No				
Title I : No		Sped Eligibility :				
Meal Code : S		Sped Program :				
Amer Ind : No		Last IEP Date :				
		Gate Category :				
Primary Language : SPANISH		Language Classification : RFEP				
Home Correspondance Language : SPANISH		Parent Notification Date : 10/03/2010				
Master Plan Program :		RFEP Date : 05/10/2013				
ELD Level : 3- Intermediate (ELEM) 05/13		RFEP Parent Inform Date: 5/12/2014				
English Proficiency Test: Initial CELDT						
Date : 10/03/2010						
Reading : 292						
Writing : 395						
Speaking : 433						
Listening : 438						
Overall : 426						
Most Recent CELDT						
Date : 10/14/2012						
Reading : 520						
Writing : 523						
Speaking : 523						
Listening : 553						
Overall : 529						
Foreign Language Equivalency Exam						
Language :						
Writing :						
Date :						
EOC Exam Pass Date						
Algebra:						
Geometry:						
	1st	2nd	3rd	4th	5th	6th
Pollo :	05/16/09	08/16/05	10/19/05	12/20/05		
DTP/DT :	05/16/09	08/16/05	09/14/06	10/19/05	12/20/05	
Executed on	...					
				Page 1/2		
						Executed By ...

SAMPLE OF A PUPIL ACCOUNTING REPORT (PAR) – PAGE 2 OF 2

Pupil Accounting Report		Los Angeles Unified School District				
Transfer From :						
Leave Date :						
Address :						
District ID :			CSISID :			
Name :			Grade :			
BirthDate :			Sex :			
Birth Ver : Birth Certificate			Ethnicity : White			
Birth Regn : UNITED STATES			Grad Year :			
1st US Enrollment :						
Residing with						
Name :						
Relationship : Mother			Emer Name : Emergency Card Phone			
Address :			Emer Relation : Emergency Contact			
Home Phone			Emer Phone :			
Work Phone :						
Cell Phone :						
EC48915 : No			Permit :			
Migrant : No			Transportation Program :			
Homeless : No			IEP : No			
Title I : No			Sped Eligibility :			
Meal Code : 5			Sped Program :			
Amer Ind : No			Last IEP Date :			
			Gate Category :			
Primary Language : SPANISH			Language Classification : RFEP			
Home Correspondance Language : SPANISH			Parent Notification Date : 10/08/2010			
Master Plan Program :			RFEP Date : 05/10/2013			
ELD Level : 3- Intermediate (ELEM) 05/13			RFEP Parent Inform Date: 5/12/2014			
English Proficiency Test: Initial CELDT						
Date : 10/08/2010						
Reading : 292						
Writing : 396						
Speaking : 433						
Listening : 438						
Overall : 426						
Most Recent CELDT						
Date : 10/14/2012						
Reading : 520						
Writing : 523						
Speaking : 523						
Listening : 553						
Overall : 529						
Foreign Language Equivalency Exam						
Language :						
Writing :						
Date :						
EOC Exam Pass Date						
Algebra:						
Geometry						
	1st	2nd	3rd	4th	5th	6th
Pollo :	05/16/09	08/16/05	10/19/05	12/20/05		
DTP/DT :	05/16/09	08/16/05	09/14/06	10/19/05	12/20/05	
Executed on	---					
				Page 1/2		
						Executed By ...

CHECK OUT LIST – RESOURCE SAMPLE
Wonderful Elementary School

Name: _____ Rm # _____ District ID# _____

Print & File copy of PAR: _____ L Code: _____

Classification: _____ L Date: _____

Class Roster: _____ Moved to: _____

IN/OUT BOOK: _____

Pink Slip: _____

Pulled cum: _____

Cum sent to teacher for closing: _____

Double check for Report Card in cum: _____

Received from teacher on: _____

Pulled Health Card: _____

Pulled Registration Card: _____

Pulled Emergency Card _____

SENDING CUM

Add Health Card to Cum _____

Add Emergency Card to Cum _____

Attached Request to Cum _____

Record in Reg Card where cum was sent and when _____

File Reg Card in Inactive file _____

Cum Sent to: _____ Date: _____

**SAMPLE OF A NOTICE OF ENTRANCE OR WITHDRAWAL (AKA: PINK SLIP)
Retention Period Three Years**

LOS ANGELES UNIFIED SCHOOL DISTRICT
NOTICE OF ENTRANCE OR WITHDRAWAL

Teacher Ms. Honey Wonderful Elem School

Name of Pupil Pitt, Christopher Grade 1 Room 20

E	1	2	Date _____ From _____
	3	4	Office will prepare and complete attendance cards _____
	5	6	Teacher will prepare and complete attendance cards _____
L	7	8	Cards requested on _____ Date received _____
	9		Date 08/29/19 To L Sunland Primary Ctr.
			Please complete the following and send to the office as soon as possible:
			Cumulative Record <u>X</u> Report Card <u>X</u>
		Attendance Card <u>N/A</u> Samples of Written Work <u>X</u>	

One of these slips is to be sent to the teacher at the time a pupil enters or withdraws during a school month. This notice is to be retained by the teacher and sent to the office with the Register at the end of the school month.

FORM 34-E-54 REV. 3/90 (STK. NO. 9661218561)

**SAMPLE OF A DAILY REGISTRATION AND RELEASE RECORD
(Aka: In/Out Book, Enter and Leave Book) – Retention Period Three Years**

Form No. 34 – E – 12 STK NO 9661213901 REV. 10/79

DAILY REGISTRATION & RELEASE RECORD

Los Angeles Unified School District

2019-2020 SCHOOL YEAR

MONTH 1st

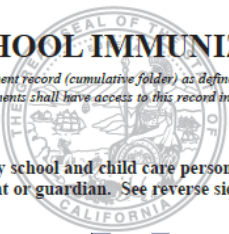
SCHOOL Wonderful Elementary

	NAME OF CHILD INSTRUCTION Enter names of all pupils entering or leaving the school during the month. Also list pupils transferred between rooms, except at the end of a semester	DATE	ADMITTED OR RELEASED		GRADE	ROOM
			I. Indicate enrollment or withdrawal symbol Column "a" or "b".	II. Indicate below: 1. Admitted FROM what School, Grade, Room, or Place or 2. Released TO what School, Grade, Room or Place, Town, City with Sate or Country		
			a. E SYMBOL	b. L SYMBOL		
1.	Carr, Luigi	08/23	ABC Elementary	L2	K	10
2.	Reyes, Oscar	08/23	St. Lucia School	L4	K	5
3.	Hernandez, Ana	08/24	Vintage Elementary	L2	K	8
4.	Chin, Bob	08/27	Dexter Elementary-South Carolina	L5	K	11
5.	Miller, Sean	08/28	Bandstar Elementary	L2	3	40
6.	Ackerman, Melinda	08/29	Cloverdale Elementary	L3	2	30

It is suggested that entries on this form be checked to registers at the end of the school month. Place a check in the room column if the dates are correct on the register for an item

SAMPLE OF CALIFORNIA SCHOOL IMMUNIZATION RECORD FOR ELEMENTARY LEVEL

It must be filed in each cumulative record for every student. We must provide a copy to the parent when students check out of the school.



CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name Alexandra Michelle Flores

Name of Parent or Guardian Graciela Flores

Telephone 818 780-9645 818 994-9362
Daytime Nighttime

Sex: M F

Race/Ethnicity:
 White, not Hispanic
 Hispanic
 Black
 Other: _____

Birthdate 05-03-14 Place of Birth Sylmar, Ca

Address 80975 Florence Avenue

City Panorama City ZIP 91402

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)	07/03/14	09/05/15	11/03/16	08/08/17		
DTP/DTaP/DT/Td <small>(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)</small>	07/03/14	09/05/15	11/03/16	05/06/17	12/14/18	
MMR (Measles, mumps, and rubella)	05/03/14	05/07/15				
HIB (Required only for child care and preschool)	07/03/14					
HEPATITIS B	07/03/14	05/07/15				
VARICELLA (Chickenpox)	07/08/14					
HEPATITIS A (Not required)	01/05/14					

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

*If required for school entry, must be Mantoux unless exception granted by local health department.

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:
Date 8/22/19
Staff Signature _____

Record Presented was:
 Yellow California Immunization Record
 Out-of-state school record
 Other immunization record
Specify: _____

II. STATUS OF REQUIREMENTS

A. All Requirements are met.
Date _____

B. Currently up-to-date, but more doses are due later. Needs follow-up.


Exemption was granted for:
 C. Medical Reasons—Permanent
 D. Medical Reasons—Temporary
 E. Personal Beliefs

III. 7th GRADE ENTRY

A. All Requirements are met.
Name _____ Date _____

B. Currently up-to-date, but more doses are due later. Needs follow-up.
Name _____ Date _____

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION BRANCH



CDPH 286 (1/14)

SAMPLE OF NEW CALIFORNIA IMMUNIZATION RECORD

State of California—Health and Human Services Agency

California Department of Public Health



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

PUPIL NAME (LAST, FIRST, MIDDLE)	STATEWIDE STUDENT IDENTIFIER (SSID)	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	RACE <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
NAME OF PARENT/GUARDIAN (LAST, FIRST)	BIRTHDATE (MONTH/DAY/YEAR)	SEX	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: _____ years			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: _____ years	Age: _____ years		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission.

STATUS OF REQUIREMENTS	Staff Initials / reviewed pupil's Immunization record	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end date)	Other See codes on reverse side	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child care or preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> PBE (pre-2016)	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home <input type="checkbox"/> PBE (pre-2016)	
7 th Grade (Advancement or admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

CDPH 288 (1/19)

Revised 1/10/20