

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
Home Address: Number	Street	Apt./Unit
		City
		Zip Code
		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
Home Telephone Number	4. _____	5. _____
		Cell/Pager Number
		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. 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
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)	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. _____	<input type="checkbox"/> Day	7. _____
Home Telephone Number	Cell/Pager Number	Work Telephone Number	<input type="checkbox"/> Evening	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. _____	<input type="checkbox"/> Day	7. _____
Home Telephone Number	Cell/Pager Number	Work Telephone Number	<input type="checkbox"/> Evening	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 checked="" 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. _____		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		
EMERGENCY CONTACT (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		
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) _____



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							
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							
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:											
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		
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 -- 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".											
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families											
MEDI-CAL / HEALTHY FAMILIES ID Number: _____											
1. PRIVATE HEALTH INSURANCE NAME			GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>			GROUP NO.			
NAME OF DOCTOR / MEDICAL OFFICE					PHONE NUMBER OF DOCTOR / MEDICAL OFFICE						
<small>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small>											
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____											
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____											
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.											
X							DATE				
SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN											

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 _____
 City & State _____
 Present grade _____
 SPECIAL CLASS OR SCHOOL _____
 Parent 2 _____

Health Care Provider/Physician _____
 Date of last physical examination _____
 Family Dentist _____
 Date of last dental examination _____

FAMILY:	Living with Child (Names)	HEALTH
Stepparent		
Others		
Brothers	How Many Older	How Many Younger
Sisters		

CHILD'S ILLNESS (past or present) please check (✓):

	YES	NO		YES	NO
Chickenpox			Frequent sore throat		
Meningitis			Ear aches/infections		
Mumps			Hearing loss		
Rubella (3-day measles)			Speech problem		
Rubeola (10-day measles)			Eye problem		
Whooping Cough			Wears glasses/Contacts		
Positive TB Skin Test			Heart condition/murmur		
Bronchitis			High Blood Pressure		
Pneumonia			Kidney problem		
Asthma			Sugar Diabetes		
Hives or Eczema			Blood disease		
Drug or Other Allergy			Menstrual problem		
Head Injury			Hernia		
Seizures/Unconscious			Parasites (worms)		

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: _____

Other serious accidents or illness (describe) _____

**PERMANENT HEALTH HISTORY
 BIRTH HISTORY:**

P.O. 12S-20802-8

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: _____		

DEVELOPMENTAL HISTORY:

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

PLEASE CHECK (✓) DOES YOUR CHILD:

	YES	NO		YES	NO
Enjoy learning			Bite nails		
Like school			Suck thumb		
Like other children			Wet bed		
Eat well			Seem shy		
Drink milk			Fall frequently		
Eat breakfast			Have temper tantrums		
Sleep well			Seem overactive		
Follow directions					

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		

What time does your child go to bed? _____

Do you have any questions or concerns about your child's health?
 Please list. _____

Date _____ Parent/Guardian Signature _____

Date _____ History taken by (Name) _____

Title _____

Name of School _____

Los Angeles Unified School District
Student Health and Human Services

To be completed by school personnel:

ATTACHMENT N

Student's District ID#: _____

STUDENT RESIDENCY QUESTIONNAIRE

The goal of the LAUSD Homeless Education Program is to effectively serve students and families in transition, providing advocacy and referral services that foster a sense of empowerment and stability. To determine if your child is eligible for these services, please complete the Student Residency Questionnaire and return it to the Main Office at your child's school. For additional information, please contact the Homeless Education Program at (213) 202-7581.

Date: _____ School: _____ ESC: _____

Student First Name: _____ M.I.: ___ Last Name: _____ D.O.B.: _____ Male Female

Grade: _____ Other (i.e. Adult Ed.) _____ Special Ed: yes no Designation: _____

Address: _____ Apt #: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Contact Number: _____

The student(s) lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative
- an adult that is not the parent or legal guardian
- alone with no adults

Student's Living Situation (Check all that may apply):

- In** a shelter _____ (name of shelter)
- In** a motel or hotel _____ (name of motel/hotel)
- In** a transitional housing program _____ (name of program)
- In** a car, trailer or campsite, **temporarily due to inadequate housing**
- In** a rented trailer/motor home on private property
- In** a SRO (Single Room Occupancy) **building** – a multiple tenant **building** consisting of individual rooms with **shared restrooms and/or kitchens** (not an apartment building or a one bedroom) .
- In** a rented garage **due to loss of housing**
- Temporarily** in another family's house or apartment **due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster)**
- Temporarily** with an adult that is not the parent/legal guardian **due to loss of housing**
- Awaiting** foster placement
- Other** places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain) _____
- Living** alone, without any adult (unaccompanied youth)



IF YOU CHECKED ANY OF THESE BOXES, PLEASE COMPLETE BOTH SIDES OF THIS FORM.



None of the above apply – NO FURTHER INFORMATION REQUIRED AT THIS TIME. If your housing situation changes, please notify your child's school.

-----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: _____

Student Name _____ School _____

Los Angeles Unified School District
Student Health and Human Services

ATTACHMENT N

Please list all siblings between the ages of birth and 22 years old. Complete a separate SRQ for each child.

Name	Birthdate	Age	Grade	School

The McKinney-Vento Homeless Assistance Act, part of No Child Left Behind, entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school.

The Homeless Education Program may be able to provide assistance in the following areas. Please check areas of need, if any:

School Supplies
 Backpacks
 Hygiene Kits

IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, PLEASE SIGN THE AFFIDAVIT OF NEED 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.

Parent/Guardian's Signature: _____ Date: _____

TO BE COMPLETED BY SCHOOL SITE HOMELESS LIAISON

School-Site Homeless Liaison can provide referrals in the following areas:

Please check areas of need, if any

School Attendance
 School Clothing/Uniforms
 Free Breakfast/Lunch Program

Liaison: Please check here if you provided the parent/guardian with the requested referrals.

If you need assistance with referrals, please refer to your Homeless Liaison Training Manual or contact the Homeless Education Program at (213) 202-7581.

School Site Homeless Liaison Name	Title	Phone	Email
-----------------------------------	-------	-------	-------

School Personnel:

- The Student Residency Questionnaire (SRQ) must be kept in a confidential file which is separate from the Permanent Student Record.
- For any choices except none of the above apply, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.

(For Homeless Education Program Use Only)

Student has current SRQ on file. YES NO - SRQ required to process request.

Student is living within his/her school's residence boundaries. NO YES - If yes, student does not qualify for transportation assistance.

Student is eligible for transportation. YES _____ NO _____

Transportation Request Processed By _____ Date _____

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.

Grant College Prep and Digital Arts Magnet Magnet Mentor Interest Survey

Student Name: _____

Directions: This survey will help the Grant Magnet mentoring program learn more about you and your interests and help us find a good match for you. Be sure to complete the entire survey by the end of Orientation today.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___

Other: ___ Weekends: ___ Nutrition: ___

Do you have a gender preference for your mentor? Male _____ Female _____ Either _____

What careers are you interested in?

What is one goal you have set for the future?

If you could learn something new, what would it be?

Do you speak any languages other than English? If so, which languages?

If you had a whole day to do whatever you wanted what would you do?

Circle ALL the words that best describe you:

Quiet	Talkative	Shy	Friendly	Funny	Serious
Adventurous	Helpful	Moody	Happy	Sad	Active
Lonely	Outgoing	Popular	Cautious	Loud	Hopeful

List your favorite...

Music group: _____

Food: _____

Celebrity: _____

Movie: _____

Novel: _____

Video or computer game: _____

School subject: _____

Place to hang out: _____

Physical activity: _____

Time of year: _____

Magnet Mentor Interest Survey (cont.)

List two things you despise doing:

1. _____

2. _____

List two things you feel like you do well:

1. _____

2. _____

What qualities do you value in a peer?

Are there any other issues of importance to you that you would like to share with your mentor?

Why are you interested in participating in this program?

What do you hope to get out of your mentoring relationship?
