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

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

# 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

1. **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. **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 BUL-4926.3 Enrollment, Attendance, and Withdrawal Policies and Procedures or BUL-6718, Educational Rights and Guide for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System.*
3. **EMANCIPATED MINOR VERIFICATION:** Legal Document Supplied
4. **OPTIONAL ATTENDANCE AREA DECISION:** Completed, Signed, and Dated Option Area Decision Form
5. **NON-RESIDENT/PERMIT REASON:**

Transportation Non-Transportation Date / /\_

1. **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 emailed 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.

1. **OTHER DOCUMENTS RECEIVED** *(Check all that apply)*: Cumulative Record Emergency Card Health Card
2. **RECORDS REQUESTED ON** /\_ / from \_\_.
3. **ADDITIONAL STUDENT INFORMATION FOLLOW–UP**
4. **COURT ORDER:**
   1. Has a copy of a court order been provided to the school? Yes

No

1. What type of court order is in effect for this student: Custody Restraining/Injunction Other
2. If Restraining Order or Injunction, please answer the following questions:
   1. Name of individual(s) for which the court order has been issued against: \_\_\_.
   2. . Date on which the court order ceases to be in effect: /\_ /
3. **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 \_\_\_.

1. **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 \_\_.

# 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: /\_ /\_**

**OFFICE CHECKLIST FOR STUDENT ENROLLMENT**

1. **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 /\_ /\_

*(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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_