

SAMPLE ENROLLMENT PACKET FOR GRADES K TO 5TH

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.

Students matriculating or transferring within LAUSD shall receive the Annually Disseminated Forms. They shall not be required to complete the New LAUSD Student Forms, outlined in the “**Student Enrollment Document Checklist**” from **BUL-4926.4**.

To access the forms in English and other languages, please visit the [Pupil Services and Attendance SharePoint](#).





NEW/CONTINUING LAUSD STUDENT ENROLLMENT & ANNUALLY DISSEMINATED DOCUMENT CHECKLIST

(Office Use Only)

DOCUMENTS	New LAUSD Student Enrollment Documents	Continuing LAUSD Student Annually Disseminated Documents
<p>Documents listed below must be included in the <i>New LAUSD Student-Enrollment Packets</i> and <i>Current LAUSD Student-Annually Disseminated Packets</i>.</p> <ul style="list-style-type: none"> <i>New LAUSD Student Enrollment Packets</i> are for students who have not attended any LAUSD school within the current academic school year. <i>Continuing LAUSD Student Annually Disseminated Packets</i> are for returning, matriculating, and transferring students within LAUSD. These students should not be required to complete the New LAUSD Student Enrollment Packet and should only complete the Continuing LAUSD annually. 		
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 Student Health Card	✓	
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)	✓	
Cancer Prevention Act Notification (6 th grade only)	✓	✓
Student Housing Questionnaire	✓	✓
Title III Immigrant Education Program Questionnaire	✓	
Migrant Education Program Family Work Questionnaire	✓	✓
American Indian-Alaskan Native Letter Questionnaire	✓	
American Indian/Alaska Native and Indigenous Family Questionnaire	✓	✓
Refugee Educational Support Program Eligibility Questionnaire	✓	
Parent and Student Acknowledgement Form- Loaned Computing Device	✓	✓
Financial Responsibility for Damaged School Property Letter	✓	
Parent/Student Handbook (updated yearly)	✓	✓
Master Academic School Year 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.	✓	✓
School Attendance Recognition Letter	✓	✓

* 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](#)

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

REFERENCE GUIDE

Race/Ethnicity/Cultural Heritage List

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 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>								NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	MIDDLE INITIAL
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																			
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																			
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																			
<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: 20%;">FIRST NAME</td> <td style="width: 10%;">HOME ROOM</td> <td style="width: 10%;">GRADE</td> <td style="width: 30%;">RELATIONSHIP</td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> </table>								LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP						
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																			
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																			
<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 colspan="2">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											
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																							
<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> <p><small>*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.</small></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>								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										
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																						

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



Los Angeles Unified School District
Office of the Chief Medical Director
Permanent Health History



Student's Name: _____ Birth Date: ___/___/___ Legal Sex: (Select One) [] Male [] Female [] Non-binary [] Intersex
Gender: (Select One) [] Male [] Female [] Non-Binary
Last First Middle

Last School or Children's Center Attended: _____

Parent/Guardian's Name: _____ School: _____ Health Care Plan: _____
City, State: _____ Present Grade: _____ Primary Healthcare Provider: _____

Has Child Ever Been Hospitalized? Yes No

Name of Hospital _____
City _____ State _____
(Month/Year) _____
Reasons for Hospitalization _____

Is Child on Medication? Yes No

Name of Medication(s) _____
Name of Medication(s) _____
Name of Medication(s) _____
Name of Medication(s) _____

Are Physical Activities Limited? Yes No

If so, please explain: _____

Child's Illness (Past or Present) Please check all that apply:

- Asthma Kidney Problems
Blood Disease Measles
Chickenpox Meningitis
Diabetes Mumps
Drug or Other Allergy Positive Tuberculosis Skin Test
Eye Problem Rubella
Head Injury Seizures/Unconscious
Hearing Loss Speech Problem
Heart Condition/Murmur Wears Glasses/Contacts
High Blood Pressure Pertussis (Whooping Cough)
Hives or Eczema

* Other Serious Accidents or Illness (Describe) _____

Birth History:

Child's Birth Weight: _____ Describe any birth complications: _____

Do you have any questions or concerns about your child's health (related to current or past health, biological immediate family history, etc.)? _____

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____ Date: _____

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY



Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- 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.
- Polio (IPV or OPV) — 4 doses**
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- Hepatitis B — 3 doses**
- Measles, Mumps, and Rubella (MMR) — 2 doses**
Both doses must be given on or after 1st birthday.
- Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- All immunizations listed above**
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
- Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) (bit.ly/CDCVaccinesByAge) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) (bit.ly/Where2BVaxed).



**SAMPLE NOTIFICATION LETTER TO ACCOMPANY ORAL HEALTH ASSESSMENT/
WAIVER REQUEST FORM**
(Use School Letterhead)

Dear Parent or Guardian:

A child's oral health is very important to their overall health and ability to learn. Effective January 1, 2007, California law (Education Code Section 49452.8) requires that children in kindergarten or first grade, whichever is their first year in public school, have an oral health assessment (dental check-up) by May 31. Please take the attached Oral Health Assessment form to your child's dental office and have it completed by the dentist or dental health professional. Please return the completed form by May 31, _____. (year)

Proof of a dental check-up in the last 12 months before your child enters school also meets this requirement.

If you don't have medical or dental insurance for your child and would like assistance getting insurance, call the toll-free Helpline of the LAUSD Children's Health Access and Medi-Cal Program (CHAMP) at **1-866-742-2273**. If you need information on services and referrals, you can also call the county information line at **211**.

For free and low-cost health services, you can call the Los Angeles County Department of Public Health at **1-800-427-8700** or the Los Angeles Dental Society at **213-380-7669**.

If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the form at your child's school. All schools will maintain the privacy of students' health information.

Healthy teeth help children eat properly, talk, smile, and feel good about themselves. Even baby teeth are very important. You can help your child by doing the following:

- Take your child to the dentist twice a year for a check-up.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Limit candy and sweet drinks, such as punch or soda, which cause cavities and can lead to weight problems.

If you have questions about the oral health assessment requirement, please contact _____.
(School contact for forms, questions, etc.)

Sincerely,

Principal

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
<p>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.)</p> <p><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 _____</p> <p><input type="checkbox"/> I cannot afford an oral health assessment for my child.</p> <p><input type="checkbox"/> I do not wish my child to receive an oral health assessment.</p> <p>Optional: Other reasons my child could not get an oral health assessment _____</p>

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



**SAMPLE NOTIFICATION LETTER TO ACCOMPANY ORAL HEALTH
ASSESSMENT/WAIVER REQUEST FORM**
(Use School Letterhead)

Estimado Padre o Tutor Legal:

La salud dental de un niño es muy importante para su salud general y su desarrollo educativo. A partir del 1^{ro} de enero del 2007, la ley de California (Código de Educación Sección 49452.8) requiere que su niño tenga una evaluación de su salud dental para el 31 de mayo. Esta ley es para los niños del kindergarten o del primer grado, cualquiera sea su primer año en una escuela pública. Por favor lleve el formulario adjunto a la oficina dental de su niño y pida que el dentista o un profesional de salud dental lo llene. Por favor devuelva el formulario ya completado para el 31 de mayo del _____. (año)

Si su hijo tuvo un examen dental en los últimos 12 meses antes de que entre a la escuela, usted cumple con esta nueva ley; solo lleve un comprobante a la escuela.

Si no tiene seguro médico o dental para su niño y quisiera ayuda en obtener seguro, llame a la línea gratis y de ayuda directa para niños del Distrito Escolar Unificado de Los Angeles (LAUSD por sus siglas en inglés) y al Programa de Medi-Cal (CHAMP) al 1-866-742-2273. Si necesita información sobre servicios o remisiones, también puede llamar a la línea de información del condado al 211.

Para obtener servicios de salud gratis o a bajo costo puede llamar al Departamento de Salud Pública del Condado de Los Angeles al 1-800-427-8700 o a la Sociedad Dental de Los Angeles al 213-380-7669.

Si no puede llevar a su hijo a éste examen requerido, por favor indique la razón de esto en la Sección 3 del formulario. Puede obtener más copias de este formulario en la escuela donde asiste su niño. Todas las escuelas mantendrán la privacidad de la información de los estudiantes.

El tener dientes saludables ayuda a los niños a comer apropiadamente, a hablar, a sonreír y a sentirse bien sobre sí mismos. Incluso los dientes de bebé son importantes. Usted puede ayudar a su niño haciendo lo siguiente:

- Lleve a su hijo al dentista dos veces al año para un examen.
- Cepille los dientes por lo menos dos veces al día con pasta de dientes que contenga fluoruro.
- Escoja comida saludables para toda la familia. Las comidas frescas son en general las más saludables.
- Limite los caramelos y las bebidas dulces, como los jugos o soda, ya que causan caries y puede que ocasionen problemas de peso.

Si tiene preguntas acerca de los requisitos para la evaluación de salud bucal, favor de comunicarse con _____, al _____.

(School contact for forms, questions, etc.).

Atentamente,

(Director/a)

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.



Los Angeles Unified School District

Office of the Chief Medical Director
333 S. Beaudry Avenue, 14th Floor
Los Angeles, California 90017
Phone (213) 241-6326

Alberto M. Carvalho
Superintendent

Pedro Salcido
Deputy Superintendent
Business Services and Operations

Smita Malhotra, MD
Chief Medical Director

Members of the Board
Jackie Goldberg, President
Scott M. Schmerelson, Vice President
Dr. George J. McKenna III
Dr. Rocio Rivas
Nick Melvoin
Tanya Ortiz-Franklin
Kelly Gonez

Human Papillomavirus (HPV) is a common virus that can cause serious cancers later in life. It is estimated that HPV causes about 37,000 cases of cancer in men and women every year in the U.S. HPV vaccination can prevent over 90% of cancers caused by HPV. HPV vaccines are safe, and scientific research shows that the benefits of HPV vaccination far outweigh the potential risks. Similar to other vaccines, common side effects are mild, like pain or redness where the shot was given, and get better within a day or two.

Because it is safe and effective, vaccination against HPV is recommended by the CDC Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. It's also recommended by the American Cancer Society and California's Cancer Prevention Act.

HPV vaccine is more effective when given at younger ages. All children between the ages of 9 to 12 years are recommended to receive two doses of HPV vaccine, with the second dose given before the start of 8th grade. Kids who wait until later to get their first dose of HPV vaccine may need three doses. The HPV vaccine is often given at the same time as whooping cough and bacterial meningitis vaccines for adolescents. Ask your school nurse, health care provider or local health department to learn more about HPV vaccine and where your child can get vaccinated.

For questions, please contact District Nursing Services at (213) 202-7580.



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:
Region:	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"/> 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. Crisis housing, Domestic Violence shelter, 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

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 scan and email SHQ to your corresponding Region:
- ✓ SHQ-East shqeast@lausd.net, SHQ-North shqnorth@lausd.net, SHQ South shqsouth@lausd.net, or SHQ-West shqwest@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).



CUESTIONARIO DE VIVIENDA ESTUDIANTIL (SHQ)

La Ley de Asistencia Educativa McKinney-Vento para Estudiantes sin hogar, es parte de la Ley de Éxito para Todos los Estudiantes (ESSA por sus siglas en Inglés), les da el derecho a todos los niños en edad escolar; que se encuentran sin hogar, a tener acceso a la misma educación pública, gratuita y apropiada que se proporciona a los estudiantes que sí tienen hogar. Las escuelas tienen la obligación de facilitar la inscripción, asistencia y éxito académico de los estudiantes que se encuentran sin hogar. Para determinar elegibilidad, por favor complete este cuestionario. Para obtener información adicional, comuníquese con la oficina de Educación para Estudiantes sin Hogar llamando al (213) 202-7581.

Nombre del Estudiante:	Apellido del Estudiante:	Fecha de Nacimiento:	Género:	
Escuela:	Sitio:	Región:	Grado:	Número estudiantil del Distrito:
Dirección:	# de Apto.:	Ciudad:	Código Postal:	
Nombre del padre/guardián:	Número de contacto:			
Marque todo lo que aplique (✓) El estudiante: <input type="checkbox"/> es un joven no acompañado por adultos? <input type="checkbox"/> ha huido de su hogar sin permiso?				
¿Cambió de escuelas el estudiante; en cualquier momento, después de haber completado el segundo año de la escuela preparatoria? <input type="checkbox"/> Sí <input type="checkbox"/> No Si indica que sí, proporcione una copia de este cuestionario al consejero académico de la escuela para revisar elegibilidad de AB1806.				

¿Está el estudiante actualmente viviendo en una de las opciones listadas abajo?

SÍ NO

Si usted contestó "NO" a esta pregunta, por favor pare y firme abajo. Si respondió "Sí", complete el resto del cuestionario.

MARQUE (✓) LA OPCIÓN QUE MEJOR DESCRIBA LA SITUACIÓN ACTUAL DE DONDE PASA LA NOCHE DEBIDO A LA PÉRDIDA DE VIVIENDA

Refugio (ej. Vivienda de crisis, refugio para víctimas de violencia doméstica, etc.) Nombre:	Motel/Hotel Nombre:
Garaje (sin acomodaciones)	Automóvil, Tráiler o lugar de campamento
Temporalmente en la casa o apartamento de otra familia	Temporalmente con un adulto que no es el padre, la madre o el tutor legal
Programa de vivienda transicional Nombre:	Tráiler/casa rodante (fija) en propiedad privada
Otros lugares <u>NO</u> designados o generalmente no utilizados como una vivienda adecuada para seres humanos? Explique:	

¿Necesita el estudiante servicios? SÍ NO

por favor marque los servicios que solicita (Si contesto "Sí")

Mochilas/Materiales escolares Artículos de higiene personal Asistencia de transporte*

*Si usted está solicitando asistencia de transporte, por favor lea y firme la declaración jurada a continuación:

Necesito asistencia de LAUSD, ya que no tengo otra manera de llevar a mi hijo(a) a la escuela. Acepto hacer que mi hijo(a) asista a la escuela todos los días puntualmente. También acepto notificar al Distrito si nuestra situación cambia o si ya no necesitamos esta asistencia. Entiendo que mi hijo(a) debe cumplir con los requisitos pertinentes para recibir asistencia de transportación; y que debo cumplir con los requisitos de confirmar mi supervisión por escrito.

Si se niega el transporte, se notificará a la Persona de Enlace para Personas Sin Hogar de la Escuela. El padre/tutor legal puede apelar la decisión.

Iniciales de Padre/Tutor: Fecha:

¿Necesita el estudiante servicios adicionales? SÍ NO

Si indico que sí, por favor marque los servicios que necesita.

Ropa, zapatos, uniformes Tutoría académica Referencias a organizaciones de vivienda

La Persona de Enlace Escolar para Personas sin Hogar debe tener una conferencia con la familia para facilitar referencias a estos servicios.

La Persona de Enlace Escolar para Personas sin Hogar en su escuela es:

Nombre	Cargo	Teléfono	Correo electrónico
--------	-------	----------	--------------------

Tiene otros niños(as) en edad preescolar o en edad escolar en el hogar? SÍ NO

Si contestó "Sí", por favor complete un cuestionario adicional. Cada estudiante debe tener un cuestionario archivado en la escuela que asiste.

✓ Para cualquier pregunta referente a estos derechos, comuníquese con la Dra. Denise Miranda llamando al 213-202-7581 o a homelesseducation@lausd.net.

DECLARACIÓN JURADA- Al firmar este cuestionario, declaro bajo pena de perjurio de conformidad con las leyes en el estado de California que la información proporcionada es verdadera y correcta. Además, entiendo que el Distrito se reserva el derecho de verificar la información sobre la vivienda.

➔ Firma del Padre/Tutor Legal : _____ Fecha: _____ ➔

SCHOOL PLEASE NOTE:

- ✓ Upon completion, please scan and email SHQ to your corresponding Region:
- ✓ SHQ-East shqeast@lausd.net, SHQ-North shqnorth@lausd.net, SHQ South shqsouth@lausd.net, or SHQ-West shqwest@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
Migrant Education Program
Family Work Questionnaire

Your children may be eligible to receive **FREE** services such as

- After-School Tutoring
- Saturday School
- Preschool Programs
- Workshops for parents
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Referrals to services

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 agriculture 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:

Date: _____

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

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 Program Office at (213) 241-0510**

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Program Office,
Beaudry Building, 18th Floor, within two weeks of student's enrollment.
Please call (213) 241-0510 for more information.

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**.

- Tutoría Después de Clases
- Academias Universitarias en el Verano
- Clases los Sábados
- Campamento al Aire Libre en el Verano
- Programas de Preparación para el Kinder
- Academias de Ciencias en el Verano
- Talleres para padres
- Referencias para servicios

¿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 No – Si contest SI, favor de contestar la siguiente pregunta.

¿Sus hijos se mudaron con usted cuando fue a trabajar o a buscar trabajo? Sí No

(Por favor indique todos los trabajos agrícolas y de pesca, temporales o de temporada, que aplican.)

<input type="checkbox"/> Trabajo de Campo/Agricultura Ejemplos: (sembrar, plantar, podar, pizar, cosechar, empacar, sortear o transportar frutas, vegetales, granos, u otras cosechas; preparación de la tierra, irrigación, fumigación, etc.)	<input type="checkbox"/> Huerta Ejemplos: (pizar, podar, sortear frutas, árboles de nueces, y viñas, etc.)	<input type="checkbox"/> Vivero Ejemplos: (sembrar, cultivar, plantar, cosechar flores, plantas, árboles, arbustos, hierbas, siembra del césped, etc.)	<input type="checkbox"/> Pesca Ejemplos: (pescar, sortear, empacar, procesar, transportar pescado o mariscos, etc.)
<input type="checkbox"/> Lechería/Granja/Rancho/Ganadería Ejemplos: (ordeñar, alimentar ganado, transportar animales; crianza de animales de granja, tales como aves decorral, chivos, cerdos, etc.; y venta desus productos como leche, huevos, queso, etc. para alguien o para el sustento de la familia.)	<input type="checkbox"/> Empacadora EmpacadoraEjemplos: (procesamiento/tratamiento, almacenaje, congelación, enlatar, empacar frutas, vegetales, carnes, etc.)	<input type="checkbox"/> Tratamiento/Procesamiento de Comida Ejemplos: (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.)	<input type="checkbox"/> Silvicultura/Madera de Construcción/ Trabajo Forestal Ejemplos: (sembrar, plantar, cultivar, cosechar árboles; control dela vegetación, etc.)



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

Favor de proveer la siguiente información:

Fecha: _____

Nombre del Padre de Familia o Guardián: _____

Domicilio: _____

Número de Teléfono: _____

¿Cual es la mayor hora de llamarte? 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 Program Office,
Beaudry Building, 18th Floor, within two weeks of student's enrollment.
Please call (213) 241-0510 for more information.



Alberto M. Carvalho
Superintendent

Members of the Board

Jackie Goldberg, President
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Los Angeles Unified School District

Anthony Aguilar, Chief of Special Education, Equity and
Specialized Programs
Lydia Acosta Stephens, Executive Director
Multilingual Multicultural Education Department
333 S. Beaudry Avenue, 25th Floor
Los Angeles, California 90017

August 8, 2023

Dear Parents of American Indian/Alaska Native students,

The Los Angeles Unified School District (LAUSD) will apply for Title VI Program funds to provide supplemental instructional services to American Indian/Alaska Native students. The following is a brief description of the **Title VI, American Indian Education Program** vision and purpose:

1. Meet the unique educational and culturally diverse academic needs of American Indian students.
2. Ensure that American Indian students gain knowledge and understanding of Native communities, languages, tribal histories, traditions, and cultures.
3. Ensure that teachers, principals, other school leaders, and other staff who serve American Indian students are equipped to provide culturally appropriate and effective instruction and support.

Your child might be eligible to receive services under the Title VI American Indian Education Program. Children are eligible to receive services if they meet the definition of “American Indian” as defined in section 6101 of *Every Student Succeeds Act (ESSA)* and have completed the ED 506 Indian Student Eligibility Certification Form. American Indian is defined in section 6151 of the ESSA as 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 item (1) of this definition;
3. Considered by the Secretary of the Interior to be an American 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.

If your child meets any of the eligibility requirements above, please complete the enclosed ED 506 Indian Student Eligibility Certification Form and return to your child’s school.

Parents are instrumental partners in supporting the vision and purpose of Title VI. We look forward to your child’s participation in the Title VI American Indian/Alaskan Native Education Program. Please contact Karmin Mendoza Hidalgo, Title VI Coordinator, at karmin.mendoza@lausd.net, or 213-241-7067 if you have any questions.

Sincerely,

Lydia Acosta Stephens
Executive Director
Multilingual & Multicultural Education Department

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

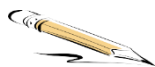
Parents receive training on:

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

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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.

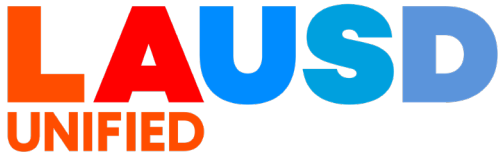
I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide 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:** _____



SAMPLE BEGINNING OF THE YEAR RESPONSIBILITY LETTER
RE: Financial Responsibility for Damaged School Property

DATE

Dear Parent/Guardian,

As part of their education, students are provided with materials and equipment, including textbooks and devices, to assist with instruction. In order to ensure the Los Angeles Unified School District (District) maintains materials so all students have access, certain procedures are in place. Students should handle instructional materials, library books, devices, and other school property with care.

This is to inform you of your legal responsibility regarding the loss or willful damage of school property belonging to the District. California Education Code sections 48904 and 49014 state that the parent/guardian of any minor who willfully cuts, defaces, or otherwise injures any real or personal property of the District or its employees shall be liable for all damages caused by the minor up to \$23,900, increased annually for inflation.

District property includes, but is not limited to, buildings and grounds, as well as instructional materials, library books, computers, devices, shop materials, loaned physical education clothes, and sports equipment. A parent or guardian is liable to the District for all District property loaned to the student and not returned to the school/District.

We will discuss the meaning of this responsibility with all students. We need your help to ensure that the District property is kept in good condition, damaged items are reported as soon as possible, and that loaned items are returned to school when requested.

The following are ways to help your student understand this responsibility:

- Model careful handling of instructional materials, library books, devices, and other school property.
- Help students find a safe place to keep books during the borrowing period.
- Inform students that vandalism is not only a crime, and parents or guardians shall be held financially responsible for the damage.
- Understand that the device assigned to them may include a protective case that is to always remain on the device.
- Protect the screen from scratches.
- Keep food and beverages away from the assigned device since it may cause damage to it.

- Do not disassemble or attempt any repairs on any part of the assigned device because this voids the device warranty.
- Damages may include, but are not limited to scratches, cracks, or dents. Please report the damage to the school's administrator within 24 hours or as soon as possible thereafter.

Parents are responsible for the payment of replacement or repair costs for any lost or willfully damaged District property. For this type of damage, the school is legally authorized to withhold the grades, diplomas, and transcripts of students, or to deny participation in school activities that are deemed privileges (e.g., interscholastic sports, dances, student body office, or other local school activities) until the obligation is cleared, except for students who are experiencing homelessness, in foster care or a former foster youth. If a student's device is damaged, the student will be provided a replacement upon return of the damaged property, to ensure access. When the school finds that its property is damaged because of willful acts, the school may:

1. Provide an itemized invoice for the amount owed by the parent.
2. A payment plan may be established, and a receipt will be provided after each payment.
3. The school may offer the student alternatives to repaying with money. These modes of repayment, if appropriate, given the student's age/grade level must be approved by the parent. Any services or work rendered in exchange for repayment shall comply with all provisions of the Labor Code, including those sections relating to youth employment. Examples of service or work in exchange for repayment may include library service, completing a service-learning project, assignment, or research report, to name a few.

In case of theft or vandalism, notify the Los Angeles School Police Department (LASPD) at (213) 625-6631 and obtain a case number, or file a report to any other law enforcement agency; obtain the agency's division and telephone number, name of the investigation officer, badge number and the police report number. Then, submit a report of the incident to the school administrator within 24 hours or as soon as possible thereafter.

We look forward to a productive school year with your students and want to ensure that they have access to all the materials they need to be successful.

(Signed by the School Principal or Designee)



PARENT/STUDENT HANDBOOK

2024-2025



Los Angeles Unified School District
INSTRUCTIONAL SCHOOL CALENDAR 2024-2025

**Board Approved
 6/20/2023**

JULY

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		

AUGUST

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	30

SEPTEMBER

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				

OCTOBER

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	

NOVEMBER

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

DECEMBER

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			

JANUARY

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

FEBRUARY

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

MARCH

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				

APRIL

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		

MAY

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	30

JUNE

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				

- | | |
|--|--|
| 07/04/24 Independence Day | 01/20/25 Dr. Martin L. King Jr. Birthday |
| 08/12/24 First Day of Instruction | 02/17/25 Presidents' Day |
| 08/30/24 Admission Day | 03/31/25 Cesar E. Chavez Birthday |
| 09/02/24 Labor Day | 04/14 - 04/18/25 Spring Break |
| 11/11/24 Veterans Day | 04/24/25 Armenian Genocide Remembrance Day |
| 11/28 - 11/29/24 Thanksgiving Holiday | 05/26/25 Memorial Day |
| 12/16/24 - 12/18/24 Optional Winter Recess Academy | 06/10/25 Last Day of Instruction |
| 12/16/24 - 01/03/25 Winter Break | 06/19/25 Juneteenth Holiday |
| 01/06/25 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



Distrito Escolar Unificado de Los Ángeles
CALENDARIO DE INSTRUCCIÓN ESCOLAR 2024-2025

**Aprobado por la
 Junta de Educación
 6/20/2023**

JULIO

Lun.	Mar.	Mier.	Jue.	Vie.
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

AGOSTO

Lun.	Mar.	Mier.	Jue.	Vie.
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

SEPTIEMBRE

Lun.	Mar.	Mier.	Jue.	Vie.
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

OCTUBRE

Lun.	Mar.	Mier.	Jue.	Vie.
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

NOVIEMBRE

Lun.	Mar.	Mier.	Jue.	Vie.
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

DICIEMBRE

Lun.	Mar.	Mier.	Jue.	Vie.
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

ENERO

Lun.	Mar.	Mier.	Jue.	Vie.
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

FEBRERO

Lun.	Mar.	Mier.	Jue.	Vie.
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

MARZO

Lun.	Mar.	Mier.	Jue.	Vie.
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

ABRIL

Lun.	Mar.	Mier.	Jue.	Vie.
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

MAYO

Lun.	Mar.	Mier.	Jue.	Vie.
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

JUNIO

Lun.	Mar.	Mier.	Jue.	Vie.
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

07/04/24.....	Día de la Independencia	01/06/25	Comienzo del Segundo Semestre
08/12/24.....	Primer Día de Clases	01/20/25	Nacimiento del Dr. Martin Luther King Jr.
08/30/24	Día de la Admisión Estatal	02/17/25	Día de los Presidentes
09/02/24	Día del Trabajo	03/31/25	Nacimiento de Cesar E. Chavez
11/11/24	Día de los Veteranos	04/14 - 04/18/25	Vacaciones de Primavera
11/28 - 11/29/24	Días Feriados de Acción de Gracias	04/24/25	Día de Conmemoración del Genocidio Armenio
12/16/24 - 12/18/24 ..	Academia Opcional Durante las Vacaciones de Invierno	05/26/25	Día de Conmemoración a los Soldados Caídos
12/16/24 - 01/03/25 ..	Vacaciones de Invierno	06/10/25	Último Día de Clases
		06/19/25	Día de la Emancipación

CLAVE:

- Primer/Último Día de Clases
- Feriados Legales/Locales
- Academia Opcional Durante las Vacaciones de Invierno
- Vacación Escolar
- Día no Asignado (no hay clases)
- Día Opcional de Preparación para Empleados
- Comienzo del Segundo Semestre
- Días de Instrucción

<u>Días de Instrucción</u>	
Semestre de Otoño	81
Semestre de Primavera	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.



PROGRAMAS DE BIENESTAR
Programa Medi-Cal y de Acceso a la Salud Infantil



¿NECESITA SU FAMILIA AYUDA PARA OBTENER SEGURO MÉDICO DE BAJO COSTO/GRATUITO?

Todas las familias saludables y prósperas

CHAMP ofrece acceso gratuito a Medi-Cal, Covered CA y el programa de salud infantil de Kaiser Permanente

Asistencia, inscripción y renovación de solicitudes de seguro médico

Promoción y educación sobre la Ley del Cuidado de Salud a Bajo Costo, conocida como Obamacare

Información sobre cómo **usar** y **mantener** los beneficios del seguro médico

Referencias médicas a Centros Escolares de Salud, Centros de Bienestar y Clínicas Comunitarias



CHAMP (213) 241-3840 o correo electrónico: champ@lausd.net


Días laborables 8:00 AM - 4:30 PM | CHAMP es un departamento del Distrito Escolar Unificado de Los Ángeles y forma parte de la Oficina de Salud Estudiantil y Servicios Humanos.


Enroll. Get Care. Renew.

FREE MEDI-CAL OR LOW-COST COVERED CALIFORNIA EXISTS FOR MOST LOW-INCOME CALIFORNIA FAMILIES.

- ▶ **Medi-Cal** is a public health insurance available to low-income Californians. Starting January 1, 2024, all income-eligible Californians qualify for full scope Medi-Cal benefits REGARDLESS OF AGE OR IMMIGRATION STATUS. Full scope Medi-Cal covers more than just care when you have an emergency. It provides medical, dental, mental health, and vision (eye) care. Applying for Medi-Cal via the Covered California website is the fastest way to get covered.
- ▶ **Covered California** is a free service for individuals and families to get free or low-cost health insurance OR to get help paying for private health insurance. More information on page 2.

APPLY for Medi-Cal or Covered California:

 **By phone"** 213-241-3840


 achieve.lausd.net/CHAMP

 **In-person:** <https://bit.ly/3Tk3cXV>

 champ@lausd.net

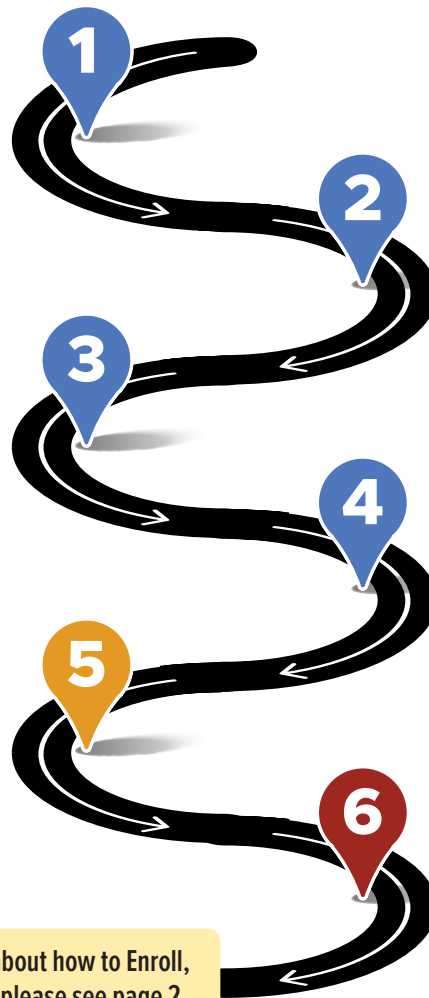


The 6 Step Roadmap to Medi-Cal

 **Check Your Eligibility**
Medi-Cal eligibility is based primarily on your income and state residency.

 **Eligibility Determination**
The county will process your application for eligibility.


 **Get Care**
Medi-Cal covers ALL medically necessary care.



Apply for Medi-Cal 
Medi-Cal enrollment is open and available all year. Read more about enrollment above!

Select a Health Care Plan 
Most Medi-Cal enrollees must enroll in a health care plan.

Renew Your Medi-Cal 
Most people must renew their Medi-Cal every year.

 For more detailed information about how to Enroll, Get Care, and Renew Medi-Cal, please see page 2.





The 6 Steps to Medi-Cal

STEP 1

Check Your Eligibility

Children, pregnant and 12 months postpartum individuals have higher income eligibility levels than other adults. Your child(ren) may still qualify for Medi-Cal even if adult family members do not qualify.

If your income is above the Medi-Cal eligibility level, you may qualify for Covered California. If so, Medi-Cal will forward your information to Covered California, which will send you information about your automatic enrollment and what you need to do to activate it. [See the income limit chart.](#)

STEP 2

Enroll.

Apply for Medi-Cal in person, online, by mail, by phone, or find help in your community. Go to page 1 for more information or enroll at: www.CoveredCA.com

STEP 3

Eligibility Determination

After you apply:

- ▶ You will receive a **Notification of Likely Eligibility** by mail. **NEW!**—many Medi-Cal eligible applicants can now receive real time enrollment. This means that once the application is received, **you will have full coverage while the county processes the application.** For the fastest “real-time” enrollment, apply for Medi-Cal through www.CoveredCA.com (applications submitted by mail start accelerated enrollment when the county receives the application).
- ▶ You will receive a **Final Notice of Action** notifying you whether you can receive Medi-Cal. If you are denied Medi-Cal, you have the right to appeal. Ask for a **State Fair Hearing** by calling **800-952-5253**, or by requesting it in writing.
- ▶ It can take up to 45 days to receive your Medi-Cal card in the mail after you apply, if you are eligible.

STEP 4

Select a Health Care Plan

You must choose a health plan within 30 days of receiving your health plan options in the mail. If you do not choose a plan within 30 days, Medi-Cal will choose a plan for you. The health plans available to you **depend on what county you live in.**

- ▶ Go to the Medi-Cal [Managed Care Health Plan Directory](#) to find your options.
- ▶ Visit the [Health Care Options](#) website for more information.

STEP 5

Get Care.

Find a primary care doctor. Ask your health plan for help locating an available doctor near you. Your health plan is required to help you make appointments, get interpretation services, [get free transportation to appointments](#), and use telehealth.

Medi-Cal covers ALL COSTS for screenings, mental health, vision, dental services, and all other medically necessary care.

Find a dental home. Medi-Cal offers dental benefits to both children and adults. Visit SmileCalifornia.org to find a Medi-Cal dentist.

Kids and Teens. Medi-Cal for Kids & Teens provides free services to keep your child healthy from birth to age 21. For more information, visit: <https://bit.ly/3T1Ga8e>



2024 Financial Help

You or your family may qualify for free Medi-Cal or [premium assistance](#) under Covered California.

For information on calculating income and household size, visit:

www.allinforhealth.org/financial-help

STEP 6

Renew.

It's important to ensure that Medi-Cal has your current address and updated phone number so that when it's time to renew your coverage, they can contact you. If you receive a renewal notice, be sure to act!

Follow these steps:

- ▶ Set up a BenefitsCal.com account to get renewal updates.
- ▶ Submit changes to your contact information so Medi-Cal can contact you about renewals.
- ▶ Fill out and submit renewal forms when they are received (online, phone, mail, or in person).

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

Children in foster care and former foster youth are not required to renew their coverage. Postpartum individuals also do not need to renew their coverage within 12 months postpartum.



Covered California

If you are ineligible for Medi-Cal:

- ▶ 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: www.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).
- ▶ Open enrollment is the time of year when everyone can apply for a plan through Covered California. 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.

www.allinforhealth.org

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Inscríbase. Obtenga atención médica. Renueve su cobertura.

MEDI-CAL GRATUITO O COVERED CALIFORNIA DE BAJO COSTO SON PARA LA MAYORÍA DE LAS FAMILIAS CON BAJOS INGRESOS EN CALIFORNIA.


- ▶ **Medi-Cal** es un seguro médico público disponible para las personas con bajos ingresos en California. A partir del 1 de enero de 2024, todas las personas elegibles por ingresos que residan en California califican para los beneficios completos de Medi-Cal, INDEPENDIEMENTE DE LA EDAD O SITUACIÓN MIGRATORIA. Los **beneficios completos de Medi-Cal** cubren mucho más que solo la atención médica de emergencia. Estos cubren atención de salud mental, atención médica, dental y oftalmológica. La manera más rápida de obtener Medi-Cal es a través del sitio web de Covered California.
- ▶ **Covered California** es un servicio gratuito para que individuos y familias obtengan seguro médico gratuito o de bajo costo, O reciban ayuda para pagar un seguro médico privado. Obtenga más información en la página 2.

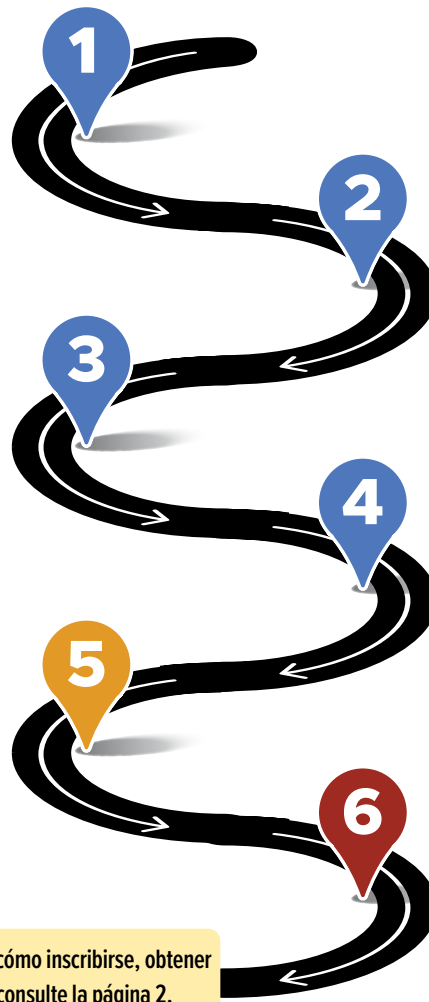
Guía de 6 pasos para obtener Medi-Cal

 **Verifique su elegibilidad**
La elegibilidad de Medi-Cal se basa principalmente en sus ingresos y el estado de residencia.

 **Determinación de la elegibilidad**
El condado procesará su solicitud para determinar la elegibilidad.


 **Obtenga atención médica**
Medi-Cal cubre TODA la atención médica necesaria.

 Para conocer más información sobre cómo inscribirse, obtener atención médica y renovar Medi-Cal, consulte la página 2.



SOLICITE Medi-Cal o Covered California:

 **Por teléfono: 213-241-3840**


 achieve.lausd.net/CHAMP

 **En persona: <https://bit.ly/3Tk3cXV>**


 champ@lausd.net




Solicite Medi-Cal

 La inscripción en Medi-Cal está abierta y disponible todo el año. Obtenga más información sobre la inscripción más arriba.

Seleccione un plan de atención médica

 La mayoría de los beneficiarios de Medi-Cal deben inscribirse en un plan de atención médica.

Renueve su Medi-Cal

 La mayoría de las personas deben renovar su Medi-Cal cada año.



6 pasos para obtener Medi-Cal

PASO 1

Verifique su elegibilidad

Tanto niños como embarazadas y personas que hayan dado a luz hace 12 meses tienen mayores niveles de elegibilidad por ingresos que otros adultos. Sus hijos siguen calificando para Medi-Cal, incluso si los miembros adultos ya no.

Si sus ingresos están por encima del nivel de elegibilidad de Medi-Cal, puede calificar para Covered California. De ser así, Medi-Cal enviará su información a Covered California, quien le enviará la información sobre su inscripción automática y lo que debe hacer para activarla. Consulte el gráfico de límites de ingresos.

PASO 2

Inscríbase.

Solicite Medi-Cal en persona, en línea, por correo, por teléfono, o encuentre ayuda en su comunidad.

Consulte la página 1 para obtener más información o inscríbese en www.CoveredCA.com.

PASO 3

Determinación de la elegibilidad

Después de presentar su solicitud:


- ▶ Recibirá una **notificación de elegibilidad probable** por correo. **¡NUEVO!** ahora, muchos solicitantes elegibles de Medi-Cal pueden recibir una inscripción en tiempo real. Esto significa que una vez que reciba la solicitud, **tendrá la cobertura total mientras el condado procesa la solicitud.** Para obtener la inscripción "en tiempo real" más rápida, solicite Medi-Cal a través de www.CoveredCA.com (las solicitudes presentadas por correo comienzan la inscripción acelerada cuando el condado recibe la solicitud).
- ▶ Recibirá una **notificación de acción definitiva** sobre si puede recibir Medi-Cal. Si se le niega la cobertura de Medi-Cal, tiene el derecho a apelar. Solicite una **audiencia imparcial estatal** por teléfono, llamando al **800-952-5253**, o por escrito.
- ▶ En el caso de ser elegible, recibirá su tarjeta Medi-Cal por correo en un plazo de 45 días.


PASO 4

Seleccione un plan de atención médica

Debe elegir un plan médico dentro de los 30 días de haber recibido sus opciones de planes médicos por correo.

Si no elige un plan dentro de los 30 días, Medi-Cal seleccionará uno por usted. Los planes médicos disponibles **dependen del condado en donde viva.**

 **Para conocer las opciones,** consulte el [Directorio de planes de atención médica administrada](#) de Medi-Cal.

 Para obtener más información, ingrese al sitio web [Opciones de atención médica.](#)

PASO 5

Obtenga atención médica.

Busque un médico de cabecera. Pida ayuda a su plan médico para encontrar un médico disponible cerca. Su plan médico tiene la obligación de brindar ayuda para programar citas, obtener servicios de interpretación, **transporte gratuito a las citas** y utilizar el servicio de telesalud.

Medi-Cal cubre **TODOS LOS COSTOS** de exámenes, servicios de salud mental, dentales, oftalmológicos y cualquier otra atención médica necesaria.

Busque un dentista de cabecera. Medi-Cal ofrece beneficios dentales tanto a niños como a adultos. Ingrese a SmileCalifornia.org para buscar un dentista de Medi-Cal.

Niños y adolescentes: Medi-Cal for Kids & Teens proporciona servicios gratuitos para cuidar la salud de sus hijos desde el nacimiento hasta los 21 años. Para obtener más información, ingrese a <https://bit.ly/3T1Ga8e>.



Ayuda financiera de 2024

Usted o su familia podrían calificar para la asistencia gratuita de Medi-Cal o asistencia con prima con Covered California.

Para obtener información sobre cómo calcular los ingresos y el tamaño del hogar, ingrese a

www.allinforhealth.org/financial-help.

PASO 6

Renueve su cobertura

Es importante asegurarse de que Medi-Cal tenga su dirección actual y su número de teléfono actualizado para que puedan comunicarse con usted cuando llegue el momento de renovar la cobertura. Si recibe un aviso de renovación, no lo ignore.

Siga estos pasos:

- ▶ Cree una cuenta de BenefitsCal.com para recibir novedades sobre la renovación.
- ▶ Modifique su información de contacto para que Medi-Cal pueda comunicarse con usted sobre las renovaciones de su plan.
- ▶ Complete y envíe los formularios de renovación cuando los reciba (en línea, por teléfono, por correo o en persona).

A menudo sucede que, cuando aumentan los ingresos familiares, los hijos siguen calificando para Medi-Cal, incluso si los miembros adultos ya no. Complete y envíe la información de renovación de Medi-Cal para mantener la cobertura gratuita de Medi-Cal de sus hijos, incluso si usted está inscrito en la cobertura de su empleador o en Covered California.

Los niños en acogida y los jóvenes que hayan estado en acogida no necesitan renovar su cobertura. Las personas que hayan dado a luz recientemente tampoco necesitan renovar su cobertura dentro de los 12 meses después del parto.



Covered California

Si usted no es elegible para Medi-Cal:

- ▶ Covered California ofrece varios planes médicos. Ayudan a comparar y elegir el plan médico que mejor se adapte a cada persona. Para obtener más información, visite www.CoveredCA.com.
- ▶ Es posible que muchas personas que residan en California califiquen para la ayuda financiera mediante un crédito fiscal de prima o reducciones en lo que los beneficiarios pagan por la atención médica (conocidas como reducciones de costos compartidos).
- ▶ La Inscripción abierta es el periodo del año donde todos pueden solicitar un plan a través de Covered California. Inscríbase durante la Inscripción abierta o cuando sea que atraviese una experiencia de vida transformadora, como perder su empleo o tener un hijo. A partir de ese momento, tiene 60 días para completar la inscripción.

www.allinforhealth.org

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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.

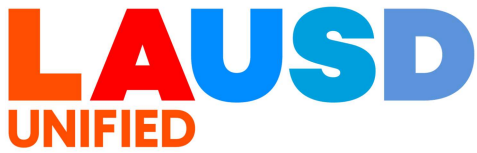
Disclaimer

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-4926.4 (REV.8-12-2024)

PUPIL SERVICES AND ATTENDANCE SHARE POINT LINK:

[Pupil Services and Attendance SharePoint.](#)



PERSONNEL COMMISSION

Organizational Excellence Classified Training Branch

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

School Letterhead

<<Date>>

Dear Parent/Guardian:

Welcome to the <<school year>> school year! School attendance is an important indicator of student engagement and a strong predictor of academic achievement. Students who maintain good attendance are more likely to be successful, both academically and socially. Every student is expected to attend school for the length of the school day on a daily basis unless there is a valid justification for the absence (Education Code, Section 48200). The first step to academic achievement is to establish positive attendance habits.

Our school is committed to promoting and recognizing our students' achievement in maintaining regular school attendance. As of <<DATE>>, our school will implement the following recognitions:

Schools Attendance Recognitions	School Attendance Criteria	Frequency
<< Individual Incentive>> (e.g., Perfect/Excellent Attendance Certificates)	<<School Criteria>> (e.g., 0 absence, 0 tardies, 0 early leaves)	(e.g., Monthly, Trimester, Semester, End of the Year)
<< Individual Incentive>> (e.g., Perfect/Excellent Attendance Certificates)	<<School Criteria>> (e.g., 0 absence, 0 tardies, 0 early leaves)	(e.g., Monthly, Trimester, Semester, End of the Year)
<< Classroom Incentive>> (e.g., Traveling Trophy)	<<School Criteria>>	(e.g., Monthly, Trimester, Semester, End of the Year)
<< Incentive>>	<<School Criteria>>	(e.g., Monthly, Trimester, Semester, End of the Year)
<< Incentive>>	<<School Criteria>>	(e.g., Monthly, Trimester, Semester, End of the Year)

If you have questions or would like to receive additional information regarding our school attendance programs or need support with your child's attendance, please contact <<Staff Name>>, <<Title>>, at <<Phone Number>>.

Sincerely,
<<Principal Name >>
Principal

School Letterhead

<<Fecha>>

Estimado Padre / Tutor:

¡Bienvenidos al año escolar <<año escolar>>! La asistencia a la escuela es un indicador de la participación de los estudiantes y un fuerte predictor del rendimiento académico. Los estudiantes que mantienen una buena asistencia tienen más probabilidades de tener éxito, tanto académico como socialmente. Es una expectativa que todos los estudiantes asistan a la escuela durante la duración del día escolar diariamente, a menos que exista una justificación válida para la ausencia (Código de Educación, Sección 48200). El primer paso para el logro académico es establecer hábitos positivos de asistencia.

Nuestra escuela está comprometida a promover y reconocer los logros de nuestros estudiantes en mantener una asistencia escolar regular. A partir del <<FECHA>>, implementaremos los siguientes reconocimientos:

Reconocimientos de asistencia escolar	Criterios de asistencia escolar	Frecuencia
<<Incentivo individual>> (p. ej., certificados de asistencia perfecta/excelente)	<<Criterios escolares>> (p. ej., 0 ausencias, 0 tardanzas, 0 salidas anticipadas)	(p. ej., mensual, trimestral, semestral, fin de año)
<<Incentivo individual>> (p. ej., certificados de asistencia perfecta/excelente)	<<Criterios escolares>> (p. ej., 0 ausencias, 0 tardanzas, 0 salidas anticipadas)	(p. ej., mensual, trimestral, semestral, fin de año)
<<Incentivo para el aula>> (p. ej., trofeo itinerante)	<<Criterios escolares>>	(p. ej., mensual, trimestral, semestral, fin de año)
<< Incentivo >>	<<Criterios escolares>>	(p. ej., mensual, trimestral, semestral, fin de año)
<< Incentivo >>	<<Criterios escolares>>	(p. ej., mensual, trimestral, semestral, fin de año)

Si tiene preguntas o desea recibir información adicional sobre nuestros programas de asistencia escolar o necesita apoyo con la asistencia de su estudiante, comuníquese con <<Nombre del personal>>, <<Título>>, al <<Número de teléfono>>.

Atentamente,
 <<Principal Name >>
 Director

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

<p>1.A. Was this student receiving special education services at his/her previous school? (Circle one) Yes No</p> <p>1.B. Did this student have an Individualized Education Program (IEP) at his/her previous school? (Circle one) Yes No</p> <p style="margin-left: 20px;">If the student had an IEP at his/her previous school, has this school received a copy of the IEP? (Circle one) Yes No</p> <p style="margin-left: 20px;">If IEP was not received, a copy of it was requested from: _____ <i>(Name and Title, School and Office, Phone Number)</i></p> <p style="margin-left: 20px;">Requested by: _____ on ____/____/____ Received on: ____/____/____ <i>(Name)</i></p> <p style="margin-left: 20px;">Forwarded to: _____ on ____/____/____ <i>(Name)</i></p> <p style="margin-left: 20px;">Previous School/Office verified student received special education services? (Circle One) Yes No</p> <p style="margin-left: 20px;">_____ <i>(Name of School Verifying and Phone Number)</i> <i>(Name of Person Furnishing Information)</i> ____/____/____ <i>(Date)</i></p> <p style="margin-left: 20px;">If applicable, date student exited from prior school's special education program: ____/____/____</p> <p style="margin-left: 20px;">Comments: _____</p> <p style="margin-left: 20px;">If interim placement, date IEP must be conducted by ____/____/____</p>	
<p>1.C. the student had a Section 504 Plan at previous school, has this school received a copy of it? (Circle one) Yes No</p> <p style="margin-left: 20px;">If 504 Plan was not received, a copy of it was requested from: _____ <i>(Name and Title, School and Office, Phone Number)</i></p> <p style="margin-left: 20px;">Requested by: _____ on ____/____/____ Received on: ____/____/____ <i>(Name)</i></p> <p style="margin-left: 20px;">Forwarded to: _____ on ____/____/____ <i>(Name)</i></p> <p style="margin-left: 20px;">If applicable, date student exited from Section 504 Eligibility: ____/____/____</p>	
<p>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></p> <p>Responses to difficulties reported, documentation, and comments: _____</p>	
<p>1.E. Has this student been identified as GATE? (Circle one) Yes No</p> <p style="margin-left: 20px;">GATE verification requested by: _____ on ____/____/____ <i>(Name)</i></p>	
<p>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? _____</p> <p>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.</p> <p>Fax sent on: ____/____/____ by _____</p>	