

**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 Health History, Elementary and Secondary Schools	✓	
Guide to Immunizations Required for School Entry – Grade TK/K-12	✓	✓
<del>Oral Health Assessment Letter/Waiver Request Form (only for kindergarten or 1<sup>st</sup> grade entry)</del>	<del>✓</del>	
Student Housing Questionnaire (SHQ)	✓	✓
Title III Immigrant Education Program Questionnaire	✓	
Migrant Education Program Family Work Questionnaire	✓	
Title VI, American Indian Education Program Cover Letter and Form	✓	
Refugee Educational Support Program Eligibility Questionnaire	✓	
Parent and Student Acknowledgement Form- Loaned Computing Device	✓	✓
Parent/Student Handbook (updated yearly)	✓	✓
Master Instructional School 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 in the Enrollment Packet (Part 1) Pupil Services SharePoint

\*\*\*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 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.																																																									
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 <small>(IF DIFFERENT FROM ABOVE)</small>		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																																																									
WORK ADDRESS -- NUMBER		STREET		CITY		ZIP CODE																																																									
CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:																																																									
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																																																										
CELL		ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																																																										
WORK		GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work																																																										
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.																																																													
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<p><i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p><i>List any other family members attending this school:</i></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> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <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>								NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE						NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE						NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE						LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP						LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP						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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<p><b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b></p> <p>The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small></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>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 <small>(if covered under more than one plan)</small></td> <td>GROUP NO.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>NAME OF DOCTOR / MEDICAL OFFICE _____ PHONE NUMBER OF DOCTOR / MEDICAL OFFICE _____</p> <p><small>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small></p> <p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p> <p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p> <p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p> <p>X _____ DATE _____</p> <p>SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)</p>								1. PRIVATE HEALTH INSURANCE NAME	GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME <small>(if covered under more than one plan)</small>	GROUP NO.																																																				
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STUDENTS LAST NAME

FIRST NAME

MIDDLE INITIAL

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

# Parents' Guide to Immunizations Required for School Entry



## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

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. Parents must show their child's Immunization Record as proof of immunization.



**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.					



Is the student currently living in one of the Nighttime Residence options listed below?

YES  NO



If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.

**CHECK (✓) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:**

<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 NOT 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: _____
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Do you have other preschool and/or school aged children in the home?  YES  NO

If yes, please complete an additional SHQ. All sibling(s) must have an SHQ on file at their school site.

✓ For any questions about these rights, please contact Dr. Denise Miranda, at 213-202-7581 or homelesseducation@lausd.net.

**AFFIDAVIT-** By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

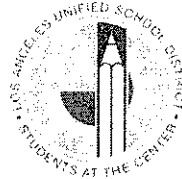
**SCHOOL PLEASE NOTE:**

\_\_\_\_\_

- ✓ Upon completion, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: shqldc@lausd.net, shqldc@lausd.net, shqldnc@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).

**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  
ADMINISTRATIVE OFFICES**

333 South Beaudry Avenue, 25<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)	School Name		

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) \_\_\_\_\_

**CASE**

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) \_\_\_\_\_

14. I will follow the LAUSD Responsible Use Policy (RUP) for use of LAUSD computers and network systems.
15. I will not reformat the device, tamper with its security settings, or change its operating system (e.g., iOS for Apple Devices).
16. I will adhere to all applicable copyright and software license agreements that forbid downloading of media and software that has not been legally acquired.
17. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.

(Student and Parent initial here) \_\_\_\_\_

**RESPONSIBILITY**

18. I understand that my assigned device is subject to inspection by any staff member, teacher or administrator at the school, at any time and without notice. I further understand that the device remains the property of LAUSD.
19. I agree to return the device, related accessories and device case in good working condition (with the exception of normal wear and tear) immediately upon request by LAUSD.
20. I will return the assigned device to my school administrator (or designee) at the end of each school year. If I withdraw, am expelled, or terminate enrollment at my school for any reason, I will return the assigned device and accessories on the date of termination to the school's administrator. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.
21. I have completed the Digital Citizenship lessons.

(Student and Parent initial here) \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGEMENT  
(Devices Take Home)**

***Responsibility for Loaned Computing Devices Assigned to Students***

This document informs you of your legal responsibility with regard to the device and its related accessories, which may include case, keyboard cable and battery charger ("Loaned Equipment") described below, that the Los Angeles Unified School District ("LAUSD") is loaning to your child.

LAUSD may hold liable a parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any property of LAUSD, or fails to return any property of LAUSD upon demand of LAUSD, for all damages caused by the minor. (See, District Bulletin BUL-5509.2, Restitution Procedures for the Loss or Damage of School Property, dated March 7, 2017 California Education Code §48904.) LAUSD property includes the Loaned Equipment, which may have a value of up to \$500 for iPads, \$250 for Chromebooks, and \$50 for hotspots

- I agree to the **Security, Care, Usage and Responsibility** conditions listed in the "Rules Concerning Use of Loaned Devices (i.e., Tablets or Laptops) Assigned to Students" ("Rules"), on the previous page. My child's failure to abide by the Rules, thereby resulting in damage to or loss of the Device, may be considered a willful act for which I am liable, subject to the following due process procedures set forth in Bulletin BUL-5509.2:
  - LAUSD shall inform parent or guardian immediately in writing after any alleged loss which gives rise to an obligation under Section 48904 of the Education Code.
  - The parent or guardian may present information on behalf of the student during a conference at the school as to the reasons why a fee should not be imposed.
  - The principal/designee shall, after reviewing any information presented during this meeting, decide whether or not to withhold the marks, diploma, or transcripts and/or impose the fee for damages. The parent/guardian and student shall be notified in writing of the decision. The decision of the principal is final, and there is no appeal beyond the school level.
  - Upon receiving notification of the school's decision, the parent or guardian may, if necessary, pay the outstanding obligation, or the student may complete a voluntary work assignment determined by the school.
- The Loaned Equipment is, and will remain, the property of the Los Angeles Unified School District with the sole intended use by the student to whom it has been assigned.
- I further agree to abide by LAUSD's Responsible Use Policy (RUP) for use of loaned equipment and LAUSD's computer network (see attached).

**CHOOSE FROM THE OPTIONS BELOW BY CHECKING THE APPROPRIATE BOX**

- OPTION 1 – "OPTING IN" TO TAKING DEVICE HOME** – Yes, I want my student to take the device home.
- OPTION 2 – "OPTING IN" TO TAKING A HOTSPOT HOME** – My student does NOT have Internet access at home.

I have read and I understand the responsibilities described above and agree to comply with the "Rules." I give permission for my child to take the Device home. I agree to monitor and engage with my child when accessing online content away from school using the Device.

**Acknowledgement of Inherent Risks of Internet Usage:** I acknowledge that there are security, privacy and confidentiality risks inherent in Internet use and wireless communications. I understand that the District has taken those reasonable measures, including a web filtering solution, currently available to minimize such risks. However, I acknowledge that no filter or other technology currently available provides complete protection against such risks. I have determined that for my child the benefits of online activity and wireless communications outweigh the risks, and on my child's behalf, I will assume the risk associated with such activity. I agree that it is my responsibility to monitor and engage with my child concerning appropriate online usage.

- OPTION 3 – "OPTING OUT" TO TAKING DEVICE HOME** – No, I do NOT want my child to take the device home.
- OPTION 4 – "OPTING OUT" TO TAKING A HOTSPOT HOME** – My student has Internet access at home

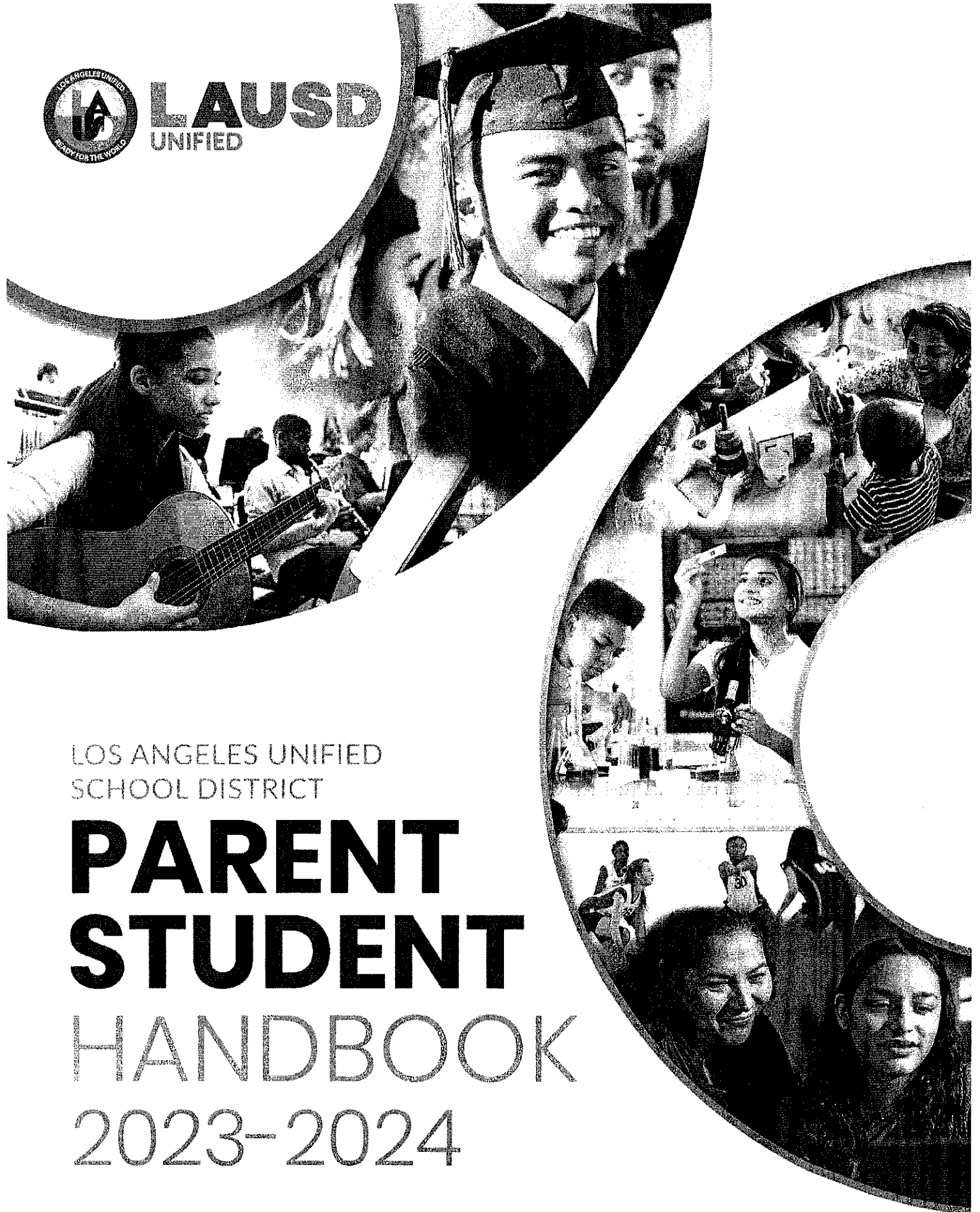
I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

Print Parent (Guardian) Name: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LAUSD**  
UNIFIED



LOS ANGELES UNIFIED  
SCHOOL DISTRICT

**PARENT  
STUDENT**  
HANDBOOK  
2023-2024



Los Angeles Unified School District  
**INSTRUCTIONAL SCHOOL CALENDAR 2023-2024**

Board Approved  
 6/20/2023

**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

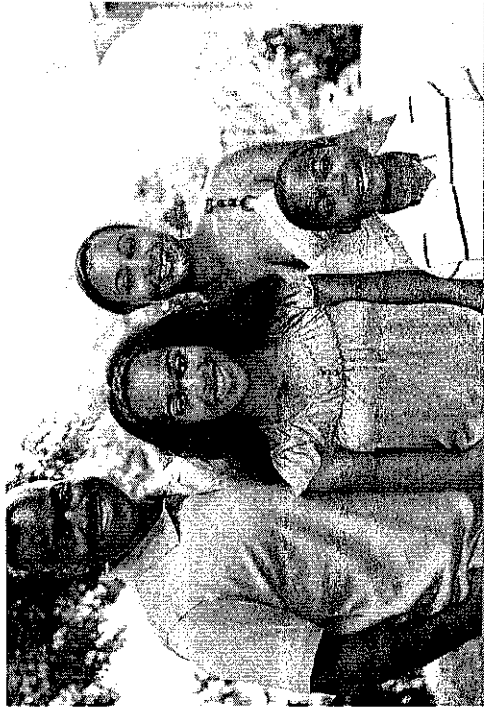
07/04/23	Independence Day	01/15/24	Dr. Martin L. King Jr. Birthday
08/14/23	First Day of Instruction	02/19/24	Presidents' Day
09/01/23	Admission Day	03/25 - 03/29/24	Spring Break
09/04/23	Labor Day	04/01/24	Cesar E. Chavez Birthday Observed
11/10/23	Veterans Day Observed	04/24/24	Armenian Genocide Remembrance Day
11/23 - 11/24/23	Thanksgiving Holiday	05/27/24	Memorial Day
12/18/23 - 12/20/23	Optional Winter Recess Academy	06/11/24	Last Day of Instruction
12/18/23 - 01/05/24	Winter Break	06/19/24	Juneteenth Holiday
01/08/24	Second Semester Begins		

**LEGEND:**

- First Day/Last Day of Instruction
- Legal/Local Holidays
- Optional Winter Recess Academy
- School Recess
- Unassigned Day (no school)
- Optional Employee Preparation Day
- Second Semester Begins
- Instructional Days

<u>Instructional Days</u>	
Fall Semester	81
Spring Semester	102
<b>Total</b>	<b>183</b>





**WELLNESS PROGRAMS**  
Children's Health Access & Medi-Cal Program (CHAMP)



# DOES YOUR FAMILY NEED HELP GETTING FREE/LOW COST HEALTH INSURANCE?

All Families Healthy and Thriving

**CHAMP provides free access  
to Medi-Cal, Covered CA, and  
Kaiser Permanente Child  
Health Program**

**Health Insurance  
Application  
Assistance  
Enrollment  
Renewal**

**Outreach and  
Education on the  
Affordable Care  
Act "Obama Care"**

Information About  
**Utilizing and  
Maintaining**  
Health Insurance  
Benefits

**Health Care  
Referrals to  
School-Based  
Health/Wellness  
Centers and  
Community Clinics**



**CHAMP (213) 241-3840 or email: [champ@lausd.net](mailto:champ@lausd.net)**

Weekdays 8:00 AM - 4:30 PM

CHAMP is a department within the Los Angeles Unified School District and is part of the Student Health & Human Services Division.

# Enroll. Get Care. Renew.

Free or Low Cost Health Coverage  
Exists for ALL Lower-Income  
California Families (options on page 2)

**CALIFORNIA**  
Information for other  
states is different.



## Renew Your Coverage in 2023-24!

### IMPORTANT for 2023 and 2024: CONTINUOUS MEDI-CAL COVERAGE PROTECTIONS END STARTING APRIL 2023.

Do you or a family member have Medi-Cal coverage? If so, you may need to take steps to keep it. You will need to renew your Medi-Cal at some point between April 2023 and May 2024. Annual renewals are usually due in the same month you first enrolled in Medi-Cal.

#### What to Do to Stay Covered:

- ▶ **Update your contact information.** Tell your county Medi-Cal office about any changes in your contact information (mailing address, phone number, email) so they can contact you with information about how to renew your coverage.
- ▶ **Check your mail.** When it is time to renew coverage, Medi-Cal will mail you a letter to let you know if you need to complete a renewal form or if your renewal can be completed automatically.
- ▶ **Complete your renewal form.** If you receive a renewal form, your coverage will not be renewed unless you complete it. Renewal forms will be sent in a **YELLOW ENVELOPE**. Fill out the form and answer any county follow up questions right away by phone, online, mail or in person to help avoid a gap in your coverage.

#### How to Renew your Medi-Cal Coverage and Report Changes:

- ▶ **Set up an account online.**  
Visit: <https://benefitscal.com/> OR
- ▶ **Contact your county Medi-Cal office.**  
To find your county Medi-Cal office, visit [dhcs.ca.gov/COL](https://dhcs.ca.gov/COL) or call (800) 541-5555.

#### What if You No Longer Qualify for Medi-Cal Coverage?

If your family income increased above Medi-Cal eligibility levels (see income chart on second page), you may qualify for discounted premiums through Covered California. If so, when your Medi-Cal coverage ends, Covered California will send you information about your automatic enrollment and what you need to do to activate it. Your Covered California coverage would begin when:

- ▶ You pay your premium, OR
- ▶ If you have no premium, when you accept the coverage online or by phone.

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

## Enroll.

### Ways to enroll in Medi-Cal and Covered California:

- 📞 1(213) 214-3840
- 🌐 [achieve.lausd.net/CHAMP](https://achieve.lausd.net/CHAMP)
- 🚶 In-person: [www.coveredca.com/get-help/local/](https://www.coveredca.com/get-help/local/)
- ✉ [champ@lausd.net](mailto:champ@lausd.net)



## Get Care.

- ▶ Find a primary care doctor. Ask your health plan for help locating an available doctor near you.
- ▶ Schedule an annual checkup for you and your child(ren). Young children need frequent well-child visits within a year.
- ▶ Your health plan is required to help you make appointments and get interpretation services. Additionally, Medi-Cal is required to help you get free transportation to your appointments.
- ▶ Find a dentist. Visit [SmileCalifornia.org](https://SmileCalifornia.org) to find a Medi-Cal dentist and a dental home near you.
- ▶ In Covered California, dental care is covered for children. Adults will need to purchase an additional dental plan.

## Renew.

**HCS** Medi-Cal must be renewed every year except for those listed below. It is important to ensure that Medi-Cal has your current address so that when it's time to renew your coverage, they can contact you. If you receive a renewal notice, be sure to act! Children in foster care and former foster care youth are not required to renew their coverage. Postpartum individuals also do not need to renew their coverage within 12 months postpartum



Covered California health plans must be renewed every year. Renewal information will be mailed at the end of the year, or you can contact Covered California directly.

➔ Scan the QR code for information about when and how to renew!



HEALTH CARE FOR ALL FAMILIES



## Need Help?

Scan this QR code for LOCAL HELP in your area.

OR GO TO:  
[www.allinforhealth.org](https://www.allinforhealth.org)

The Children's Partnership

# Options for Health Coverage

## Medi-Cal:

- ▶ Children and adults qualify for full-scope Medi-Cal benefits depending on their income. Children, pregnant and post-partum individuals have higher income eligibility levels than other adults (see chart below).
- ▶ Medi-Cal covers ALL COSTS for screenings, immunizations, checkups, specialists, mental health, vision, dental services, and all other medically necessary care.
- ▶ Medi-Cal enrollment is available year round.
- ▶ Most Medi-Cal enrollees must enroll in a Medi-Cal health plan that will manage their health care coverage. Each health plan is different and has their own list of healthcare providers. Learn more about health plans at: <https://www.healthcareoptions.dhcs.ca.gov>
- ▶ Medi-Cal plans offer services using telehealth. Ask your provider about accessing care over video or phone.

- ▶ For more information about services covered under Medi-Cal for Kids & Teens, go to [www.allinforhealth.org](http://www.allinforhealth.org) or click for the [DHCS webpage](#), flier for *kids* and *teens* and [know your rights letter](#).

## Covered California:

- ▶ Covered California offers a selection of health plans. They help in comparing and choosing a health plan that works best for each person. To learn more, visit: [CoveredCA.com](http://CoveredCA.com)
- ▶ Many Californians may qualify for financial assistance via a Premium Tax Credit or reductions in what enrollees pay for their health care (known as cost-sharing reductions).
- ▶ 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.

# Immigrant Families

## Expansion of Medi-Cal

- ▶ Currently, every income-eligible child or person under the age of 26, every adult 50 years and older, DACA recipients, pregnant persons and recently pregnant persons are eligible for Medi-Cal health coverage and benefits **REGARDLESS OF IMMIGRATION STATUS**.
- ▶ Young people who are undocumented and turning 26 in 2023 will continue on Medi-Cal until 2024. By 2024, these individuals will be sent information about when and how to renew their Medi-Cal.
- ▶ In 2024, California is removing all barriers to Medi-Cal based on immigration status. Beginning on January 1, 2024, all California residents with qualifying incomes will be eligible for full Medi-Cal benefits regardless of their immigration status.

## Covered California

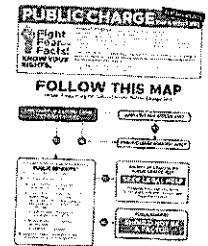
- ▶ Those with immigration documentation can qualify for Covered California and its financial

assistance. Some counties offer other health care options regardless of immigration status

## Updated Public Charge Rule

- ▶ In December 2022, the federal government updated the public charge rule and made clear that using Medi-Cal is not considered for purposes of public charge (except in the case of long-term institutionalized care, also known as skilled nursing home care).
- ▶ Your child's enrollment in Medi-Cal and use of health care services will not impact your immigration status.

- ▶ While the public charge test may make you nervous, use this **Public Charge Roadmap** to better understand whether it applies to you or your family member.



Go to: [allinforhealth.org/public-charge](http://allinforhealth.org/public-charge)

## Financial Help. You or your family may qualify for free Medi-Cal or premium assistance under Covered California.\*

SEE NOTE BELOW FOR INCOMES IN THIS RANGE	Covered California Premium Subsidies**									
	American Indian / Alaska Native (AI/AN) Zero Cost Sharing							AI/AN Limited Cost Sharing		
% FPL	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%
Household Size	If 2023 household income is at or less than									
1	\$13,590	\$18,755	\$20,385	\$27,180	\$28,947	\$33,975	\$36,150	\$40,770	\$43,760	\$54,360
2	\$18,310	\$25,268	\$27,465	\$36,620	\$39,001	\$45,775	\$48,705	\$54,930	\$58,959	\$73,240
3	\$23,030	\$31,782	\$34,545	\$46,060	\$49,054	\$57,575	\$61,260	\$69,090	\$74,157	\$92,120
4	\$27,750	\$38,295	\$41,625	\$55,500	\$59,108	\$69,375	\$73,815	\$83,250	\$89,355	\$111,000
5	\$32,470	\$44,809	\$48,705	\$64,940	\$69,162	\$81,175	\$86,371	\$97,410	\$104,554	\$129,880
6	\$37,190	\$51,323	\$55,785	\$74,380	\$79,215	\$92,975	\$98,926	\$111,570	\$119,752	\$148,760
	Medi-Cal for Adults	Medi-Cal for Pregnant & Postpartum Individuals				Medi-Cal Access for Pregnant & Postpartum Individuals			CCHIP***	
		Medi-Cal for Kids (0-18 Yrs.)								

\* For information on calculating income and household size visit: [healthcare.gov/income-and-household-information](http://healthcare.gov/income-and-household-information)

\*\* For Covered California, these 2023 income eligibility levels are effective at the beginning of the upcoming open enrollment period starting in November 1, 2023.

\*\*\* For San Francisco, San Mateo, and Santa Clara County residents only.

Note: Consumers after 138% FPL may qualify for a Covered California health plan with financial help including: federal premium tax credit, Zero Cost Sharing and Limited Cost Sharing AI/AN plans. Source: [www.coveredca.com/pdfs/FPL-chart.pdf](http://www.coveredca.com/pdfs/FPL-chart.pdf)



HEALTH CARE FOR ALL FAMILIES

A PROJECT OF The Children's

OUR PARTNERS.



CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE



MetroLA



PaRa los Niños for the children

FOR MORE INFORMATION GO TO: [www.allinforhealth.org](http://www.allinforhealth.org)

**Purpose**

The purpose of the District's Responsible Use Policy ("RUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of, or access to, sensitive information, and to comply with legislation including, but not limited to, the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA), Family Educational Rights and Privacy Act (FERPA), and the California Electronic Communications Privacy Act (CalECPA). Furthermore, the RUP clarifies the educational purpose of District technology. As used in this policy, "user" includes anyone using computers, Internet, email, and all other forms of electronic communication or equipment provided by the District (the "network") regardless of the physical location of the user. The RUP applies even when District-provided equipment (laptops, tablets, etc.) is used off District property. Additionally, the RUP applies when non-District devices access the District network or sensitive information.

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. Users understand that the District has the right to take back possession of District equipment at any time.

The District will take all necessary measures to secure the network against potential cyber security threats. This may include blocking access to District applications, including, but not limited to, email, data management and reporting tools, and other web applications outside the United States and Canada.

The RUP also applies to the use of artificial intelligence (AI), including, but not limited to, generative AI tools that can generate new content including text, images, video, audio, structures, computer code, synthetic data etc. in response to prompts generated by users.

**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 such as generative artificial intelligence.
- I understand, acknowledge, and agree that if I am under 13 years old, I will not use social media or artificial intelligence tools.
- I will create and share images, recordings, videos, and statements that accurately represent information and aim to inform others positively.
- I will be honest in all digital communications.
- I understand that what I do and post online must not disrupt school activities or compromise school safety and security.

**\_\_\_ I am responsible for keeping personal information private.**

- I will not share personal information about myself or others including, but not limited to, names, home addresses, telephone numbers, birth dates, or visuals such as pictures, videos, and drawings.
- I will not include personal information about myself or others in prompts for AI, including generative AI, tools.
- 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 or directly or indirectly allow another person to use them.
- I will not access the account information of others.
- I will log out of unattended equipment and accounts in order to maintain privacy and security.

**\_\_\_ I 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, generate 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 only use software and hardware that has been authorized by the District.
- I will not try to get around security settings and filters, including using proxy servers to access websites blocked by the District.
- I will not install or use illegal software or files, including copyright 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 report a lost or stolen district device immediately to my school.
- I will respect my and others' use and access to District equipment.
- I acknowledge that I am obtaining and using a District owned device(s)

**\_\_\_ I am responsible for respecting the works of others.**

- I will follow all copyright 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 properly cite all sources including when using AI, including generative AI.
- 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-6399.1, *Social Media Policy for Students* [BUL 5688.2] *Social Media Policy for Employees and Associated Persons* and BUL-5509.3 *Restitution Policy*.)

**Disclaimer**

The District makes no guarantees about the quality of the services provided and is not liable for any claims, losses, damages, costs, or other obligations arising from use of the network or District accounts.

Users are responsible for any charges incurred while using District devices and/or the network. The District also denies any liability for the accuracy or quality of the information obtained through user access. Any statement accessible online is understood to be the author's individual point of view and not that of the District, its affiliates, or employees. 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 and for ensuring that the student abides by the Responsible Use Policy when using District equipment or the District network.

**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: \_\_\_\_\_

*Please return this form to the school where it will be kept on file. It is required for all students that will be using a computer network and/or Internet access.*



**Los Angeles Unified School District  
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means 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.

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**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