

Student Name: _____ Date of Birth: _____

Office Use Only

| | |
|-------------------------------------|--|
| 1. SCHOOL NAME: _____ | 6. LAUSD / STATE STUDENT ID NUMBER: _____ |
| 2. LOCATION CODE: _____ | 7. HOUSEHOLD NUMBER: _____ |
| 3. TRACK/SLC: _____ | 8. HOMEROOM: _____ |
| 4. ENROLLMENT DATE/CODE: _____ | 9. TEACHER/COUNSELOR: _____ |
| 5. STUDENT ENTRY GRADE LEVEL: _____ | 10. ENROLLMENT WIZARD USED: <input type="checkbox"/> Yes <input type="checkbox"/> No |

LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

INSTRUCTIONS: Please print using black or blue ink. If you have any questions, please ask for assistance.

A. STUDENT INFORMATION

(LAUSD MAX: Family Member Information)

| | |
|---|---|
| 1. _____ | 2. _____ |
| Legal Name: Last First Middle | Alias/Nickname: Last First Middle |
| 3. _____ | 4. _____ |
| Home Address: Number Street Apt./Unit City Zip Code | Home Telephone Number |
| 5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | 6. _____ |
| Date of Birth | Place of Birth: City State/Province Country |

B. PARENT/LEGAL GUARDIAN WITH WHOM THE STUDENT LIVES

(LAUSD MAX: Caretaker Information)

| | |
|--|---|
| 1. _____ | 2. _____ |
| Legal Name: Last First Middle | Other Names Used: Last First Middle |
| 3. _____ | 4. _____ |
| Home Telephone Number Cell/Pager Number | Work Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Evening |
| 5. _____ | |
| Email Address | |
| 7. If Other is indicated, written correspondence will be in English. | |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____ | |
| 8. Highest Level of Education Completed | |
| <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/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown | |
| 9. Does the student live with this parent/legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Relationship to Student: _____ | |

C. HOME LANGUAGE AND ETHNICITY INFORMATION

| |
|---|
| 1. Home Language of the Student |
| A. Which language did this student learn when he/she first began to talk? _____ |
| B. Which language does this student most frequently use at home? _____ |
| C. Which language do you use most frequently to speak to this student? _____ |
| D. Which language is most often used by the adults at home? _____ |
| E. Has this student received any formal English language instruction (listening, speaking, reading, or writing)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the student's ethnicity Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Student's Primary Race (Mark one choice) |
| <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander |
| 4. Student's Additional Race (Optional) |
| <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander |

D. STUDENT EDUCATIONAL INFORMATION

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|--|
| 1. Special Services |
| <i>If you have any questions regarding this section, please refer to the brochure entitled "Are You Puzzled By Your Child's Special Needs?"</i> |
| A. Was this student receiving special education services at his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Did this student have a current Individualized Education Program (IEP) at the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , do you have a copy of the student's IEP with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Did this student have a Section 504 Plan at his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , do you have a copy of the student's Section 504 Plan with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Does the student have difficulties that interfere with his/her ability to go to school or to learn? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Has this student been identified for gifted and talented educational services (GATE)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Previous School Information |
| A. Has this student previously attended this school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , when? _____ |
| B. Has this student previously attended any other school or center in the LAUSD (e.g., early education center, state preschool, SRLDP, Head Start, or other preschool)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , list most recent school/center attended. _____ |
| Name of School _____ City/State _____ Dates Attended _____ Grade Level(s) _____ |
| C. Please list last non-LAUSD school student attended (including early education center, state preschool, SRLDP, Head Start, faith based or other preschool): |
| Name of School _____ City/State _____ Type of School _____ Dates Attended _____ Grade Level(s) _____ |

Student Name: _____ Date of Birth: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

D. STUDENT EDUCATIONAL INFORMATION (Continued)

| | | |
|----|---|--------------------------|
| D. | Did you attempt to enroll the child in a different school in Los Angeles County for the current or preceding year? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, skip to E. |
| 1. | If Yes , what was the outcome? <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Wait Listed <input type="checkbox"/> Other _____ | |
| 2. | Please provide name of school: _____ | |
| E. | Is student currently under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If Yes , please list the name of the school district _____ | |
| F. | Date of first U.S. school enrollment excluding preschool (mm/dd/yy) _____ | |
| G. | Date of first California school enrollment excluding preschool (mm/dd/yy) _____ | |

E. ADDITIONAL HOUSEHOLD INFORMATION

| | |
|---|---|
| 1. Court Orders | |
| A. | Are there any court orders you wish to notify the school about regarding legal custody, physical custody or restricted contact with the school or child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a copy of the court order must be provided to the school. |
| 2. | Student Lives with Foster Family <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Relative Caregiver _____ If Yes , please provide Notification of Placement Status Form <input type="checkbox"/> Non-Relative Caregiver Children's Social Worker (CSW) _____ Telephone Number (ext) _____ |
| 3. Complete these three rows if student's address is a licensed children's institution/family foster agency/group home/adult residential facility. | |
| A. | Facility Name _____ |
| B. | Facility Type _____ |
| C. | License Number _____ |
| D. | Contact Person _____ |
| E. | Facility Telephone Number _____ |
| F. | Alternate Telephone Number _____ |
| G. | Facility Street Address: Number _____ Street _____ Apt./Unit _____ City _____ Zip Code _____ |
| H. | Children's Social Worker (CSW) _____ |
| I. | Telephone Number & ext. _____ |
| 4. | Does the student have any relatives who are all or part American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | 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 processing/packing, or livestock)? If you respond 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. <input type="checkbox"/> Yes <input type="checkbox"/> No |

F. ADDITIONAL FAMILY INFORMATION

(LAUSD MAX: Caretaker Information)

| | | | | |
|---|---|-----------------------------------|------------------------------|----------------------------|
| PARENT/LEGAL GUARDIAN/CAREGIVER: | | | | |
| 1. _____ Legal Name: Last First Middle | 2. _____ Other Names Used | | | |
| 3. _____ Home Address (if different than student's) Number Street Apt./Unit City Zip Code | | | | |
| 4. _____ Home Telephone Number | 5. _____ Cell/Pager Number | 6. _____ Work Telephone Number | <input type="checkbox"/> Day | 7. _____ E-mail Address |
| 8. Preferred Correspondence Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese | | | | |
| 9. Highest Level of Education Completed <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/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown | | | | |
| 10. Does the student live with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Relationship to Student: _____ | | | |

| | | | | |
|---|---|-----------------------------------|------------------------------|----------------------------|
| PARENT/LEGAL GUARDIAN/CAREGIVER: | | | | |
| 1. _____ Legal Name: Last First Middle | 2. _____ Other Names Used | | | |
| 3. _____ Home Address (if different than student's) Number Street Apt./Unit City Zip Code | | | | |
| 4. _____ Home Telephone Number | 5. _____ Cell/Pager Number | 6. _____ Work Telephone Number | <input type="checkbox"/> Day | 7. _____ E-mail Address |
| 8. Preferred Correspondence Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese | | | | |
| 9. Highest Level of Education Completed <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/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown | | | | |
| 10. Does the student live with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Relationship to Student: _____ | | | |

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F. ADDITIONAL FAMILY INFORMATION (Continued)

(LAUSD MAX: Caretaker Information)

| | | | | | | |
|--|--|-------------------|----------|-----------------------|------|----------------|
| PARENT/LEGAL GUARDIAN/CAREGIVER: | | | | | | |
| 1. _____ | | | 2. _____ | | | |
| Legal Name: Last | | First | Middle | Other Names Used | | |
| 3. _____ | | | | | | |
| Home Address (if different than student's) | | Number | Street | Apt/Unit | City | Zip Code |
| 4. _____ | | 5. _____ | | 6. _____ | | 7. _____ |
| Home Telephone Number | | Cell/Pager Number | | Work Telephone Number | | E-mail Address |
| 8. Preferred Correspondence Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese | | | | | | |
| 9. Highest Level of Education Completed <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/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown | | | | | | |
| 10. Does the student live with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Relationship to Student: | | | | | | |

| | | | | | | |
|--|--|------------|--|--|--|--------------------------|
| ADDITIONAL SCHOOL AGE CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S) (include brothers, sisters, and cousins) | | | | | | |
| 1. _____ | | _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | _____ |
| Last Name | | First Name | | Birth Date | | Current school and track |
| 2. _____ | | _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | _____ |
| Last Name | | First Name | | Birth Date | | Current school and track |
| 3. _____ | | _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | _____ |
| Last Name | | First Name | | Birth Date | | Current school and track |
| 4. _____ | | _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | _____ |
| Last Name | | First Name | | Birth Date | | Current school and track |
| 5. _____ | | _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | _____ |
| Last Name | | First Name | | Birth Date | | Current school and track |
| 6. _____ | | _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | _____ |
| Last Name | | First Name | | Birth Date | | Current school and track |

G. EMERGENCY CONTACT INFORMATION

| | | | | | | |
|--|--|--|--|-----------------------|--|-------------------------|
| EMERGENCY CONTACT (other than parent(s)/legal guardian(s) above) | | | | | | |
| 1. _____ | | _____ | | 2. _____ | | 3. _____ |
| Last Name | | First Name | | Home Telephone Number | | Cell/Pager Number |
| 4. _____ | | _____ | | | | |
| Relationship to student | | Home Address: Number Street Apartment/Unit | | City | | Zip Code |
| EMERGENCY CONTACT (other than parent(s)/legal guardian(s) above) | | | | | | |
| 1. _____ | | _____ | | 2. _____ | | 3. _____ |
| Last Name | | First Name | | Home Telephone Number | | Cell/Pager Number |
| 4. _____ | | _____ | | | | |
| Relationship to student | | Home Address: Number Street Apartment/Unit | | City | | Zip Code |
| THE SCHOOL IS AUTHORIZED TO RELEASE THIS STUDENT TO THE FOLLOWING PERSONS <u>IN NON-EMERGENCY SITUATIONS</u> (after verifying with parent, in addition to the emergency contacts above) | | | | | | |
| 1. _____ | | _____ | | _____ | | _____ |
| Last Name | | First Name | | Home Telephone Number | | Relationship to Student |
| Parent/legal guardian providing authorization | | _____ | | | | |
| 2. _____ | | _____ | | _____ | | _____ |
| Last Name | | First Name | | Home Telephone Number | | Relationship to Student |
| Parent/legal guardian providing authorization | | _____ | | | | |

H. 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: Parent Legal Guardian Other (Specify) _____