

Student Name: _____ Date of Birth: _____

Office Use Only

1. SCHOOL NAME: _____ 2. LOCATION CODE: _____ 3. TRACK/SLC: _____ 4. ENROLLMENT DATE/CODE: _____ 5. STUDENT ENTRY GRADE LEVEL: _____	6. LAUSD / STATE STUDENT ID NUMBER: _____ 7. HOUSEHOLD NUMBER: _____ 8. HOMEROOM: _____ 9. TEACHER/COUNSELOR: _____ 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. _____	3. _____
Legal Name: Last	First	Middle
		Alias/Nickname: Last
		First
		Middle
3. Home Address: Number	Street	Apt./Unit
		City
		Zip Code
		4. Home Telephone Number
5. Sex: <input type="checkbox"/> Male	6. _____	7. _____
<input type="checkbox"/> Female	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. _____	3. _____
Legal Name: Last	First	Middle
		Other Names Used: Last
		First
		Middle
3. Home Telephone Number	4. Cell/Pager Number	5. Work Telephone Number
		<input type="checkbox"/> Day
		<input type="checkbox"/> Evening
		6. Email Address
Home Correspondence Language Correspondence is provided in the following languages; select preferred language. 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

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-LAUDS 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. _____	B. _____	C. _____	D. _____				
Facility Name	Facility Type	License Number	Contact Person				
E. _____	F. _____	G. _____	_____	_____	_____	_____	_____
Facility Telephone Number	Alternate Telephone Number	Facility Street Address: Number	Street	Apt./Unit	City	Zip Code	
H. _____	I. _____	Children's Social Worker (CSW) _____ 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. _____	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:	

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:	

Student Name: _____ Date of Birth: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

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
5. _____		_____		_____		_____
Relationship to student		Home Address: Number		Street	Apartment/Unit	City
6. _____		_____		_____		_____
Relationship to student		Home Address: Number		Street	Apartment/Unit	City
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
5. _____		_____		_____		_____
Relationship to student		Home Address: Number		Street	Apartment/Unit	City
6. _____		_____		_____		_____
Relationship to student		Home Address: Number		Street	Apartment/Unit	City
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
3. _____		_____		_____		_____
Last Name		First Name		Home Telephone Number		Relationship to Student
4. _____		_____		_____		_____
Last Name		First Name		Home Telephone Number		Relationship to Student
5. _____		_____		_____		_____
Last Name		First Name		Home Telephone Number		Relationship to Student

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) _____