

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

OFFICE CHECKLIST FOR STUDENT ENROLLMENT
(to be completed with each new enrollment form)

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

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. **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)
5. **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.
6. **EMANCIPATED MINOR VERIFICATION:** Legal Document Supplied
7. **OPTIONAL ATTENDANCE AREA DECISION:** Completed, Signed, and Dated Option Area Decision Form
8. **NON-RESIDENT/PERMIT REASON:** _____ Transportation Non-Transportation Date ____/____/____

9. **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.
10. **OTHER DOCUMENTS RECEIVED** (Check all that apply): Cumulative Record Emergency Card Health Card
11. **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. **ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM:** If a completed form is submitted,
 - a. 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 _____
 - b. File the original form within the student's cumulative record
3. **INDIGENOUS FROM MEXICO, CENTRAL, OR SOUTH AMERICA:** The student's American Indian/Alaska Native and Indigenous Family Questionnaire was completed and sent to the Indian Education Program Office on ____/____/____ by _____.
4. **FAMILY WORK QUESTIONNAIRE** was completed and sent to the Migrant Education Program Office on ____/____/____ by _____.
5. **REFUGEE EDUCATIONAL SUPPORT PROGRAM ELIGIBILITY QUESTIONNAIRE** was completed and sent to the Refugee Educational Support 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 ____/____/____

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D. STUDENT EDUCATION INFORMATION FOLLOW-UP

1.A. Was this student receiving special education services at his/her previous school? **(Circle one)** Yes No

1.B. Did this student have an Individualized Education Program (IEP) at his/her previous school? **(Circle one)** Yes No

If the student had an IEP at his/her previous school, has this school received a copy of the IEP? **(Circle one)** Yes No

If IEP was not received, a copy of it was requested from: _____
(Name and Title, School and Office, Phone Number)

Requested by: _____ on ____/____/____ Received on: ____/____/____
(Name)

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

If 504 Plan was not received, a copy of it was requested from: _____
(Name and Title, School and Office, Phone Number)

Requested by: _____ on ____/____/____ Received on: ____/____/____
(Name)

Forwarded to: _____ on ____/____/____
(Name)

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

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

Responses to difficulties reported, documentation, and comments: _____

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

GATE verification requested by: _____ on ____/____/____
(Name)

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 _____