

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

STUDENT ENROLLMENT DOCUMENT CHECKLIST

<u>DOCUMENTS</u>	New LAUSD Student	Annually Disseminated Form
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 forms that must be annually disseminated to every student. Students matriculating and/or transferring within LAUSD shall provide updates through the required annually disseminated forms. Schools shall not require matriculating and/or transferring students within LAUSD to complete a new Student Enrollment Form or to provide additional documentation for address verification.* Please refer to Office Checklist for Student Enrollment to ensure all information has been received with each new enrollment form (file in Cumulative Record for audit purposes).		
Student Enrollment Form* (file white copy in Cumulative Record)	✓	
Student Emergency Information Form** (Original to, Optional copy to Attendance Office) <ul style="list-style-type: none"> • Information on the Student Emergency Information Form should be updated in MiSiS within 5 days. 	✓	✓
Permanent Student Health Card	✓	
Guide to Immunizations Required for School Entry – Grade TK/K-12	✓	✓
Oral Health Assessment Letter/Waiver Request Form (only for Kindergarten or 1 st grade entry)	✓	
Student Meal Application	✓	✓
Student Housing Questionnaire	✓	✓
Title III Immigrant Education Program Questionnaire	✓	
Migrant Education Program Family Work Questionnaire	✓	
American Indian-Alaskan Native Letter Questionnaire	✓	
Refugee Educational Support Program Eligibility Questionnaire	✓	
Parent and Student Acknowledgement Form- Loaned Computing Device	✓	✓
Financial Responsibility for Damaged School Property Letter	✓	✓
Parent/Student Handbook (updated yearly)	✓	✓
Master Academic School Calendar	✓	✓
CHAMP Program Brochure	✓	✓
Health Insurance Enrollment Information	✓	✓
Responsible Use Policy (RUP) for District Computer Systems	✓	✓
Parent/Guardian Publicity Authorization and Release	✓	✓
School rules, behavior standards, policies, school map including location of restrooms, bell schedules, pedestrian routes, etc.	✓	✓
School attendance policy and procedures related to absences, tardiness and truancy aligned to District policy.	✓	✓

* Affiliated charter schools extend enrollments to students outside attendance boundaries through the Choices Program. Affiliated charter schools are required to prioritize students who live in their attendance boundary and must verify residence all incoming students.

**Additional languages available on www.lausd.net under Families, Forms and Policies tab.

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 ____/____/____ <i>Month/Day/Year</i>
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: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i>						
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:						
Highest Level of Education Completed (Check One)						
<input type="checkbox"/> Not a High School Graduate		<input type="checkbox"/> High School Graduate or Equivalent		<input type="checkbox"/> Some College (includes AA Degree)		
<input type="checkbox"/> College Graduate		<input type="checkbox"/> Graduate School / Doctorate		<input type="checkbox"/> Decline to State or Unknown		
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last	First	Middle
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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
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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?
If yes, do you have a copy of the IEP? Yes No

Did the student have a Section 504 Plan at their previous school?
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>(Please complete the American Indian-Alaskan Native Letter Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <i>(Please complete the Migrant Education Program, Family Work Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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



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			M.I.	
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE	HOME LANGUAGE	
STUDENT'S HOME ADDRESS -- NUMBER		STREET		APT #	CITY	ZIP CODE
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>		STREET		APT #	CITY	ZIP CODE
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	WORK PHONE	
NAME		RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
NAME		RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	
<i>List any other family members attending this school:</i>						
LAST NAME		FIRST NAME		HOME ROOM	GRADE	RELATIONSHIP
LAST NAME		FIRST NAME		HOME ROOM	GRADE	RELATIONSHIP
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,						
<small>(Print name of the student here)</small>						
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			
*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.						
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

Student's Name _____ Sex: M _____ F _____ Birth Date _____
 LAST FIRST MIDDLE MONTH DAY YEAR

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

FAMILY:	Living with Child (names)		HEALTH
Father			
Mother			
Step-parent			
Others			
Brothers	How Many Older	How Many Younger	HEALTH
Sisters			

Has child ever been hospitalized overnight? Yes _____ No _____
 Name of hospital: _____ City _____ State _____
 Dates in hospital: _____
 Reason for hospitalization: _____
 Is child on medication? Yes _____ No _____
 Name of medicine: _____
 Amount: _____ Frequency _____
 Are physical activities limited? Yes _____ No _____
 If yes, reason for limitation: _____

CHILD'S ILLNESS (past or present) please check (✓)			
	YES	NO	
Cholera			Frequent sore throat
Measles			Ear aches/infections
Mumps			Hearing loss
Rubella (3-day measles)			Speech problem
Rubella (10-day measles)			Eye problem
Whooping Cough			Wears glasses/Contacts
Positive TB Skin Test			Heart condition/Injury
Bronchitis			High Blood Pressure
Pneumonia			Kidney problem
Asthma			Sugar Diabetes
Hives or Eczema			Blood disease
Drug or Other Allergy			Mental problem
Head Injury			Hernia
Seizure/Unconscious			Paralyzed (wound)

Other serious accidents or illness (describe): _____

(Order - to complete, date and sign)

PERMANENT HEALTH HISTORY (continued)

BIRTH HISTORY:

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

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		

DEVELOPMENTAL HISTORY:

At what age did your child:
 Sit alone _____
 Stand alone _____
 Say words _____
 Toilet train _____
 Crawl _____
 Walk _____
 Use sentences _____
 Feed self _____

PLEASE CHECK (✓) DOES YOUR CHILD-			
	YES	NO	
Enjoy learning			Gets up by self
Likes school			Suck thumb
Likes other children			Wet bed
Eat well			Seems shy
Drink milk			Fall frequently
Eat breakfast			Have temper tantrums
Sleep well			Seems overactive
Follow directions			

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 (initials) _____

Title _____

Name of Sector _____



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission (7th-12th)⁸	4 Polio⁴ K-12 doses	5 DTaP⁵ + 1 Tdap	3 Hep B⁶	2 MMR⁷	2 Varicella
7th Grade Advancement^{9,10}	1 Tdap⁸			2 Varicella¹⁰	

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

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

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

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

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

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

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

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

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3 ²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

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

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

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

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

IMMUNIZATION RECORD

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

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

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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

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

RESULTS AND RECOMMENDATIONS

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

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

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner _____

Signature of health examiner _____ Date _____

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

CHDP website: www.dhcs.ca.gov/services/chdp

Los Angeles Unified School District
NURSING SERVICES

ATTACHMENT B

ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Student's Last Name	First Name	Middle Initial	Birth Date (mo/day/year)
Address		City	Zip
			Phone ()
School Name	Teacher	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name
Child's race/ethnicity: (Optional): <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
SECTION 1: To be completed by the parent or guardian			

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

➤ _____
Signature of parent or guardian _____
Date

SECTION 2: Oral Health Data Collection			
To be completed by the dental professional conducting the assessment			
Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed

➤ _____
Signature of Dental Professional _____
Date

SECTION 3: Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement
I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)
<input type="checkbox"/> I am unable to find a dental office that will take my child's insurance plan. My child is covered by the following insurance plan: <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> None <input type="checkbox"/> Other _____
<input type="checkbox"/> I cannot afford an oral health assessment for my child.
<input type="checkbox"/> I do not wish my child to receive an oral health assessment.
Optional: Other reasons my child could not get an oral health assessment _____

RETURN THIS FORM TO THE SCHOOL BY MAY 31.
Original to be retained in student's school record.

LAUSD 2019-2020

LOS ANGELES UNIFIED SCHOOL DISTRICT Application for Meal Benefits COMPLETE ONE APPLICATION PER HOUSEHOLD

911

USE BLACK INK ONLY and PRINT NEATLY
(Instructions are on the back)

APPLY ONLINE NOW @
www.myschoolapps.com

STEP 1

LIST ONLY THE STUDENTS ATTENDING LAUSD SCHOOLS & EARLY EDUCATION CENTERS
If more spaces are required for additional names, please attach additional sheet(s).

Birthdate	M M D D Y Y			First Name	MI	Last Name	School Name	Foster Care	Migrant
	M	M	D						
1									
2									
3									
4									
5									
6									

Sometimes children in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here if no income enter "0"

Total Income:

STEP 3

ALL OTHER HOUSEHOLD MEMBERS List all household members not included in STEP 1 (including yourself and infants) even if they do not receive income. If income is received by any person listed, report the total amount from each source in whole dollars only and select the correct box: often box. For members with no income from any source either leave the field blank or place a "0" under the appropriate column. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

First Name	Print Names of other household members			MI	Last Name	How often?			How much?			How often?	
	MI	MI	Last Name			Often	Sometimes	Rarely	Never	Often	Sometimes		Rarely

Total Household Members (children and adults)

Last 4 digits of Social Security number of adult signing the application

Home State/territory of applicant

OR I DO NOT have a Social Security Number (check box)

Case #:

STEP 2 Do any household members (including yourself) currently participate in one of the following assistance programs?
CalWORKS/ CalFresh, TANF, or FDIPIR

If yes, write the CASE # below:
Case # ALWAYS starts with a letter
DO NOT LIST EBT CARD #

If A CASE NUMBER IS ENTERED SKIP STEP 3 AND GO TO STEP 4

Children's Race and Ethnicity Identifiers (optional)

Mark one or more racial identities:

American Indian or Alaskan Native
 Black or African - American
 Native Hawaiian or Pacific Islander
 Asian
 White

Mark one ethnic identity:

Of Hispanic or Latino Origin
 Not of Hispanic or Latino Origin

FOR OFFICE USE ONLY

DATE RECD:

DATE:

RECEIVED:

DATE:

STEP 4

I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information. Any deliberate misrepresentation of the information may lead to children losing benefits and may subject me to prosecution under applicable State Federal laws.

Signature of adult household member listed above

Printed name of adult signing this application

Home address (optional)



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

ATTACHMENT

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? Yes No					
If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.					

STOP Is the student currently living in one of the Nighttime Residence options listed below? YES NO **STOP**

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:

Shelter (ex. Homeless, Domestic Violence...etc) Name:	Motel or Hotel Name:
Garage (unconverted)	Car, trailer, or campsite
Temporarily in another family's house or apartment	Temporarily with an adult that is not the parent or guardian
Transitional Housing Program Name:	Trailer/motor home on private property
Other places <u>NOT</u> designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____	

Is the student in need of services? YES NO

If yes, please check the services being requested.

Backpack/School Supplies Hygiene Kits Transportation Assistance *

***If you are requesting transportation assistance, please read and sign the affidavit below:**

I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Guardian can appeal.

Parent/Guardian's Initials: _____ Date: _____

Is the student in need of a referral for additional resource(s)? YES NO

If yes, please check the referral(s) being requested.

Clothing Assistance: Shoes, Clothing, Uniforms Tutoring Housing Referrals Assistance for a Parenting Teen

*****Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)*****

Your Designated School Site Homeless Liaison is:

Name	Title	Phone	E-mail
------	-------	-------	--------

Do you have other preschool and/or school aged children in the home? YES NO

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

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

Signature of Parent/Legal Guardian/Caregiver: _____ Date: _____

SCHOOL PLEASE NOTE:

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



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
- Summer College Academies
- Saturday School
- Summer Outdoor Camp
- Preschool Programs
- Summer Science Academies
- Help Recovering High School Credits
- 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.

<p>Have you or any family member moved to work or seek work in agriculture within the last 3 years? Yes <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">If you answered YES, please answer the next question</p> <p>Did your children move with you during the time you worked or went to seek work? Yes <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">(Please check all the agricultural and fishing jobs, temporary and seasonal, that applies.)</p>			
<p><input type="checkbox"/> Field Work/ Agriculture <u>Examples:</u> (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)</p>	<p><input type="checkbox"/> Orchard <u>Examples:</u> (pick, prune, sort fruit, nut trees, vines, etc.)</p>	<p><input type="checkbox"/> Nursery <u>Examples:</u> (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)</p>	<p><input type="checkbox"/> Fishing <u>Examples:</u> (catch, sort, pack, process, transport fish or shellfish, etc.)</p>
<p><input type="checkbox"/> Dairy/Farm/Ranch/ Livestock <u>Examples:</u> (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.</p>	<p><input type="checkbox"/> Packing <u>Examples:</u> (process, store, freeze, can, pack fruits, vegetables, meats, etc.)</p>	<p><input type="checkbox"/> Food Processing <u>Examples:</u> (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.)</p>	<p><input type="checkbox"/> Forestry/Lumber <u>Examples:</u> (plant, grow, cultivate, harvest trees; thinning and vegetation control, etc.)</p>

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



Los Angeles Unified School District

Student Integration Services

Administrative Offices: 333 S. Beaudry Ave, 25th Floor, Los Angeles, CA 90017
Mailing Address: P.O. Box 3307, Los Angeles, CA 90051
Telephone: (213) 241-6933 Fax: (213) 241-8482

Austin Beutner
Superintendent of Schools

Veronica Arreguin
Chief Strategy Officer

Keith H. Abrahams III
Executive Director

November 2, 2020

Dear Parent/Guardian,

The Los Angeles Unified School District (LAUSD) Title VI Indian Education Program's mission is to assist with the unique educational and culturally related academic needs of American Indian/Alaskan Native students within LAUSD. The Indian Education staff facilitates cultural events, provides professional development to teachers and administrators, and supports the academic success of all LAUSD American Indian students by aligning resources and curating a comprehensive library.

A student who is enrolled in, or who is a member of, a federally recognized tribe, a state recognized tribe, or who can provide evidence as a tribal descendent, is eligible to register for the program. If this applies to your student, please fill out the Title VI ED 506 Student Eligibility Certification Form, and return it to our office at:

LAUSD Title VI Indian Education Program
333 South Beaudry Ave., 25th Floor, Los Angeles, CA 90017

A fillable 506 form can also be found on our website at www.IndianEdLA.net

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

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

If you should have any questions, or need any additional information/assistance, please contact the LAUSD Title VI Indian Education Program office at (213) 241-7034, or by email at: brandy.rodriguez@lausd.net.

Thank you,

The Indian Education Team

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means 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 paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an 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.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



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.



Board Members

Kelly Gopez, President, Board District 6
Dr. George J. McKenna III, Board District 1
Maritza Garcia, Board District 2
Scott Summershake, Board District 3
Nick Melvoin, Vice-President, Board District 4
Jackie Goldberg, Board District 5
Tanya Ortiz Franklin, Board District 7

Administrative Offices

Megan K. Reilly, Interim Superintendent
Alison Yoshimoto Towery, Chief Academic Officer
Sophia Mendoza, Director, Instructional Technology Initiatives

EVERY STUDENT CONNECTED

Responsibility for Loaned Computing Devices Assigned to Students

L.A. Unified is committed to every student having continued access to online learning opportunities when not on their school campus.



**Submit this form online:
Scan the QR Code or go to <http://device.lausd.net>**

Otherwise, please complete the following questions and return this form, the "Parent and Student Notification", and "Parent/Guardian Acknowledgement" forms to your child's school of attendance.

Student Last Name (PRINT)	Student First Name (PRINT)	Grade	Student ID	Date
---------------------------	----------------------------	-------	------------	------

Parent/Guardian Last Name (PRINT)	Parent/Guardian First Name (PRINT)	School Name
-----------------------------------	------------------------------------	-------------

Computing Device Need

- 1 Does your student have a District-provided computing device? YES NO
- 2 Without a District-provided computing device, would your student be able to participate in online learning and do their homework when away from school? YES NO
- 3 Are you requesting a computing device for your student to use when away from school? YES NO

Internet Connectivity Need

- 4 Does your student have District-provided internet connectivity at home? YES NO
- 5 Without District-provided internet connectivity, would your student be able to participate in online learning and do their homework when away from school? YES NO
- 6 Do you need internet connectivity for your student away from school? YES NO
 If **YES** I am requesting internet connectivity to use when away from school.
 If **NO** I do not need internet connectivity to use when away from school.

PARENT AND STUDENT NOTIFICATION

Rules Concerning Use of Loaned Computing Devices Assigned to Students

Student Last Name (PRINT)

Student First Name (PRINT)

Student ID

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.

I have reviewed the **SECURITY** section with my child

Parent/Guardian Signature

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.

I have reviewed the **CARE** section with my child

Parent/Guardian Signature

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.

I have reviewed the **USAGE** section with my child

Parent/Guardian Signature

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.

I have reviewed the **RESPONSIBILITY** section with my child

Parent/Guardian Signature

PARENT/GUARDIAN ACKNOWLEDGEMENT

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-5509.3, *Restitution Procedures for the Loss or Damage of School Property*, dated July 25, 2018, and California Education Code §48904.) LAUSD property includes the Loaned Equipment, which may have a value of up to \$500 for tablets, \$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-5509.3:

- 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.

I acknowledge that the Loaned Equipment is, and will remain, the property of Los Angeles Unified School District for the sole intended use 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.

Review the RUP : <https://achieve.lausd.net/Page/12418>.

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.

I have read and I understand the responsibilities described above and agree to comply with the "Rules."

I agree to monitor and engage with my child when accessing online content away from school using the Device.

SIGNATURE REQUIRED

Student Last Name (PRINT)

Student First Name (PRINT)

Student ID

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date



[SAMPLE BEGINNING OF THE YEAR RESPONSIBILITY LETTER]

RE: FINANCIAL RESPONSIBILITY FOR DAMAGED SCHOOL PROPERTY

Dear Parents/Guardians:

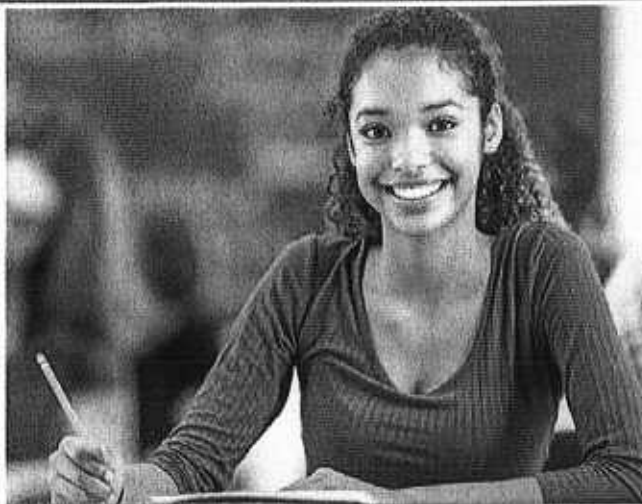
This letter is to inform you of your legal responsibility regarding loss or damage of school property belonging to the Los Angeles Unified School District (District). California Education Code section 48904 states that the parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any real or personal property of the District or its employees shall be liable for all damages caused by the minor up to \$19,100, increased annually for inflation. District property includes, but is not limited to, buildings and grounds, as well as instructional materials, library books, computers, devices, shop materials, physical education clothes, and sports equipment. A parent or guardian is liable to the District for all District property loaned to a minor and not returned upon demand.

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

The following are ways to help your student understand this responsibility:

- Model careful handling of instructional materials, library books, devices, and other school property.
- Help students find a safe place to keep books during the borrowing period.
- Inform students that vandalism is not only a crime, but parents or guardians may be held financially responsible for the damage.

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



LOS ANGELES UNIFIED SCHOOL DISTRICT

PARENT STUDENT HANDBOOK 2020-2021





LOS ANGELES UNIFIED SCHOOL DISTRICT
SINGLE-TRACK INSTRUCTIONAL SCHOOL CALENDAR 2021-2022

Board Approved
5/4/2021

JULY

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	30

AUGUST

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			

SEPTEMBER

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	

OCTOBER

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

NOVEMBER

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			

DECEMBER

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

JANUARY

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				

FEBRUARY

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				

MARCH

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	

APRIL

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

MAY

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			

JUNE

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	

07/02/21.....	Observed Juneteenth	01/11/22.....	Second Semester Begins
07/05/21.....	Independence Day	01/17/22.....	Dr. Martin L. King Birthday
08/16/21.....	First Day of Instruction	02/21/22.....	Presidents' Day
09/03/21.....	Admission Day	03/28/22.....	Cesar E. Chavez Birthday Observed
09/06/21.....	Labor Day	04/11 - 04/15/22....	Spring Recess
11/11/21.....	Veterans Day	05/30/22.....	Memorial Day
11/25 - 11/26/21....	Thanksgiving Holiday	06/10/22.....	Last Day of Instruction
12/20/21 - 01/07/22..	Winter Recess	06/20/22.....	Juneteenth

LEGEND:

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

<u>Instructional Days</u>	
Fall Semester.....	80
Spring Semester.....	100
Total.....	180

* Scheduled pupil free days are Friday, August 13, 2021, and Monday, January 10, 2022.
If a school selects Friday, June 10, 2022, as a pupil free day, then Monday, January 10, 2022, becomes an instructional day.

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



Children's Health Access & Medi-Cal Program

CHAMP

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

Contact us at **1-866-742-2273** or email: **champ@lausd.net**

CHAMP provides:

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

All Youth Healthy and Achieving



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

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



HEALTH CARE FOR ALL FAMILIES



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

A PROJECT OF THE CHILDREN'S PARTNERSHIP

ALLYOUTHHEALTHYANDACHIEVING

Enroll. Get Care. Renew.
 Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

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

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

Enroll.

Ways to enroll in Medi-Cal and Covered California:

- achieve.lausd.net/CHAMP
www.coveredca.com
- CHAMP • 1 (866) 742-2273**
Covered CA • 1 (800) 300-1506
- Find in-person help:**

Get Care.

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

Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
 Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
	\$16,243	\$31,308	\$16,244 - \$47,080
1	\$16,243	\$31,308	\$16,244 - \$47,080
2	\$21,983	\$42,374	\$21,984 - \$63,720
3	\$27,724	\$53,439	\$27,725 - \$80,360
4	\$33,465	\$64,505	\$33,466 - \$97,000
5	\$39,206	\$75,571	\$39,207 - \$113,640
6	\$44,947	\$86,636	\$44,978 - \$130,280

Adults may be eligible for Medi-Cal Children may be eligible for Medi-Cal May be eligible for financial help to purchase insurance through Covered California

For more information go to:

www.allinforhealth.org

Updated 03 2016



The Children's





Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems

Information for Students and Families

Purpose

The purpose of the District's Responsible Use Policy ("RUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of, or access to, sensitive information, and to comply with legislation including, but not limited to, the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA), 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.

Student Responsibility

By initialing and signing this policy, you acknowledge that you understand the following:

___ I am responsible for practicing positive digital citizenship.

- I will practice positive digital citizenship, including appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites, and all other electronic communications, including new technology.
- I will be honest in all digital 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 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.



Los Angeles Unified School District
Responsible Use Policy (RUP) for District Computer Systems
Information for Students and Families

___ I am responsible for my verbal, written, and artistic expression.

- I will use school appropriate language in all electronic communications, including email, social media posts, audio recordings, video conferencing, and artistic works.

___ I am responsible for treating others with respect and dignity.

- I will not send and/or distribute hateful, discriminatory, or harassing digital communications, or engage in sexting.
- I understand that bullying in any form, including cyberbullying, is unacceptable.

___ I am responsible for accessing only educational content when using District technology.

- I will not seek out, display, or circulate material that is hate speech, sexually explicit, or violent.
- I understand that any exceptions must be approved by a teacher or administrator as part of a school assignment.
- I understand that the use of the District network for illegal, political, or commercial purposes is strictly forbidden.

___ I am responsible for respecting and maintaining the security of District electronic resources and networks.

- I will 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 respect my and others' use and access to District equipment.

___ I am responsible for respecting the works of others.

- I will follow all copyright (<http://copyright.gov/title17/>) guidelines.
- I will not copy the work of another person and represent it as my own and I will properly cite all sources.
- I will not download illegally obtained music, software, apps, and other works.

Consequences for Irresponsible Use

Misuse of District devices and networks may result in restricted access. Failure to uphold the responsibilities listed above is misuse. Such misuse may also lead to disciplinary and/or legal action against students, including suspension, expulsion, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation. (For more information, see [BUL-6399.1, Social Media Policy for Students.](#))



Los Angeles Unified School District
Responsible Use Policy (RUP) for District Computer Systems
Information for Students and Families

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.

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.

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 educational program activities in which your pupil has participated. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print) 2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent or 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