**Student Name: Date of Birth: /\_ /\_**

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| 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 Months1. **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)*: 1. **IMMUNIZATION VERIFICATION:** Proof of Required Immunizations or Immunization Release
2. **PARENT VERIFICATION:** Government Issued ID (For example, if the parent chooses to provide a passport or visa, this documentation can be used but should not be copied and placed in cumulative records)
3. **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.*
4. **EMANCIPATED MINOR VERIFICATION:** Legal Document Supplied
5. **OPTIONAL ATTENDANCE AREA DECISION:** Completed, Signed, and Dated Option Area Decision Form
6. **NON-RESIDENT/PERMIT REASON:** Transportation Non-Transportation Date / /
7. **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 and a copy of the SHQ was faxed (213) 580-6551 or emailed to the Homeless Education Program and information was inputted in MiSiS. For information, please contact the Student Support Program of Student Health and Human Services.
8. **OTHER DOCUMENTS RECEIVED** *(Check all that apply)*: Cumulative Record Emergency Card Health Card
9. **RECORDS REQUESTED ON \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. **ADDITIONAL STUDENT INFORMATION FOLLOW–UP**
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| 1. **COURT ORDER:**
2. Has a copy of a court order been provided to the school? Yes No
3. What type of court order is in effect for this student: Custody Restraining/Injunction Other
4. If Restraining Order or Injunction, please answer the following questions:
5. Name of individual(s) for which the court order has been issued against:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. Date on which the court order ceases to be in effect:\_\_\_\_/\_\_\_\_/\_\_\_\_\_
7. **ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM:** If a completed form is submitted,
8. A copy of the completed ED 506 form was mailed to MMED, Beaudry Building., 25th Floor, or upload a PDF copy to <https://forms.office.com/r/M33iy0M9zk> on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
9. File the original form within the student’s cumulative record
10. **INDIGENOUS FROM MEXICO, CENTRAL, OR SOUTH AMERICA:** The student’sAmerican Indian/Alaska Native and Indigenous Family Questionnaire was completed and sent to the Indian Education Program Office on \_\_\_/\_\_\_/\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
11. **FAMILY WORK QUESTIONNAIRE**  was completed and sent to the Migrant Education Program Office on\_\_\_\_/\_\_\_\_ /\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_.
12. **REFUGEE EDUCATIONAL SUPPORT PROGRAM ELIGIBILITY QUESTIONNAIRE** was completed and sent to the Refugee Educational Support Program Office on \_\_\_/\_\_\_/\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| ENROLLMENT STAFF AND DATA ENTRY FOLLOW-UP |
| Enrollment Information Verified by (initials) on / / Enrollment Data Entry in MiSiS Completed by (initials) on / /  |

**Student Name: Date of Birth: /\_ /\_**

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| 1. **STUDENT EDUCATION INFORMATION FOLLOW-UP**
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| **1.A**. Was this student receiving special education services at his/her previous school? |  ***(Circle one)*** Yes | No |
| **1.B.** Did this student have an Individualized Education Program (IEP) at his/her previous school? |  ***(Circle one)*** Yes | No |
| If the student had an IEP at his/her previous school, has this school received a copy of the IEP? | ***(Circle one)*** Yes | No |

If IEP was not received, a copy of it was requested from:

*(Name and Title, School and Office, Phone Number)*

Requested by: on / /

*(Name)*

Received on: / /

Forwarded to: on

*(Name)*

 / /

Previous School/Office verified student received special education services? ***(Circle One)*** Yes No

 / /

*(Name of School Verifying and Phone Number) (Name of Person Furnishing Information) (Date)*

If applicable, date student exited from prior school’s special education program: \_\_\_\_ / /

Comments: If interim placement, date IEP must be conducted by / /

* 1. the student had a Section 504 Plan at previous school, has this school received a copy of it? ***(Circle one)*** Yes No

If 504 Plan was not received, a copy of it was requested from:

*(Name and Title, School and Office, Phone Number)*

Requested by: \_ on

*(Name)*

 / /\_

Received on: / /

Forwarded to: on / /

*(Name)*

If applicable, date student exited from Section 504 Eligibility: /\_ /\_

* 1. the parent reported that the student has difficulties that interfere with his/her ability to go to school or to learn, to whom was this information forwarded? on / /

*(Name)*

Responses to difficulties reported, documentation, and comments:

* 1. Has this student been identified as GATE? ***(Circle one)*** Yes No

GATE verification requested by:

*(Name)*

on / /

**2.** If a “Yes” is checked off on any of the items 1.A – 1.D and the parent checked “Yes” indicating the student attended a school outside of LAUSD, ask them the following oral questions and record the responses below: Was the school a magnet or charter school? If yes, what was the name of the school and the reason the student stopped attending?

After completing, fax this information and a photocopy of the student’s enrollment form to the ***Division of Special Education- Operations at (213) 241-5167***; be sure to include the name of your school.

Fax sent on: / / by