

# Los Angeles Unified School District STUDENT ENROLLMENT FORM

Student Name: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Office Use Only</b>	
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:** *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
<b>Home Correspondence Language:</b> <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:			
<b>Highest Level of Education Completed (Check One)</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 / 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	
<b>PARENT/LEGAL GUARDIAN/CAREGIVER</b>			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
<b>Home Correspondence Language:</b> <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:			
<b>Highest Level of Education Completed (Check One)</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 / 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	
<b>PARENT/LEGAL GUARDIAN/CAREGIVER</b>			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
<b>Home Correspondence Language:</b> <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)**

- 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?  Yes  No  
If yes, do you have a copy of the IEP?  Yes  No

Did the student have a Section 504 Plan at their previous school?  Yes  No  
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

<b>If yes, list most recent LAUSD school/center attended:</b>			
<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:			
<b>Additional Student Information</b>			
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.			
<b>E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S) (include brothers, sisters, cousins)</b>			
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
<b>F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)</b>			
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