

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Office Use Only*

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

*(LAUSDMAX: Family Member Information)*

1. _____	2. _____	3. _____
Legal Name: Last	First	Middle
		4. _____
		Alias/Nickname: Last
		First
		Middle
5. _____	6. _____	7. _____
Home Address: Number	Street	Apt./Unit
		City
		Zip Code
		8. _____
		Home Telephone Number
9. Sex: <input type="checkbox"/> Male	10. _____	11. _____
<input type="checkbox"/> Female	Date of Birth	Place of Birth: City
		State/Province
		Country

**B. PARENT/LEGAL GUARDIAN WITH WHOM THE STUDENT LIVES**

*(LAUSDMAX: Caretaker Information)*

1. _____	2. _____	3. _____
Legal Name: Last	First	Middle
		4. _____
		Other Names Used: Last
		First
		Middle
5. _____	6. _____	7. _____
Home Telephone Number	Cell/Pager Number	Work Telephone Number
		<input type="checkbox"/> Day
		<input type="checkbox"/> Evening
		8. _____
		Email Address
<b>Home Correspondence Language</b> Correspondence is provided in the following languages; select preferred language. If <b>Other</b> 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: _____		
<b>9. Highest Level of Education Completed</b>		
<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		
<b>10. Does the student live with this parent/legal guardian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11. Relationship to Student:</b> _____		

**C. HOME LANGUAGE AND ETHNICITY INFORMATION**

<b>1. Home Language of the Student</b>	
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
<b>2. Is the student's ethnicity Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Student's Primary Race (Mark one choice)</b>	
<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	
<b>4. Student's Additional Race (Optional)</b>	
<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**

<b>1. Special Services</b> <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 <b>Yes</b> , 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 <b>Yes</b> , 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
<b>2. Previous School Information</b>				
A. Has this student previously attended this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , 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 <b>Yes</b> , 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	<b>If No, skip to E.</b>
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. <b>Court Orders</b>							
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 <b>If Yes, a copy of the court order must be provided to the school.</b>							
2. <b>Student Lives with Foster Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes,</b> <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. <b>Complete these three rows if student's address is a licensed children's institution/family foster agency/group home/adult residential facility.</b>							
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. _____	Children's Social Worker (CSW)		I. _____	Telephone Number & ext.			
4. <b>Does the student have any relatives who are all or part American Indian or Alaska Native?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
5. <b>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)?</b> 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)*

<b>PARENT/LEGAL GUARDIAN/CAREGIVER:</b>				
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. _____	<input type="checkbox"/> Day	7. _____
Home Telephone Number	Cell/Pager Number	Work Telephone Number	<input type="checkbox"/> Evening	E-mail Address
8. <b>Preferred Correspondence Language</b> <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. <b>Highest Level of Education Completed</b> <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. <b>Does the student live with this individual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		11. <b>Relationship to Student:</b>		

<b>PARENT/LEGAL GUARDIAN/CAREGIVER:</b>				
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. _____	<input type="checkbox"/> Day	7. _____
Home Telephone Number	Cell/Pager Number	Work Telephone Number	<input type="checkbox"/> Evening	E-mail Address
8. <b>Preferred Correspondence Language</b> <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. <b>Highest Level of Education Completed</b> <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. <b>Does the student live with this individual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		11. <b>Relationship to Student:</b>		

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

### F. ADDITIONAL FAMILY INFORMATION (Continued)

*(LAUSD MAX: Caretaker Information)*

<b>PARENT/LEGAL GUARDIAN/CAREGIVER:</b>						
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. <b>Preferred Correspondence Language</b> <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. <b>Highest Level of Education Completed</b> <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. <b>Does the student live with this individual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    11. <b>Relationship to Student:</b>						

<b>ADDITIONAL SCHOOL AGE CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)</b> (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

<b>EMERGENCY CONTACT</b> (other than parent(s)/legal guardian(s) above)									
1. _____		_____		2. _____		3. _____		4. _____	
Last Name		First Name		Home Telephone Number		Cell/Pager Number		Work Telephone Number	
5. _____							6. _____		
Relationship to student		Home Address: Number		Street	Apartment/Unit	City	Zip Code		
<b>EMERGENCY CONTACT</b> (other than parent(s)/legal guardian(s) above)									
1. _____		_____		2. _____		3. _____		4. _____	
Last Name		First Name		Home Telephone Number		Cell/Pager Number		Work Telephone Number	
5. _____							6. _____		
Relationship to student		Home Address: Number		Street	Apartment/Unit	City	Zip Code		
<b>THE SCHOOL IS AUTHORIZED TO RELEASE THIS STUDENT TO THE FOLLOWING PERSONS <u>IN NON-EMERGENCY SITUATIONS</u></b> (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) \_\_\_\_\_