

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

STUDENT ENROLLMENT DOCUMENT CHECKLIST

<u>DOCUMENTS</u>	***New LAUSD Student	Annually Disseminated Form
<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"> • Information on the Student Emergency Information Form should be updated in MiSiS within 5 days. 	✓	✓
Permanent Health History, Elementary and Secondary Schools	✓	
Guide to Immunizations Required for School Entry – Grade TK/K-12	✓	✓
Oral Health Assessment Letter/Waiver Request Form (only for kindergarten or 1st grade entry)	✓	
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 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: (Select One)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Intersex	Gender: (Select One)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth <div style="text-align: center;">____/____/____ Month/Day/Year</div>	

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

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

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

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

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:

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>
-----------------------	-------------------	------------------------------------	-----------------------

List last non-LAUSD school student attended (including early education center, state preschool, Head Start, or other preschool):

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>
-----------------------	-------------------	------------------------------------	-----------------------

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 African Canadian	0840 Decline to State	1051 Lithuanian	3047 Rwandan
1001 Albanian	3019 Djiboutian	1052 Macedonian	3048 Saint Helenian
1002 Algerian	1025 Dominican	3033 Malagasy	3049 Saint-Barth
1003 Amazigh or Berber	1026 Druze	3034 Malawian	7025 Saipanese
0001 American Indian/Alaska Native	1027 Ecuadorean	4005 Malaysian	1070 Salvadoran
3002 Angolan	1028 Egyptian	4006 Maldivian	0703 Samoan
3003 Anguillian	1029 Emirati	3035 Malian	3050 Sao Tomean
3004 Antiguan	3020 Equatorial Guinean	3036 Maorais	1071 Saudi Arabian
1004 Arab	3021 Eritrean	7012 Maori	3051 Senegalese
7000 Are'are	1030 Estonian	7013 Marquesans	1072 Serbian
1005 Argentinian	3022 Ethiopian	7014 Marshallese	3052 Seychellois
1006 Armenian	1031 Falkland Islanders	3037 Martinican	3053 Sierra Leonean
0002 Asian	7005 Fijian	1053 Mauritanian	4013 Singaporean
0408 Asian - Other	0006 Filipino	3038 Mauritian	1073 Slovakian
1007 Assyrian	7006 Futunian	1054 Mestizo	7026 Solomon Islander
1008 Azerbaijani	3023 Gabonese	1055 Mexican	1074 Solvene
3005 Bahamian	3024 Gambian	4007 Mien	3054 Somalian
1009 Bahraini	7007 Gambier Islanders	4008 Mongolian	3055 South African
4000 Bangladeshi	1032 Georgian	1056 Montenegrin	1075 South Georgia
3006 Barbadian	3025 Ghanaian	3039 Montserratian	7076 South Sandwich Islands
1010 Bedouin	3026 Grenadian	1057 Moroccan	3056 South Sudanese
1011 Belizean	3027 Guadeloupean	7015 Motuan	1077 Spaniard
3007 Beninese	0702 Guamanian	3040 Mozambican	4014 Sri Lankan
4001 Bhutanese	1033 Guatemalan	3041 Namibian	3057 Sudan
3008 Bissau-Guinean	1034 Guianan	1058 Native (Central and South America)	1078 Surinamese
1012 Bolivian	1035 Guyanese	7016 Nauruan	3058 Swazi
1013 Bosnian	3028 Haitian	4009 Nepali	1079 Syrian
3009 Botswanan	0701 Hawaiian	3042 Netherlands Antillean	0705 Tahitian
1014 Brazilian	1036 Herzegovinian	1059 Nicaraguan	4015 Taiwanese
1015 Bulgarian	0400 Hmong	3043 Nigerian	1080 Tajikistani
3010 Burkinese	1037 Honduran	3044 Nigerien	3059 Tanzanian
4002 Burmese	1038 Hungarian	7017 Niuean	4016 Thai
3011 Burundian	7008 i-Kiribati	7018 Ni-Vanuatu	4017 Tibetan
0406 Cambodian	0407 Indian	4010 Okinawan	3060 Togolese
3012 Cameroonian	4004 Indonesian	1060 Omani	7027 Tokelauan
3013 Cape Verdean	1039 Iranian	0007 Pacific Islander	7028 Tongan
7001 Carolinian	1040 Iraqi	0704 Pacific Islander - Other	7029 Tuamotuan
3014 Caymanian	1041 Israeli	4011 Pakistani	7030 Tubuai
3015 Central African	3029 Ivorian	7019 Palauan	1081 Tunisian
3016 Chadian	1042 Jamaican	1061 Palestinian	1082 Turkish
1016 Chaldean	0402 Japanese	1062 Panamanian	1083 Turkmen
4003 Cham	1043 Jordanian	7020 Papuan	7031 Tuvaluan
7002 Chamorro	7009 Kanak	1063 Paraguayan	3061 Ugandan
1017 Chicana/o	1044 Kazakhstani	1064 Peruvian	1084 Ukrainian
1018 Chilean	3030 Kenyan	7021 Pohnpeian	1085 Uruguyan
0401 Chinese	0403 Korean	1065 Polish	7032 Uvean
7003 Chuukese	7010 Kosraean	3045 Principean	1086 Uzbekistani
1019 Columbian	1045 Kurdish	1066 Puerto Rican	1087 Venezuelan
3017 Comorian	1046 Kuwaiti	4012 Punjabi	0404 Vietnamese
3018 Congolese	7011 Kwaio	1067 Qatari	3062 Virgin Islander
7004 Cook Islanders	1047 Kyrgyzstani	7022 Rapan	0005 White
1020 Copt	0405 Laotian	7023 Rapanui	7033 Yapese
1021 Costa Rican	1048 Latvian	3046 Réunionese	1088 Yemini
1022 Croatian	1049 Lebanese	1068 Romanian	3063 Zambian
	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.	
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.					
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.					
<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>							
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE	
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE	
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE	
<i>List any other family members attending this school:</i>							
LAST NAME		FIRST NAME		HOME ROOM		GRADE	
LAST NAME		FIRST NAME		HOME ROOM		GRADE	
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:		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			
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT							
The undersigned, as parent/legal guardian of, _____ a minor,							
<i>(Print name of the student here)</i>							
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.							
HEALTH ALERTS -- <i>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".</i>							
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							
MEDI-CAL / HEALTHY FAMILIES ID Number: _____							
1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>		GROUP NO.	
NAME OF DOCTOR / MEDICAL OFFICE				PHONE NUMBER OF DOCTOR / MEDICAL OFFICE			
<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>							
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____							
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____							
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.							
X SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)							DATE _____

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

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

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 _____		Health Care Provider/Physician _____	
Location _____ City & State _____		Date of late physical examination _____	
Present Grade _____ SPECIAL CLASS OR SCHOOL _____		Family Dentist _____	
		Date of last dental examination _____	
CHILD'S ILLNESS (past or present) please check (✓):			
		Yes	NO
FAMILY:			
Father	Living with child(Names) _____	HEALTH	
Mother			
Stepparent			
Others			
Brothers	How Many Older _____ How Many Younger _____	HEALTH	
Sisters			
Has child ever been hospitalized overnight? Yes ___ No ___ State _____			
Name of hospital _____ City _____ State _____			
Dates in hospital _____			
Reasons for hospitalization _____			
Is child on medication? Yes ___ No ___			
Name of medicine _____			
Amount _____ Frequency _____			
Are physical activities limited? Yes ___ No ___			
If yes, reason for limitation: _____			
BIRTH HISTORY		YES	NO
MOTHER'S PREGNANCY:			
Infections _____			
Bleeding _____			
High Blood Pressure _____			
Toxemia _____			
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: _____			
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 _____			
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
Enjoy learning _____			
Like school _____			
Like other children _____			
Eat well _____			
Drink milk _____			
Eat Breakfast _____			
Sleep well _____			
Follow directions _____			
Bite nails _____			
Suck thumb _____			
Wet bed _____			
Seem shy _____			
Fall frequently _____			
Have temper tantrums _____			
Seem overactive _____			
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 _____		

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.					

STOP YES NO **STOP**

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

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 <i>NOT</i> 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.

✓ 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, shqldcde@lausd.net, shqldcne@lausd.net, shqldcnw@lausd.net, shqldcs@lausd.net, or shqldcw@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).



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Title III Immigrant Education Program *Questionnaire Form*

ATTACHMENT A

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

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

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

Address: _____

Telephone: _____

What is the best time to call you? 8am-12pm 12pm-6pm 6pm-8pm

Student Name's: _____

Student's School: _____ Grade: _____

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

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Office at the Beaudry Bldg. 29TH Floor, within two weeks of student's enrollment, so that services can be made available to eligible families. Please call (213) 241-0510 for more information.



LAUSD
UNIFIED

Los Angeles Unified School District

Administrative Offices

333 S. Beaudry Avenue, 25th Floor
Los Angeles, California 90017
Phone (213) 241-4822

Alberto M. Carvalho
Superintendent

Anthony Aguilar
Chief of Special Education,
Equity, and Specialized Programs

Lydia Acosta Stephens
Executive Director

Members of the Board

Jackie Goldberg, President
Scott M. Schmerelson, Vice President
Dr. George J. McKenna III
Dr. Rocío Rivas
Kelly Gonez
Nick Melvoin
Tanya Ortiz Franklin

Dear Parents of American Indian/Alaska Native students,

The Los Angeles Unified School District (LAUSD) will apply for Federal Title VI Program funds to provide supplemental instructional services to American Indian/Alaska Native students. The following is a brief description of the **Title VI, American Indian Education Program** vision and purpose:

1. Meet the unique educational and culturally diverse academic needs of American Indian students.
2. Ensure that American Indian students gain knowledge and understanding of Native communities, languages, tribal histories, traditions, and cultures.
3. Ensure that teachers, principals, other school leaders, and other staff who serve American Indian students can provide culturally appropriate and effective instruction and support.

Your child might be eligible to receive services under the Title VI Program. Children are eligible to receive services if they meet the definition of "American Indian" as defined in section 6151 of the *ESEA* and have completed the ED 506 Indian Student Eligibility Certification Form. American Indian is defined in section 6151 of the ESEA as an individual who is:

1. A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides;
2. A descendant of a parent or grandparent who meets the requirements described in item (1) of this definition;
3. Considered by the Secretary of the Interior to be an American Indian for any purpose;
4. An Eskimo, Aleut, or other Alaska Native; or
5. A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

If your child meets any of the eligibility requirements above, please complete the enclosed ED 506 Indian Student Eligibility Certification Form and **return to your child's school**.

Parents are instrumental partners in supporting the vision and purpose of Title VI. We are looking forward to your child's participation in the Title VI American Indian/Alaskan Native Education Program. Please contact Elizabeth Pratt, Administrator of Equity, Access, and Acceleration, at eip3143@lausd.net, if you have any questions.

Sincerely,

Lydia Acosta Stephens
Executive Director
Multilingual & Multicultural Education Department

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 MembershipThe individual with Tribal membership is the (select only one): child child's parent child's grandparentIf 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
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
ADMINISTRATIVE OFFICES**

333 South Beaudry Avenue, 25th 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) _____

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) _____

**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

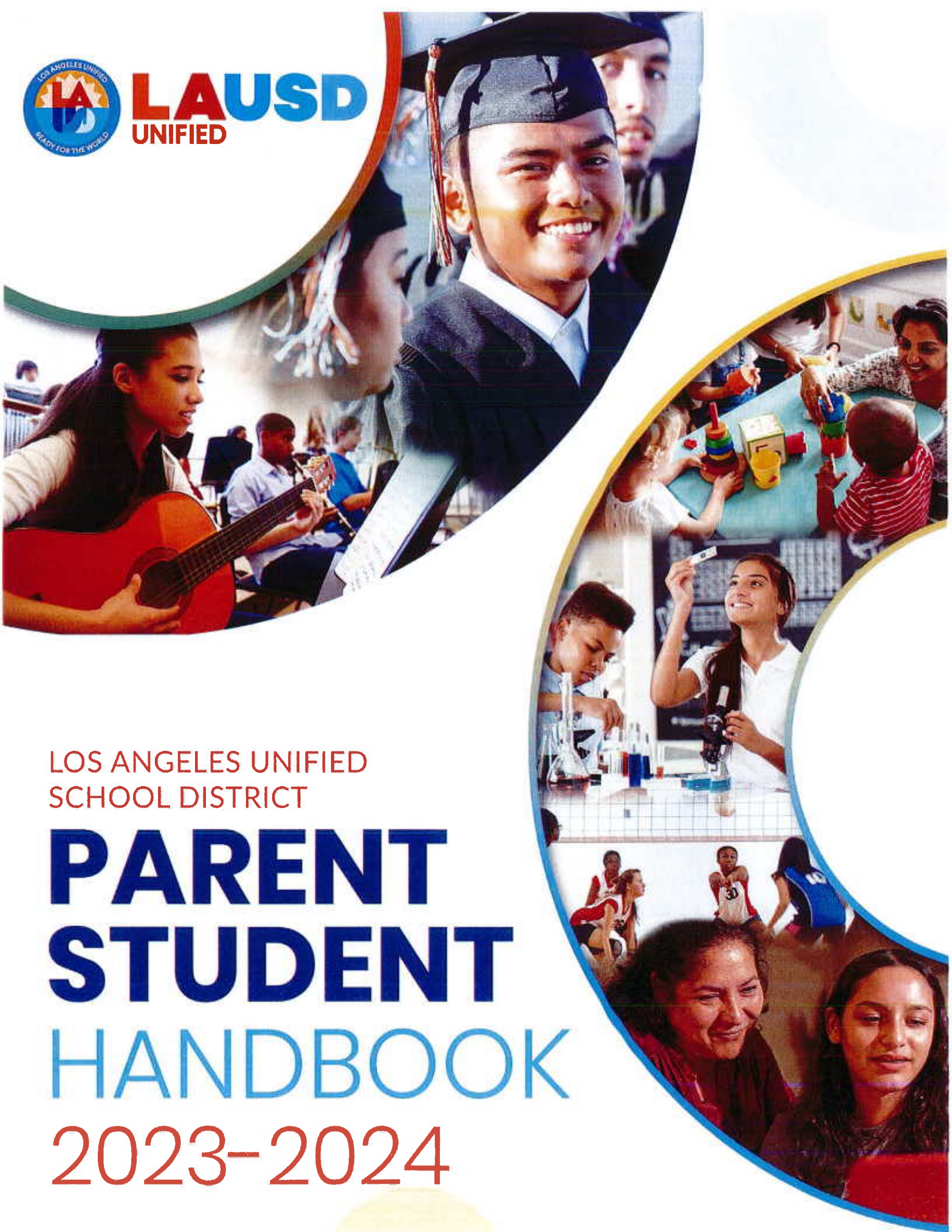
I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide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

Instructional Days	
Fall Semester	81
Spring Semester	102
Total	183



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, and
Enrollment, and
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

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 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
- 🏠 In-person: www.coveredca.com/get-help/local/
- ✉ 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 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!



The Children's Partnership



Need Help?

Scan this QR code for LOCAL HELP in your area.

www.allinforhealth.org

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 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
- ▶ 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

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									Tax credit continues beyond 400%
% 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				
						Medi-Cal for Kids (0-18 Yrs.)			CCHIP***	

* For information on calculating income and household size visit: 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



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.

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
12. School

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