ELEMENTARY ENROLLMENT WEBINAR

Presented by: Anna Vargas, Sr. Classified Training Representative

ELEMENTARY ENROLLMENT OBJECTIVES

By the end of this presentation:

- Participants will be able to describe the process to enroll new and transfer Kindergarten through Fifth (Six grade if applicable) elementary students to LAUSD and registration requirements.

- Explain and identify the required registration forms for new and transfer elementary students to LAUSD.
ELEMENTARY REGISTRATION REQUIREMENTS

- **PARENT/STUDENT MUST BE PRESENT AT THE TIME OF ENROLLMENT**
- **BIRTH DOCUMENT**
- **IDENTIFY AND VERIFY THE RELATIONSHIP OF THE ADULT TO THE STUDENT**
- **IMMUNIZATION RECORD**
- **PROOF OF RESIDENCE**
- **INDIVIDUALIZED EDUCATION PROGRAM (IEP - IF APPLICABLE)**
- **STUDENT TRANSFER REPORT FORM (MISIS, IF APPLICABLE)**

*ATTENDANCE MANUAL - POLICY AND PROCEDURES FOR ELEMENTARY, SECONDARY AND OPTION SCHOOLS, DATED MARCH, 2013 – VERSION 3.0 – PAGE 31 (SPECIAL EDUCATION) AND PAGE 154-155 (AFFIDAVIT PARENT/LEGAL GUARDIAN IDENTIFICATION) PAGE 156 (CAREGIVER'S AFFIDAVIT)*

ELEMENTARY REGISTRATION REQUIREMENTS

- **BIRTH DOCUMENT** – Birth Certificate, Baptismal Certificate, Court Order, Affidavit to Proof of Age of Minor*
  (Note: Passport is not accepted as a Birth Document)

- **IMMUNIZATION RECORD**

*ATTENDANCE MANUAL - POLICY AND PROCEDURES FOR ELEMENTARY, SECONDARY AND OPTION SCHOOLS, DATED MARCH, 2013 – VERSION 3.0 – PAGE 16 & *PAGE 151 (ENGLISH) – 152 (SPANISH) (AFFIDAVIT PROOF OF AGE OF MINOR) PAGE 156 (CAREGIVER’S AFFIDAVIT)*

Effective, July 1, 2012 – Student no longer requires recent (TB) for school entry enrollment.
EXEMPTION TO IMMUNIZATION REQUIREMENTS

PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirement</th>
<th>Exemption Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>4 doses</td>
<td>1 dose within 12 months after the 4th birthday or 2 doses after the 4th birthday.</td>
</tr>
<tr>
<td>MMR</td>
<td>2 doses</td>
<td>1 dose within 12 months after the 4th birthday or 2 doses after the 4th birthday.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2 doses</td>
<td>1 dose within 12 months after the 4th birthday or 2 doses after the 4th birthday.</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td>1 dose within 12 months after the 4th birthday or 2 doses after the 4th birthday.</td>
</tr>
</tbody>
</table>

Signature of Parent or guardian: ___________________________  Date: ___________________________

http://www.shotsforschool.org/immunizationlaws/  Form CHDP 8262 (10/13)
REGISTRATION REQUIREMENTS CONTINUED

VERIFICATION OF RESIDENCE*

A student can only have one residence within the LAUSD. The student must live in one of the following:

✦ The residence of the student’s parents/guardian who resides within the boundaries of the school district
✦ A licensed foster or group home
✦ The home of a caregiver adult that is located within the boundaries of the school
✦ A state hospital located within the boundaries of the school

* ATTENDANCE MANUAL - POLICY AND PROCEDURES FOR ELEMENTARY, SECONDARY AND OPTION SCHOOLS, DATED MARCH, 2013 – Version 3.0 – PAGE 107
* BUL.4926.2 – ATTACHMENT 1 - PAGE 1 OF 4 – MARCH 1ST, 2013

REGISTRATION REQUIREMENTS
VERIFICATION OF RESIDENCE - CONTINUED

RESIDENCY VERIFICATION

✦ Utility service bills (gas, water, electric)
✦ Property Taxes, rental or lease agreement
✦ Official government mail (Calworks, Social Security)

NOTE: LAUSD does not accept telephone bills, driver's licenses, or DMV Identification cards as proof of residence.

* ATTENDANCE MANUAL - POLICY AND PROCEDURES FOR ELEMENTARY, SECONDARY AND OPTION SCHOOLS, DATED MARCH, 2013 – Version 3.0 – PAGE 107
* BUL.4926.2 – ATTACHMENT 1 - PAGE 1 OF 4 – MARCH 1ST, 2013
REGISTRATION REQUIREMENTS VERIFICATION OF RESIDENCE - CONTINUED

ATTENDANCE MANUAL - POLICY AND PROCEDURES FOR ELEMENTARY, SECONDARY AND OPTION SCHOOLS, DATED MARCH, 2013 – VERSION 3.0 – PAGE 114 (AFFIDAVIT TO VERIFY RESIDENCE FORM) – PAGE 120 (VERIFICATION OF FOLLOW UP LETTER)

ENROLLMENT SPECIAL CIRCUMSTANCES

LAUSD PLACEMENTS
- District Placement
- SARB Placement
- Special Education
- Open Enrollment – Romero Transfer
- Opportunity Transfers (OT’s)

PERMITS
- Magnet and Permits with Transfers (PWT)
- Intra-District Permits
- Inter-District Permits
- Continuing Enrollment Permit
ENROLLMENT PACKET

COMPLETE ENROLLMENT PACKET
ELEMENTARY STUDENTS NEW TO LAUSD

- Enrollment Form
- Emergency Cards (2)
- Permanent Health History (Form 34-EH-67)
- Temporary Health Card (Form 34-EH-68)
- Consent for Health Assessment, Eligibility Determination * and Receipt/Release of Medical Information (Form 3354)
- Oral Health Assessment/Waiver Request Form *
- Examination by a Private Physician *
- Student Residency Questionnaire
- Ethnicity/Race Identification for Students Form
- Migrant Education Program Family Questionnaire
- American Indian-Alaskan Native Letter Questionnaire

* Required forms for Kindergarten & First grade only.
**ENROLLMENT FORM - PAGE 1 of 3**

**Student Name:** ALEXANDRA MICHELLE FLORES  
**Date of Birth:** 05/03/09

**Los Angeles Unified School District**

**A. STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>ALEXANDRA, MICHELLE</td>
</tr>
<tr>
<td>Middle</td>
<td>FLORES</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>05/03/09</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Height</td>
<td>5'5&quot;</td>
</tr>
<tr>
<td>Weight</td>
<td>120 lbs</td>
</tr>
<tr>
<td>Eye Color</td>
<td>Brown</td>
</tr>
<tr>
<td>Hair Color</td>
<td>Black</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>NAME OF MOTHER</td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
</tbody>
</table>

**C. HOME LANGUAGE AND ETHNICITY INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Spoken at Home</td>
<td>English</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
</tbody>
</table>

**D. STUDENT EDUCATIONAL INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Educational Status</td>
<td>(x) High School Graduate or Equivalent</td>
</tr>
<tr>
<td>Previous School</td>
<td></td>
</tr>
<tr>
<td>Date Graduated</td>
<td>8/14/14</td>
</tr>
</tbody>
</table>

**E. ADDITIONAL HOUSEHOLD INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>NAME OF MOTHER</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

**F. ADDITIONAL FAMILY INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>NAME OF MOTHER</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

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**ENROLLMENT FORM - PAGE 2 of 3**

**Student Name:** ALEXANDRA MICHELLE FLORES  
**Date of Birth:** 05/03/09

**Los Angeles Unified School District**

**D. STUDENT EDUCATIONAL INFORMATION (Continued)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Educational Status</td>
<td>(x) High School Graduate or Equivalent</td>
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<tr>
<td>Previous School</td>
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</tr>
<tr>
<td>Date Graduated</td>
<td>8/14/14</td>
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</tbody>
</table>

**E. ADDITIONAL HOUSEHOLD INFORMATION**

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<tbody>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>NAME OF MOTHER</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
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**F. ADDITIONAL FAMILY INFORMATION**

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<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>NAME OF MOTHER</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>
### Student Emergency Information Form

**Sample (2 Required)**

#### Los Angeles Unified School District

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Alexandra Michelle Flores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>05 03 09</td>
</tr>
</tbody>
</table>

#### Office Checklist for Student Enrollment

**D. Student Educational Information Follow-Up (Section E: Questions 1-7)**

1. **Was this student receiving special education services at his/her previous school?** (Circle Yes/No)
   - Yes

2. If the student had an IEP at his/her previous school, has this school received a copy of the IEP?
   - No

3. If the student was not receiving special education services at his/her previous school, has the school requested a copy of the IEP?
   - No

4. Requested by:
   - [Name]

5. Forwarded to:
   - [Name]

6. Auxiliary Services Office certified student received special education services? (Circle Yes/No)
   - Yes

7. Name of School District and/or School:
   - [Name]

8. If the school had a Section 504 Plan in previous school, has this school received a copy of it? (Circle Yes/No)
   - Yes

9. If the plan was not requested, a copy of it was requested from:
   - [Name]

10. Requested by:
    - [Name]

11. Forwarded to:
    - [Name]

12. If applicable, care student entered from previous school?
    - [Name]

13. If the parent reported that the student has difficulties that interfere with their ability to go to school or learn, to whom was this information transmitted?
    - [Name]

14. Responses to difficulties reported, documentation, and comments:
    - [Name]

15. Has this student been identified as GT/EP? (Circle Yes/No)
    - Yes

16. If a student is discharged from the district, a copy of this form should be retained for at least 5 years.

17. Date the form was completed: [Date]

18. Date the form was signed by the parent: [Date]

19. Date the form was reviewed by the principal: [Date]

20. Date the form was reviewed by the district: [Date]

BUL-6303 - Student Emergency Information - June 16, 2014
STUDENT EMERGENCY INFORMATION FORM
CONTACT NUMBERS - EXPLANATION

Graciela Flores
08/01/14

MILITARY CONNECTED FAMILY: If applicable, please provide information about the military family member and their relation to the student.

AUTHORIZED SIGNER FOR EMERGENCY MEDICAL TREATMENT

LEGEND:

Signature

Student Health and Human Services
June 16, 2014
**ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM**

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM

California law, Education Code Section 49452.6, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

**SECTION 1: To be completed by the parent or guardian**

<table>
<thead>
<tr>
<th>Student's First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
<th>Birth Date (mo/da/yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>Zip</td>
<td>Phone</td>
</tr>
<tr>
<td>School Name</td>
<td>Teacher</td>
<td>Student's Gender</td>
<td>Parent/Guardian Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Child’s race/ethnicity (Optional):</td>
<td>Alaska Native</td>
<td>American Indian</td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multi-racial</td>
<td>Pacific Islander</td>
</tr>
</tbody>
</table>

California law requires schools to maintain the privacy of students’ health information. Your child’s identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian

Date

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**STUDENT RESIDENCY QUESTIONNAIRE - ATTACHMENT F - PAGE 1 OF 2**

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**STUDENT RESIDENCY QUESTIONNAIRE - ATTACHMENT F - PAGE 2 OF 2**

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BUL-1570.2 ENROLLMENT/SUPPORT OF HOMELESS CHILDREN AND YOUTH IN SCHOOLS – JUNE 17, 2013
ATTACHMENT F - PAGES 28 AND 29
AMERICAN INDIAN-ALASKAN NATIVE LETTER QUESTIONNAIRE

Available at:
www.indianeducationlausd.com

1. Log in to Indian Education Office at www.indianeducationlausd.com
2. Point to Tab "About Us"
3. Scroll down and Click on "Apply"
4. Click on Title VII Student Eligibility Certification to download the 506 Form in English which expires 5/3/2016. Please use the form that expires 5/3/2016 for School Year 2014-2015.

MEM-5282.5 - AMERICAN INDIAN ALASKAN NATIVE STUDENT IDENTIFICATION FOR TITLE VII, OR INDIAN STUDENT CERTIFICATION (2014-2015) – ATTACHMENT C - AUGUST 1, 2014
Dear Parents/Guardians:

This letter is to inform you of your legal responsibility with regard to property of the Los Angeles Unified School District (LAUSD). California Education Code section 4520a states, in pertinent part, that the parent or guardian of any minor who willfully and maliciously defaces, damages, or destroys school property is subject to certain penalties. School property includes buildings and grounds, as well as textbooks, library books, computers, art work, musical instruments, athletic equipment, furniture, and all other equipment and materials owned by the district, which are used for educational purposes, whether in class or out of school. In the event that school property is damaged through willful or malicious conduct, you will be responsible for the replacement or repair cost of any such damaged school property.

We will be discussing the meaning of this responsibility with all students. We need your help in making sure that school property is kept in good condition and that damaged items are returned to school upon demand. Pupils will be expected to pay the replacement or repair cost for any school property damaged.

The following are some ways to help your student understand this responsibility:

- Careful handling of textbooks, library books, and other school property.
- Keep children in a safe place to keep books during the borrowing period.
- Inform students that vandalism is not only a crime, but parents or guardians may be held financially responsible for the damage.

We look forward to a successful school year with your student.

Sincerely,

Principal

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**MEAL APPLICATION - PROCESS ON LINE**

Meal Application Process

1. Log in to LAUSD
   2. Click on Forms and Policies

   Web: https://www.applyforlunch.com

   3. Click on Forms and Policies Scroll down to Free/Reduce Meal Application - Click on the link.

   4. Click on Tab Apply Now

   5. Type either Zip Code or Scroll down the list to find California

   6. Click on Search

   7. Click on Choose Your School District & continue

   8. Read the instructions & click on I Agree to the terms if you agree.

   9. Complete information on each tab.

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REF-6374.0 - KEY TIMELINES & PROCEDURES 2014-15 MEAL APPLICATIONS, TITLE I RANKINGS AND LOCAL CONTROL FUNDING FORMULA - SEPTEMBER 8, 2014
ENROLLMENT PACKET
TRANSFER STUDENTS COMING FROM ANOTHER LAUSD SCHOOL

- Kindergarten Students who started at another LAUSD School and now transferred to your school.
- FIRST through FIFTH (SIXTH if applicable) grade Students coming from another LAUSD school and now transferred to your school.

- Enrollment Form
- Two Emergency Cards
- Student Residency Questionnaire

Make sure to keep a copy of Immunization card

Office Staff must sign and date form
MANDATORY RESOURCES FOR PARENTS/GUARDIANS

Provide parent/guardian and students with the following mandatory resources:

- Parent/Student Handbook (updated yearly)
- California School Nurses Organization health update about Pertussis Vaccine Letter
- Master Academic School Calendar
- District and school attendance policy and procedures related to absences, tardiness and truancy.
- School rules, behavior standards, policies, school map including location of restrooms, bell schedules, pedestrian routes, etc.
- CHAMP Program Brochure

Appendix E-10a: Family Educational Rights and Privacy Notice (FERPA)


STUDENT IS OFFICIALLY AND ACTIVELY ENROLLED WHEN:

- REQUIRED REGISTRATION FORMS ARE COMPLETED
- A CLASSROOM HAS BEEN ASSIGNED
- THE STUDENT HAS REPORTED TO DESIGNATED CLASSROOM
RESOURCES

MEM-5282.5 - American Indian Alaskan Native Student Identification For Title Vii, Or Indian Student Certification (2014-2015) - August 1, 2014
Indian Education Office – www.indianeducationlausd.com – American Indian / Alaskan Native Student Identification for Title I and Indian Student Certification Form 506 – Expires 05/03/2016
BUL-1570.2 – Enrollment /Support of Homeless Children and Youth in Schools – June 17, 2013
BUL-1660.6 – Immunization Guidelines for School Admission - January 17, 2012
REF- 6374.0 - Key Timelines & Procedures 2014-15 Meal Applications, Title I Rankings And Local Control Funding Formula - September 8, 2014
BUL-6303 - Student Emergency Information - June 16, 2014
REF-5259.0 - Use Of New Enrollment Form - October 11, 2010
MISIS (My Integrated Student Information System) – http://achieve.lausd.net/misis

Please visit us at http://classifiedtraining.lausd.net or www.oetraining.net to view our New Fall Catalog, training opportunities, employee recognition, College programs, and other valuable employee resources.

Ask about our Go-To Meetings....find out how we can help you right from our desktop to yours!
ON BEHALF OF ORGANIZATIONAL EXCELLENCE CLASSIFIED TRAINING BRANCH, WE THANK YOU FOR PARTICIPATING ON TODAY'S WEBINAR PRESENTATION ON ELEMENTARY ENROLLMENT.

Los Angeles Unified School District – Personnel Commission
Organizational Excellence Classified Training Branch

Phone: (213) 241-3440
Website: http://www.oetraining.net
         http://classifiedtraining.lausd.net/

Contact: Anna Vargas, Sr. Classified Trainer
         (213) 241-5248
         anna.vargas@lausd.net

WE ARE HERE FOR YOU!