

# **Sample of Enrollment Packet for New Students to LAUSD 2022-2023 Transitional Kinder thru 1<sup>st</sup> Grade**

Note: The Enrollment Packet for 2<sup>nd</sup> thru 5<sup>th</sup> 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 1<sup>st</sup> grade entry.

The students transferring within LAUSD must receive the Annually Disseminated forms listed on Attachment J of the most updated Opening Day Supplemental Guide and Updates for the current school year 2023-2023 is REF-6554.5.



**PERSONNEL COMMISSION**

[www.oetraining.net](http://www.oetraining.net)  
Phone: 213-241-3440 Fax: 213-241-8450



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Student Health and Human Services

**STUDENT ENROLLMENT DOCUMENT CHECKLIST**

<b>DOCUMENTS</b>	<b>***New LAUSD Student</b>	<b>Annually Disseminated Form</b>
<p>This checklist serves as a quick reference guide for all schools. All of the documents listed below must be included in student enrollment packets. The inclusion of these forms in student enrollment packets are differentiated by the following two categories: New LAUSD Students and Annually Disseminated Forms for all students. Students matriculating and/or transferring within LAUSD shall be provided the Annually Disseminated Forms and shall not be required to complete the New LAUSD Student Forms.</p> <p>Please refer to Office Checklist for Student Enrollment to ensure all information has been received with each new enrollment form and file in Cumulative Record for audit purposes.</p>		
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"> <li>Information on the Student Emergency Information Form should be updated in MiSiS <b>within 5 days.</b></li> </ul>	✓	✓
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 <sup>st</sup> grade entry)	✓	
Student Meal Application	✓	✓
Student Housing Questionnaire	✓	✓
Title III Immigrant Education Program Questionnaire	✓	
Migrant Education Program Family Work Questionnaire	✓	
American Indian-Alaskan Native Letter 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.	✓	✓

\* 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 on [this page](#) under Families, Forms and Policies tab.

\*\*\*A new student is defined as a student who has not attended any LAUSD school within the current academic school year

# 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: ☐ Male ☐ Female  
 (Select One) ☐ Non-binary  
☐ Intersex

Gender: ☐ Male  
 (Select One) ☐ Female  
☐ Non-Binary

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month/Day/Year

### 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

### PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last First Middle

Preferred Name (If Applicable):

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

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☐ Other:

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☐ 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

### PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last

First

Middle

Preferred Name (If Applicable):

Home Phone Number

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If No, please provide address:

Number

Street

Apt/Unit

City

Zip Code

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Legal Name:

Last

First

Middle

Preferred Name (If Applicable):

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☐ English ☐ Spanish ☐ Armenian ☐ Mandarin ☐ Cantonese ☐ Farsi ☐ Korean ☐ Russian ☐ Vietnamese ☐ Tagalog

☐ 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? ☐ Yes ☐ No Relationship to Student: \_\_\_\_\_

If No, please provide address:

Number	Street	Apt/Unit	City	Zip Code
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**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:

Name of School	City/State	Dates Attended (Month/Year)	Grade Level(s)
List last non-LAUSD school student attended (including early education center, state preschool, Head Start, or other preschool):			
Name of School	City/State	Dates Attended (Month/Year)	Grade Level(s)

Is this student currently under an expulsion order? ☐ Yes ☐ 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? ☐ Yes ☐ 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? (Please complete the American Indian-Alaskan Native Letter Questionnaire) ☐ Yes ☐ 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)? (Please complete the Migrant Education Program, Family Work Questionnaire) ☐ Yes ☐ 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

## Race/Ethnicity List/Cultural Heritage

1000 Afghan	1023 Cuban	3032 Liberian	7024 Rotuman
3000 African American	1024 Czechs	1050 Libyan	1069 Russian
0003 African American/Black 3001	0840 Decline to State	1051 Lithuanian	3047 Rwandan
African Canadian	3019 Djiboutian	1052 Macedonian	3048 Saint Helenian
1001 Albanian	1025 Dominican	3033 Malagasy	3049 Saint-Barth
1002 Algerian	1026 Druze	3034 Malawian	7025 Saipanese
1003 Amazigh or Berber	1027 Ecuadorian	4005 Malaysian	1070 Salvadoran
0001 American Indian/Alaska Native	1028 Egyptian	4006 Maldivian	0703 Samoan
3002 Angolan	1029 Emirati	3035 Malian	3050 Sao Tomean
3003 Anguillan	3020 Equatorial Guinean	3036 Maorais	1071 Saudi Arabian
3004 Antiguan	3021 Eritrean	7012 Maori	3051 Senegalese
1004 Arab	1030 Estonian	7013 Marquesans	1072 Serbian
7000 Are'are	3022 Ethiopian	7014 Marshallese	3052 Seychellois
1005 Argentinian	1031 Falkland Islanders	3037 Martinican	3053 Sierra Leonean
1006 Armenian	7005 Fijian	1053 Mauritanian	4013 Singaporean
0002 Asian	0006 Filipino	3038 Mauritian	1073 Slovakian
0408 Asian - Other	7006 Futunian	1054 Mestizo	7026 Solomon Islander
1007 Assyrian	3023 Gabonese	1055 Mexican	1074 Solvene
1008 Azerbaijani	3024 Gambian	4007 Mien	3054 Somalian
3005 Bahamian	7007 Gambier Islanders	4008 Mongolian	3055 South African
1009 Bahraini	1032 Georgian	1056 Montenegrin	1075 South Georgia
4000 Bangladeshi	3025 Ghanaian	3039 Montserratian	1076 South Sandwich Islands
3006 Barbadian	3026 Grenadian	1057 Moroccan	3056 South Sudanese
1010 Bedouin	3027 Guadeloupean	7015 Motuan	1077 Spaniard
1011 Belizean	0702 Guamanian	3040 Mozambican	4014 Sri Lankan
3007 Beninese	1033 Guatemalan	3041 Namibian	3057 Sudan
4001 Bhutanese	1034 Guianan	1058 Native (Central and South America)	1078 Surinamese
3008 Bissau-Guinean	1035 Guyanese	7016 Nauruan	3058 Swazi
1012 Bolivian	3028 Haitian	4009 Nepali	1079 Syrian
1013 Bosnian	0701 Hawaiian	3042 Netherlands Antillean	0705 Tahitian
3009 Botswanan	1036 Herzegovinian	1059 Nicaraguan	4015 Taiwanese
1014 Brazilian	0400 Hmong	3043 Nigerian	1080 Tajikistani
1015 Bulgarian	1037 Honduran	3044 Nigerien	3059 Tanzanian
3010 Burkinese	1038 Hungarian	7017 Niuean	4016 Thai
4002 Burmese	7008 i-Kiribati	7018 Ni-Vanuatu	4017 Tibetan
3011 Burundian	0407 Indian	4010 Okinawan	3060 Togolese
0406 Cambodian	4004 Indonesian	1060 Omani	7027 Tokelauan
3012 Cameroonian	1039 Iranian	0007 Pacific Islander	7028 Tongan
3013 Cape Verdean	1040 Iraqi	0704 Pacific Islander - Other	7029 Tuamotuan
7001 Carolinian	1041 Israeli	4011 Pakistani	7030 Tubuai
3014 Caymanian	3029 Ivorian	7019 Palauan	1081 Tunisian
3015 Central African	1042 Jamaican	1061 Palestinian	1082 Turkish
3016 Chadian	0402 Japanese	1062 Panamanian	1083 Turkmen
1016 Chaldean	1043 Jordanian	7020 Papuan	7031 Tuvaluan
4003 Cham	7009 Kanak	1063 Paraguayan	3061 Ugandan
7002 Chamorro	1044 Kazakhstani	1064 Peruvian	1084 Ukrainian
1017 Chicana/o	3030 Kenyan	7021 Pohnpeian	1085 Uruguyan
1018 Chilean	0403 Korean	1065 Polish	7032 Uvean
0401 Chinese	7010 Kosraean	3045 Principean	1086 Uzbekistani
7003 Chuukese	1045 Kurdish	1066 Puerto Rican	1087 Venezuelan
1019 Columbian	1046 Kuwaiti	4012 Punjabi	0404 Vietnamese
3017 Comorian	7011 Kwaio	1067 Qatari	3062 Virgin Islander
3018 Congolese	1047 Kyrgyzstani	7022 Rapan	0005 White
7004 Cook Islanders	0405 Laotian	7023 Rapanui	7033 Yapese
1020 Copt	1048 Latvian	3046 Réunionese	1088 Yemeni
1021 Costa Rican	1049 Lebanese	1068 Romanian	3063 Zambian
1022 Croatian	3031 Lesothan		3064 Zimbabwean



# 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																		
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		STREET		APT #		CITY																		
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						MIDDLE INITIAL																
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																		
WORK ADDRESS -- NUMBER		STREET		CITY		ZIP CODE		MIDDLE INITIAL																
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						MIDDLE INITIAL																
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.																						
<p>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:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>List any other family members attending this school:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>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							
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<p><b>MILITARY CONNECTED FAMILY:</b> 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>Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>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												
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Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased																								
<p style="text-align: center;"><b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b></p> <p>The undersigned, as parent/legal guardian of, _____ a minor,</p> <p style="text-align: center;">(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><b>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".</b></p> <p>_____</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>1. PRIVATE HEALTH INSURANCE NAME</td> <td>GROUP NO.</td> <td>2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)</td> <td>GROUP NO.</td> </tr> <tr> <td colspan="2">NAME OF DOCTOR / MEDICAL OFFICE</td> <td colspan="2">PHONE NUMBER OF DOCTOR / MEDICAL OFFICE</td> </tr> </table> <p>*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.</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><b>X</b> _____ 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										
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NAME OF DOCTOR / MEDICAL OFFICE		PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																						



# Sample of Front Side of Permanent Health Card

## LOS ANGELES UNIFIED SCHOOL DISTRICT - PERMANENT HEALTH HISTORY

Students Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Birth Date \_\_\_\_\_  
 LAST FIRST MIDDLE MONTH DAY YEAR

Last School or Children's Center Attended: \_\_\_\_\_ Name \_\_\_\_\_  
 Location \_\_\_\_\_ City & State \_\_\_\_\_  
 Present grade \_\_\_\_\_  
 SPECIAL CLASS OR SCHOOL \_\_\_\_\_  
 Health Care Provider/Physician \_\_\_\_\_  
 Date of last physical examination \_\_\_\_\_  
 Family Dentist \_\_\_\_\_  
 Date of last dental examination \_\_\_\_\_

FAMILY:	Living with Child(Name's)		HEALTH
Father			
Mother			
Stepparent			
Others			
	How Many Older	How Many Younger	HEALTH
Brothers			
Sisters			

Has child ever been hospitalized overnight? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Dates in hospital \_\_\_\_\_  
 Reason for hospitalization \_\_\_\_\_

Is child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of medicine \_\_\_\_\_  
 Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
 Are physical activities limited? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, reason for limitation: \_\_\_\_\_

CHILD'S ILLNESS (past or present) please check (✓):

	YES	NO		YES	NO
Chickenpox			Frequent sore throat		
Meningitis			Ear aches/infections		
Mumps			Hearing loss		
Rubella(3-day measles)			Speech problem		
Rubeola(10-day measles)			Eye problem		
Whooping Cough			Wears glasses/Contacts		
Positive TB Skin Test			Heart condition/murmur		
Bronchitis			High Blood Pressure		
Pneumonia			Kidney problem		
Asthma			Sugar Diabetes		
Hives or Eczema			Blood disease		
Drug or Other Allergy			Menstrual problem		
Head Injury			Hernia		
Seizures/Unconscious			Parasites(worms)		

Other serious accidents or illness (describe) \_\_\_\_\_

(Over - to complete, date and sign)

# Sample of Back Side of Permanent Health Card

## PERMANENT HEALTH HISTORY (continued)

### BIRTH HISTORY

#### MOTHER'S PREGNANCY:

	YES	NO
Infections		
Bleeding		
High Blood Pressure		
Toxemia		
Sugar Diabetes		
Other Complications of Pregnancy		
9-Month Pregnancy		
Type of Delivery		
Child's birth weight		
child's birth condition (check) good _____ poor _____		
If poor, describe: _____		

### DEVELOPMENT HISTORY

#### At what age did your child:

Sit alone	_____	Crawl	_____
Stand alone	_____	Walk	_____
Say words	_____	Use sentences	_____
Toilet train	_____	Feed self	_____

#### PLEASE CHECK ( ) DOES YOUR CHILD:

	YES	NO		YES	NO
Enjoy learning			Bite nails		
Like school			Suck thumb		
Like other children			Wet bed		
Eat well			Seem shy		
Drink milk			Fall frequently		
Eat Breakfast			Have temper tantrums		
Sleep well			Seem overactive		
Follow directions					

#### ILLNESS DURING FIRST 2 WEEKS OF LIFE:

	YES	NO
Trouble breathing		
Seizures		
Cyanosis(blue color)		
Jaundice(yellow color)		
Feeding problems		
Anemia		
Birth defect		
Required Incubator		
Went home with mother		

What time does your child go to bed? \_\_\_\_\_  
 Do you have any questions or concerns about your child's health?  
 Please list. \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_  
 Date \_\_\_\_\_ History taken by (Name) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Name of School \_\_\_\_\_

# K – 12<sup>TH</sup> GRADE

(including transitional kindergarten)



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1, 2, 3</sup>				
K-12 Admission	4 Polio <sup>4</sup>	5 DTaP <sup>5</sup>	3 Hep B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella
(7th-12th) <sup>8</sup>	K-12 doses	+ 1 Tdap			
7th Grade Advancement <sup>9,10</sup>		1 Tdap <sup>8</sup>			2 Varicella <sup>10</sup>

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

## INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See [shotsforschool.org](http://shotsforschool.org) for more information.

**UNCONDITIONALLY ADMIT** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.\*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.\*

Los Angeles Unified School District  
NURSING SERVICES

## 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
School Name		Teacher	Phone ( )
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: _____			
<b>SECTION 1: To be completed by the parent or guardian</b>			

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

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.)

☐ 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:

☐ Healthy Families ☐ Healthy Kids ☐ Medi-Cal/Denti-Cal ☐ None ☐ Other \_\_\_\_\_

☐ I cannot afford an oral health assessment for my child.

☐ I do not wish my child to receive an oral health assessment.

Optional: Other reasons my child could not get an oral health assessment \_\_\_\_\_

**RETURN THIS FORM TO THE SCHOOL BY MAY 31.**

Original to be retained in student's school record.



REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		CITY	SCHOOL
ZIP code			

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.  
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian	Date
Name, address, and telephone number of health examiner	
Signature of health examiner	Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)







## 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:
Local District:	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"/> a parenting teen? <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.					

**STOP** Is the student currently living in one of the Nighttime Residence options listed below? **STOP**  
☐ 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:

<input type="checkbox"/> Shelter (ex. Homeless, Domestic Violence...etc) Name:	<input type="checkbox"/> Motel or Hotel Name:
<input type="checkbox"/> Garage (unconverted)	<input type="checkbox"/> Car, trailer, or campsite
<input type="checkbox"/> Temporarily in another family's house or apartment	<input type="checkbox"/> Temporarily with an adult that is not the parent or guardian
<input type="checkbox"/> Transitional Housing Program Name:	<input type="checkbox"/> Trailer/motor home on private property
<input type="checkbox"/> 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 ☐ Assistance for a Parenting Teen

\*\*\*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.

**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 fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: shqldc@lausd.net, shqlde@lausd.net, shqldne@lausd.net, shqldnw@lausd.net, shqlds@lausd.net, or shqldw@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).

Revised 7/12/19





**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Student Health and Human Services

**Title III Immigrant Education Program**  
*Questionnaire Form*

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"><li>• After-School Tutoring</li><li>• Saturday School</li><li>• Summer School</li></ul>	<ul style="list-style-type: none"><li>• Family Literacy</li><li>• Family Training</li><li>• Parent/Family Outreach</li></ul>
---	--

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"><li>• Tutoría después de clases</li><li>• Clases de sábado</li><li>• Escuela de verano</li></ul>	<ul style="list-style-type: none"><li>• Alfabetización para familias</li><li>• Entrenamiento para familias</li><li>• Alcance para padres/familia</li></ul>
--	--

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** educational and health services.  
Possible services may include:

- After-School Tutoring
- Saturday School
- Preschool Programs
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Dental Screenings/Medical Referrals

### 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.

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 agricultural and fishing jobs, temporary and seasonal, that applies.)

<input type="checkbox"/> <b>Field Work/ Agriculture</b> Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)	<input type="checkbox"/> <b>Orchard</b> Examples: (pick, prune, sort fruit, nut trees, vines, etc.)	<input type="checkbox"/> <b>Nursery</b> Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)	<input type="checkbox"/> <b>Fishing</b> Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)
<input type="checkbox"/> <b>Dairy/Farm/Ranch/ Livestock</b> 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"/> <b>Packing</b> Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)	<input type="checkbox"/> <b>Food Processing</b> 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"/> <b>Forestry/Lumber</b> 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 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 Name(s): \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

For more information call the Los Angeles Unified School District,  
Migrant Education Office at: (213) 241-0510



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**LOS ANGELES UNIFIED SCHOOL DISTRICT  
 ADMINISTRATIVE OFFICES**

333 South Beaudry Avenue, 25<sup>th</sup> Floor  
 Los Angeles, California 90017  
 Telephone: (213) 241-5582 | Fax: (213) 241-7561

**ALBERTO M. CARVALHO**  
 Superintendent

**ALISON YOSHIMOTO-TOWERY**  
 Chief Academic Officer

**LYDIA ACOSTA STEPHENS**  
 Executive Director

March 25, 2022

Dear Parent/Guardian,

The Los Angeles Unified School District (L.A. Unified) Title VI Indian Education Program's mission is to assist with the unique educational and culturally related academic needs of American Indian/Alaskan Native students with L.A. Unified. Title VI aims to provide highly relevant, culturally based academic learning experiences that improve their skill-set(s), while addressing the needs of the "whole child/person." Indian Education workshops and study hall tutoring help Indian and Alaska Native children sharpen their academic skills, assist students in becoming proficient in the core content areas, and provide students an opportunity to participate in enrichment programs that would otherwise be unavailable. Funds support such activities as culturally responsive after-school programs, Native language classes, early childhood education, tutoring, and dropout prevention.

A student who is enrolled in, or who is a member of, a U.S. federally recognized tribe, a State recognized tribe, or whose parent, or grandparent is an enrolled member, is eligible to register for the program. If this applies to your student, please fill out the Title VI ED 506 Student Eligibility Certification Form and return it to the L.A. Unified Title VI Indian Education Program office at 333 S. Beaudry Ave., 25<sup>th</sup> Floor, Los Angeles, CA 90017.

To be eligible, each form must be complete with all the following information:

- 1) Name of child and date of birth
- 2) Name of school and grade
- 3) Name of individual with tribal enrollment
- 4) Name of tribe, band, or organized Indian group
- 5) Proof of membership, as defined by tribe, which can be tribal enrollment/membership number, or other evidence
- 6) Name and address of the tribe, band, or organized Indian group maintaining membership data
- 7) Parent's signature, date, mailing address, and phone number

If you should have any questions, or need any additional information/assistance, please contact the Title VI Indian Education Program office at (213) 241-5582.

Sincerely,

A handwritten signature in blue ink that reads "Lydia Acosta Stephens".

Lydia Acosta Stephens  
 Executive Director

A handwritten signature in blue ink that reads "Susan Hawk".

Susan Hawk  
 Title VI Administrator

**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 \_\_\_\_\_



# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

ATTACHMENT A



## 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**

**KELLY GONEZ, PRESIDENT**  
**MÓNICA GARCÍA**  
**JACKIE GOLDBERG**  
**DR. GEORGE J. MCKENNA III**  
**NICK MELVOIN**  
**TANYA ORTIZ FRANKLIN**  
**SCOTT M. SCHMERELSON**

**LOS ANGELES UNIFIED SCHOOL DISTRICT**

333 South Beaudry Avenue, 29<sup>th</sup> Floor  
 Los Angeles, California 90017  
 Telephone: (213) 241-4822 | Fax: (213) 241-8977

**ALBERTO M. CARVALHO**  
 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) \_\_\_\_\_





## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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### ATTACHMENT A

[SAMPLE BEGINNING OF THE YEAR RESPONSIBILITY LETTER]

#### **RE: FINANCIAL RESPONSIBILITY FOR DAMAGED SCHOOL PROPERTY**

Dear Parents/Guardians:

This letter is to inform you of your legal responsibility regarding loss or damage of school property belonging to the Los Angeles Unified School District (District). California Education Code section 48904 states that the parent or 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 \$19,100, 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, physical education clothes, and sports equipment. A parent or guardian is liable to the District for all District property loaned to a minor and not returned upon demand.

We will discuss the meaning of this responsibility with all students. We need your help to ensure that District property is kept in good condition and that loaned items are returned to school upon demand. Parents are expected to pay the replacement or repair cost for any lost or damaged District property due to the student's carelessness and negligence. The school is legally authorized to withhold the grades, diploma, and transcripts of students, or to deny participation in school activities that are deemed privileges (e.g. culmination/graduation ceremonies, dances, interscholastic sports, student body office, or other local school activities) until the obligation is cleared.

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, but parents or guardians may be held financially responsible for the damage.

We look forward to a successful school year with your student.  
(Signed by the School Principal or Designee)

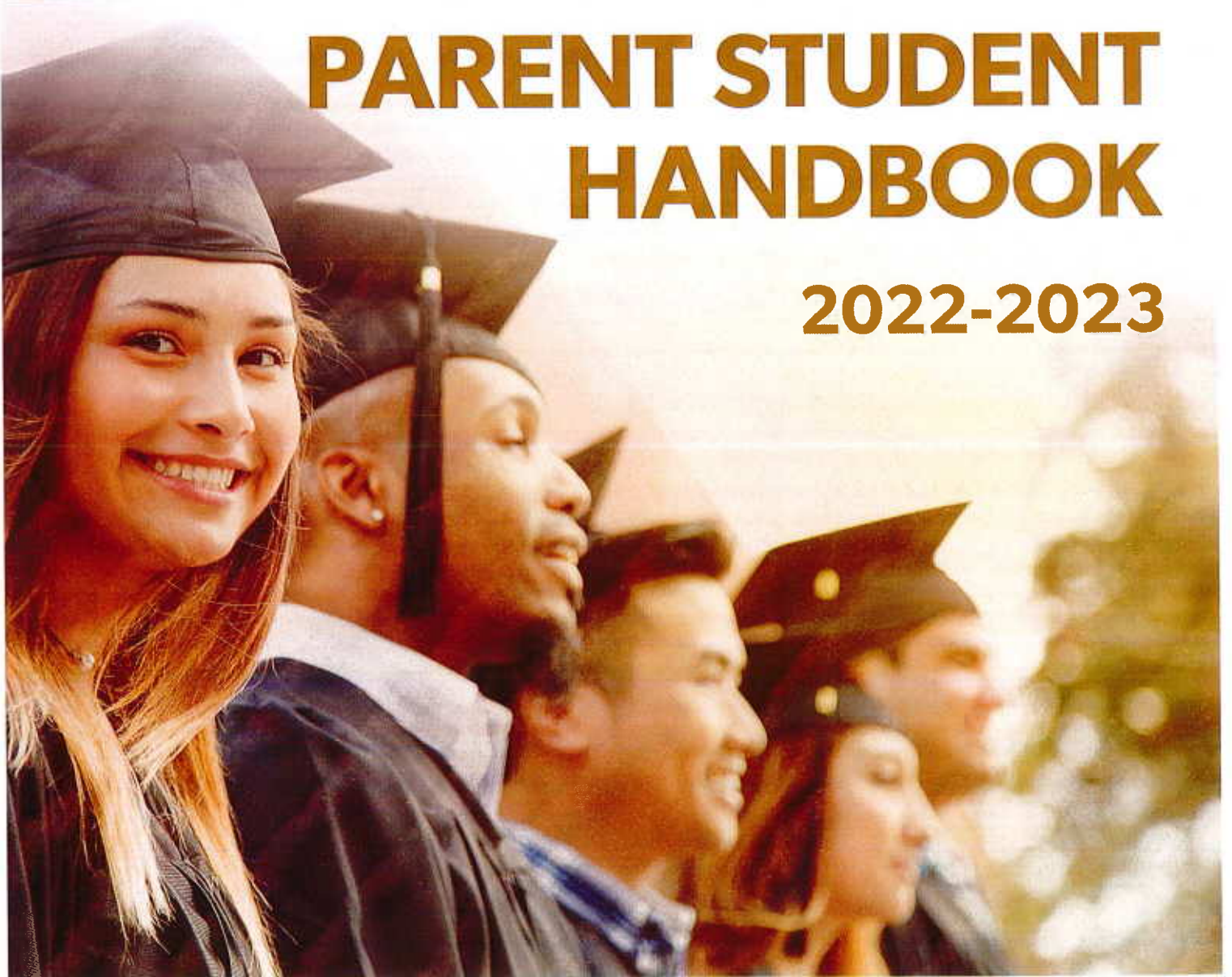


LOS ANGELES UNIFIED SCHOOL DISTRICT



# PARENT STUDENT HANDBOOK

2022-2023







# LOS ANGELES UNIFIED SCHOOL DISTRICT INSTRUCTIONAL SCHOOL CALENDAR 2023-2024

**Board Approved  
3/27/2023**

**JULY**

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				

**AUGUST**

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	

**SEPTEMBER**

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

**OCTOBER**

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			

**NOVEMBER**

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	

**DECEMBER**

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

**JANUARY**

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		

**FEBRUARY**

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	

**MARCH**

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

**APRIL**

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			

**MAY**

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

**JUNE**

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

07/04/23..... Independence Day  
 08/15/23..... First Day of Instruction  
 09/01/23..... Admission Day  
 09/04/23..... Labor Day  
 11/10/23..... Veterans Day Observed  
 11/23 - 11/24/23..... Thanksgiving Holiday  
 12/20/23 - 01/05/24.. Winter Recess  
 01/08/24..... Second Semester Begins  
 01/15/24..... Dr. Martin L. King Jr. Birthday

02/19/24..... Presidents' Day  
 03/25 - 03/29/24... Spring Recess  
 04/01/24..... Cesar E. Chavez Birthday  
 Observed  
 04/24/24..... Armenian Genocide Day  
 05/27/24..... Memorial Day  
 06/05/24..... Last Day of Instruction  
 06/19/24..... Juneteenth Holiday

**LEGEND:**

- First Day/Last Day of Instruction
- Legal/Local Holidays
- School Recess
- Unassigned Day (no school)
- Pupil Free Days \*
- Second Semester Begins
- Instructional Days

**Instructional Days**

Fall Semester..... 82  
 Spring Semester..... 98  
 Total..... 180

\* If a school selects Monday, January 8, 2024, as a Pupil Free Day, then Thursday, June 6, 2024, becomes an Instructional Day.





# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Call Center Hours:  
Monday - Friday  
8:00 A.M. - 4:30 P.M.

Children's Health Access & Medi-Cal Program

# CHAMP



Does your family need help getting free/low cost health insurance?

Contact us at (213) 241-3840 option 1 or email: [champ@lausd.net](mailto:champ@lausd.net)

CHAMP provides:

- Pre-screening for Health Insurance Program Eligibility  
Medi-Cal | Medi-Cal Expansion | Covered CA | Kaiser Permanente Child Health Program
- Health Insurance Application Assistance and Enrollment
- Outreach and Education on the Affordable Care Act
- Information About Utilizing and Maintaining Health Insurance Benefits
- Health Care Referrals to School-Based Health/Wellness Centers and Community Clinics

All Youth Healthy and Achieving

<http://achieve.lausd.net/CHAMP>

CHAMP is a department within the Los Angeles Unified School District and is part of the Student Health & Human Services Division. Partial funding for CHAMP is provided by the Centers for Medicaid and Medicare Services.



Horario del Centro  
de Llamadas:  
Lunes a viernes  
8:00 A.M. - 4:30 P.M.

Programa Medi-Cal y de Acceso a la Salud Infantil

# CHAMP



¿Necesita su familia ayuda para obtener seguro médico de bajo costo/gratuito?

Llame a (213) 241-3840 opción 1 o por correo electrónico: [champ@lausd.net](mailto:champ@lausd.net)

CHAMP ofrece:

- Pre-revisión de elegibilidad para el Programa de Seguro Médico  
Medi-Cal | Expansión de Medi-Cal | Covered CA | Programa de Salud para Niños de Kaiser Permanente
- Asistencia para la solicitud e inscripción para el Seguro Médico
- Educación sobre la Ley del Cuidado Asequible de la Salud
- Información sobre cómo usar y mantener los beneficios del seguro médico
- Referencias médicas a Centros Escolares de Salud, Centros de Bienestar y Clínicas Comunitarias

Todos los jóvenes deben estar saludables y rendir académicamente

<http://achieve.lausd.net/CHAMP>

CHAMP es un departamento del Distrito Escolar Unificado de Los Angeles y forma parte de la Oficina de Salud Infantil y Servicios Humanos, el Departamento de Salud Pública del Condado de Los Angeles y los Centros por los Servicios de Medicaid y Medicare aportan financiamiento parcial para CHAMP.





**CHAMP**  
1 (866) 742-2273  
achieve.lausd.net/CHAMP

A PROJECT OF THE CHILDREN'S PARTNERSHIP

ALLYOUTHHEALTHYANDACHIEVING

## Enroll. Get Care. Renew.

Health Coverage All Year Long

### Health Coverage Options

#### Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low cost.
- ▶ Medi-Cal enrollment is available year-round.

#### Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ 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.



Undocumented families visit [www.allforhealth.org/resources/undocumented](http://www.allforhealth.org/resources/undocumented) to request state information. It is private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

#### You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
1	\$16,243	\$31,308	\$16,244 - \$47,080
2	\$21,983	\$42,374	\$21,984 - \$63,720
3	\$27,724	\$53,439	\$27,725 - \$80,160
4	\$33,465	\$64,505	\$33,466 - \$97,000
5	\$39,206	\$75,571	\$39,207 - \$113,640
6	\$44,947	\$86,636	\$44,978 - \$130,280
	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

## Enroll.

Ways to enroll in Medi-Cal and Covered California:

[achieve.lausd.net/CHAMP](http://achieve.lausd.net/CHAMP)  
[www.coveredca.com](http://www.coveredca.com)

CHAMP • 1 (866) 742-2273  
Covered CA • 1 (800) 300-3306

Find in person help

## Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

## Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packets. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-3306.





## Los Angeles Unified School District

### Responsible Use Policy (RUP) for District Computer Systems

### Information for Students and Families

---

#### **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) and Family Educational Rights and Privacy Act (FERPA). 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.

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, and/or Internet access or files, including email.

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.

#### **Student 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.
- ☐ 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 meet anyone in person that I have met only on the Internet.
- ☐ 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.
- ☐ I will not access the account information of others.





## Los Angeles Unified School District

### Responsible Use Policy (RUP) for District Computer Systems

### Information for Students and Families

---

☐ I will log out of unattended equipment and accounts in order to maintain privacy and security.

**\_\_\_ 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 artistic works.

**\_\_\_ 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.

**\_\_\_ I am responsible for accessing only educational content when using District technology.**

☐ I will not seek out, display, or circulate material that is hate speech, sexually explicit, or violent.

☐ I understand that any exceptions must be approved by a teacher or administrator as part of a school assignment.

☐ 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 not try to get around security settings and filters, including through the use of proxy servers to access websites blocked by the District.

☐ I will not install or use illegal software or files, including copyright protected materials, unauthorized software, or apps on any District computers, tablets, smartphones, or other new technologies.

☐ I know that I am not to use the Internet using a personal data plan at school, including personal mobile hotspots that enable access on District equipment.

☐ 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 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 (<http://copyright.gov/title17/>) guidelines.

☐ I will not copy the work of another person and represent it as my own and I will properly cite all sources.

☐ 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 disciplinary and/or legal action against students, including suspension, expulsion, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation. (For more information, see BUL-6399.0, *Social Media Policy for Students*.)

### 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.



## Los Angeles Unified School District

### Responsible Use Policy (RUP) for District Computer Systems

### Information for Students and Families

---

Users are responsible for any charges incurred while using District devices and/or 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. Students under the age of 18 should only access District network accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use outside of school.

**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. Be sure to review each section with a parent or guardian and get their signature below. Return to your teacher or other designated school site personnel.

*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: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Room Number: \_\_\_\_\_



**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 activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent of 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

**Approved as to form by the  
Office of the General Counsel.**

12. School

This form shall not be amended without  
written approval of both the Office of the  
General Counsel and the Office of  
Communications/Public Information