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## Enrollment Procedures

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The Los Angeles Unified School District, Early Childhood Education programs receive both State and Federal funds and follow regulations as set forth in Title 5, *California Code of Regulations* and Title 22, *California Child Care Licensing Requirements*. The regulations regarding enrollment and admission follow.

### Eligibility List

An Eligibility List is maintained at each Early Childhood Education program site. The term "eligibility" is used because families are ranked by eligibility factors established for California subsidized child care and education programs. Families whose children are receiving child protective services or whose children are at risk of being neglected or abused are admitted first. Next are families in accordance with family income, with the lowest per income ranking admitted first.

### Enrollment Process

The Early Childhood Education program will notify you by phone or mail when they have space available for your child. They will provide you with a checklist of documents needed to complete the certification and enrollment process. Upon receipt of all the required documentation, an appointment will be scheduled to complete the *Confidential Application for Child Development Services and Certification of Eligibility*.

You will be issued a *Notice of Action* following the completion of the *Confidential Application for Child Development Services and Certification of Eligibility*. The *Notice of Action* will indicate the date of entry into the program, the family fee, if applicable, and the days and hours for preschool services.

A *Notice of Action* is also issued when:

- Recertification is completed
- Changes that affect need, fees, eligibility and contract hours occur
- The family is to be terminated from the program
- The family fee is delinquent

### Termination of Services

If the change or termination is involuntary or initiated by the Early Childhood Education program, the parent/caretaker has 14 calendar days (19 if the Notice of Action is mailed) to appeal. When given to the parent, the parent's initials acknowledging receipt are required.

### **Causes for Termination Policy**

The following are causes for termination of early education center services, not to exceed three occasions per year:

- Violation of program policies and procedures
- Behavior of a family member that presents a risk to children and staff such as a parent using profane language, threats or destroying property
- Delinquent family fees. Fees are due on the first working day of each month and are delinquent seven days after that date. On the eighth day, a termination NOA will be issued and services will be terminated in 14 days if hand-delivered, 19 days if mailed if fees are not paid in full
- Failure of parent/guardian to comply with a plan for payment of delinquent fees
- Failure to submit recertification documents after 12-month eligibility ends

- Excessive unexcused absences are limited to five days per school year
- Failure to cooperate with District personnel where such failure materially disrupts the smooth and efficient operation of the program
- Failure to follow sign-in/sign-out procedures
- Making a false material statement regarding family, financial status, employment or other information relating to eligibility or need
- Conduct of child tending to seriously disrupt the smooth and efficient operation of the program
- Children not trained in toilet habits even though the school has worked with families on transitioning children to attain independent toileting habits (see page 2)
- Failure of parent/guardian to respond promptly when requested to remove child from center because of child's illness or suspension
- Violation of contract hours, early drop-off or late pick-up, on three occasions per school year
- Late pick-up of children after center closing or program ending hours (termination of services may occur on the fourth instance of late pick-up following three written warnings within a one year period of time)

If you do not agree with the agency's action as stated in the Notice of Action, you may appeal the intended action. To protect your appeal rights, you must follow the instructions described in each step listed on the back of the Notice of Action. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned. The appeal is sent to the Early Childhood Education Division address that appears on the back of the Notice of Action.

#### How to Qualify for a **Part-Day, Part-Year** California State Preschool Program (CSPP)

Eligibility is established at the time of enrollment. **Priority** is given to children receiving child protective services or who are at risk of abuse, neglect, and/or exploitation. Priority criteria includes **lowest gross monthly income and family size**.

Eligible children can attend **part-day, part-year** California State Preschool programs for up to two years before they are enrolled in kindergarten or transitional kindergarten. Families must establish eligibility at the time of initial enrollment and will remain eligible for the remainder of the program year. Families of children eligible to continue for a second year of preschool will have their income eligibility recertified prior to the beginning of the new preschool year.

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

**Department of Social Services, Community Care Licensing Division**

EL SEGUNDO REGIONAL OFFICE  
 300 N. Continental Blvd., Suite 290A, MS 29-13  
 El Segundo, CA 90245  
 (424) 301-3077  
 (424) 301-3200 FAX

MONTEREY PARK REGIONAL OFFICE  
 1000 Corporate Center Dr., Suite 200B MS 29-15  
 Monterey Park, CA 91754  
 (323) 981-3350      (323) 981-3367  
 (323) 981-3355 FAX      (323) 980-4633 FAX

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

**CHILD CARE CENTER  
NOTIFICATION OF PARENTS' RIGHTS**

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**PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

**Department of Social Services, Community Care Licensing Division**

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**MONTEREY PARK REGIONAL OFFICE**  
1000 Corporate Center Dr., Suite 200B MS 29-15  
Monterey Park, CA 91754  
(323) 981-3350      (323) 981-3367  
(323) 981-3355 FAX      (323) 980-4633 FAX

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

For the /Department of Justice "Registered Sex Offender" data base, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS**

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

For the /Department of Justice "Registered Sex Offender" data base, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

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# LOS ANGELES UNIFIED SCHOOL DISTRICT PARENT/STUDENT ACKNOWLEDGEMENT FORM

## EARLY CHILDHOOD EDUCATION PROCEDURES, GUIDELINES AND INFORMATION FOR PARENTS

Dear Parent/Guardian:

Our program annually notifies parents/guardians of their rights to services and programs offered through Early Childhood Education. You must sign a notification form and return it to your children’s schools acknowledging that you have been informed of your rights.

Please read the Information for Parents and return the signed form below to the school. Your signature does not constitute consent to take part in any particular program.

----- Tear-Off -----



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## RECEIPT OF ANNUAL NOTIFICATION OF INFORMATION FOR PARENTS

I acknowledge, with my signature below, the receipt of the required annual notification of parent/student rights on behalf of my son/daughter.

Please PRINT the name, birth date and grade of your child.

STUDENT’S NAME:

_____	_____	_____	_____	_____
Last Name Initial	First Name	Middle	Birthdate	Grade

_____	_____
Signature of Parent/Guardian	Date

# INFORMATION RELEASE FORM

Under Federal and State law, school districts may share student directory information with authorized individuals, organizations and/or officials. Pursuant to California Education Code section 49073, LAUSD has identified the categories of information listed below as directory information that may be released to the officials and organizations named below. Parents of students 17 years or younger and adult students 18 years or older may request the school principal limit the release of directory information or not release directory information at all. The request to withhold the student directory information is applicable only to the current school year.

## INFORMATION RELEASE FORM

**PLEASE READ AND COMPLETE THE INFORMATION RELEASE FROM BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL. UNLESS THIS FORM IS RETURNED, YOUR STUDENT'S INFORMATION MAY BE RELEASED AS INDICATED.**

LOS ANGELES UNIFIED SCHOOL DISTRICT - PARENT STUDENT HANDBOOK

SCHOOL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT NAME: (Please Print)	Date of Birth:	Grade:
Address:	City:	Zip Code:
Telephone Number:	Record Room:	

### STUDENT DIRECTORY INFORMATION

1. I do not wish to have any directory information released to any individual or organization.
- OR
2. I request to withhold the directory information according to the box(es) I check below:

	DO NOT RELEASE
PTA	
HEALTH DEPARTMENT	
ELECTED OFFICIALS	
DCFS	
DEPT. OF MENTAL HEALTH	
PROBATION DEPARTMENT	

	DO NOT RELEASE
• Name	
2. Address	
3. Telephone Number	
4. Date of Birth	
5. Dates of Attendance	
6. Previous School(s)	

### NEWS MEDIA RELEASE OF INFORMATION

- My child may be interviewed, photographed, or filmed by members of the news media.
- My child may not be interviewed, photographed, or filmed by members of the news media.

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under 18)

\_\_\_\_\_  
Date

# Los Angeles Unified School District

## ANNUAL PESTICIDE USE NOTIFICATION

The District has adopted an Integrated Pest Management (IPM) policy. This policy includes notifying parents/guardians of pesticide use. During the school year, it may be necessary to apply pesticides at your child's school to avoid serious health problems posed by pests and/or maintain the integrity of a structure. However, should you feel that your child's or your (for school staff) health and/or behavior could be influenced by exposure to pesticide products, you are notified as follows:

- An application of products on the Approved List may be applied during the school year (see attached list of pesticide products that have been approved for use at District sites).
- In the event the use of a product is required that is not on the Approved List, you will be notified 72 hours in advance. (Exception: Emergency circumstances that warrant an immediate response).
- Additional information regarding pesticide products, including those on the District's Approved List, is available online at <http://www.cdpr.ca.gov>

Please complete, detach and return the form below to the school's main office, indicating whether you wish to be pre-notified each time a pesticide is scheduled to be used at the school.

-----*Cut here and return if applicable*-----

### PARENT/GUARDIAN REQUEST FOR NOTIFICATION

\_\_\_\_\_ **I would like to be pre-notified** every time a pesticide application is to take place at my child's school (i.e., in addition to annual notification). I understand that the notification will be sent home with my child, or provided to me as a school staff member at least 72 hours before application. (Exception: Emergency circumstances that warrant an immediate response).

\_\_\_\_\_ **I do not need to be notified** every time a pesticide is to take place at the school. I understand that I will receive an annual notification in the Parent Student Handbook, or by other means, of pesticides approved for use at schools.

Child's name (print): \_\_\_\_\_

Room Number: \_\_\_\_\_

School: \_\_\_\_\_

Name of parent/guardian (print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Note to Site Administrator

**File the original in the Main Office.** If the above "I would like to be pre-notified" box is checked, forward a copy of this notice via school mail to Pest Management Department as soon as they are received from the parents and staff.

**Maintenance and Operations Central 3 and Special Services  
1240 S. Naomi Ave., Los Angeles, CA 90021  
Attn.: Adrian Saldivar**



**STUDENT HOUSING QUESTIONNAIRE (SHQ)**

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all school-aged children experiencing homelessness access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to enrollment, attendance, and academic success of students experiencing homelessness. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Office at (213) 202-7581.

Student First Name:		Student Last Name:		Date of Birth:	Gender:
Local District:	School:	Campus/Site:	Grade:	Student District ID:	
Address:		Apt#:	City:	Zip Code:	
Parent/Guardian Name:			Contact Number:		
Is the student: (check all that apply): <input type="checkbox"/> a parenting teen? <input type="checkbox"/> an unaccompanied youth? <input type="checkbox"/> a runaway?					
Has the student transferred schools any time after completing the second year of high school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.					



Is the student currently living in one of the Nighttime Residence options listed below?



YES  NO

If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.

**CHECK (✓) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:**

Shelter (ex. Homeless, Domestic Violence...etc) Name:	Motel or Hotel Name:
Garage (unconverted)	Car, trailer, or campsite
Temporarily in another family's house or apartment	Temporarily with an adult that is not the parent or guardian
Transitional Housing Program Name:	Trailer/motor home on private property
Other places <u>NOT</u> designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____	

Is the student in need of services?  YES  NO

If yes, please check the services being requested.

Backpack/School Supplies  Hygiene Kits  Transportation Assistance \*

\*If you are requesting transportation assistance, please read and sign the affidavit 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.

If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Guardian can appeal.

Parent/Guardian's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Is the student in need of a referral for additional resource(s)?  YES  NO

If yes, please check the referral(s) being requested.

Clothing Assistance: Shoes, Clothing, Uniforms  Tutoring  Housing Referrals  Assistance for a Parenting Teen

\*\*\*Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)\*\*\*

Your Designated School Site Homeless Liaison is:

Name	Title	Phone	E-mail
------	-------	-------	--------

Do you have other preschool and/or school aged children in the home?  YES  NO

If yes, please complete an additional SHQ. All sibling(s) must have an SHQ on file at their school site.

**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: \_\_\_\_\_

**SCHOOL PLEASE NOTE:**

- ✓ Upon completion, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: [shqldc@lausd.net](mailto:shqldc@lausd.net), [shqlde@lausd.net](mailto:shqlde@lausd.net), [shqldne@lausd.net](mailto:shqldne@lausd.net), [shqldnw@lausd.net](mailto:shqldnw@lausd.net), [shqlds@lausd.net](mailto:shqlds@lausd.net), or [shqldw@lausd.net](mailto:shqldw@lausd.net)
- ✓ SHQ MUST be kept in a **CONFIDENTIAL** file, which is separate from the permanent student record (this form must NOT be placed in the cumulative file).





# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1  
October 2, 2018

ATTACHMENT A



## Los Angeles Unified School District

Migrant Education Program  
Family Work Questionnaire



Your children may be eligible to receive **FREE** educational and health services.

Possible services may include:

- After-School Tutoring
- Saturday School
- Preschool Programs
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Dental Screenings/Medical Referrals

### Parents receive training on:

How to become involved in their children's schools, how to support their children's academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

**Have you or any family member moved to work or seek work in agriculture within the last 3 years?** Yes  NO

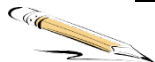
If you answered YES, please answer the next question

**Did your children move with you during the time you worked or went to seek work?** Yes  NO

(Please check all the agricultural and fishing jobs, temporary and seasonal, that applies.)

<input type="checkbox"/> <b>Field Work/ Agriculture</b> Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)	<input type="checkbox"/> <b>Orchard</b> Examples: (pick, prune, sort fruit, nut trees, vines, etc.)	<input type="checkbox"/> <b>Nursery</b> Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)	<input type="checkbox"/> <b>Fishing</b> Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)
<input type="checkbox"/> <b>Dairy/Farm/Ranch/ Livestock</b> Examples: (milking, cattle feeding, transporting animals; raising farm animals such as poultry, goats, pigs, etc.; and sale of its products such as milk, eggs, cheese, etc. for someone or for family support.	<input type="checkbox"/> <b>Packing</b> Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)	<input type="checkbox"/> <b>Food Processing</b> Examples: (prepare, process foods like tomato sauce, fruit jellies, chili sauce; processing of wheat or flour for tortilla items, pack cut or pack an assortment of meats.)	<input type="checkbox"/> <b>Forestry/Lumber</b> Examples: (plant, grow, cultivate, harvest trees; thinning and vegetation control, etc.)

**Important:** Proof of family income or immigration status is **NOT** required to receive services.



Please provide the following information to your school:

Parent(s)/Guardian(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

What is the best time to call you?  8am-12pm  12pm-6pm  6pm-8pm

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**For more information, call the Los Angeles Unified School District, Migrant Education Office at: (213) 241-0510**

\*\*\* TO HOME SCHOOL STAFF \*\*\*

Please return this survey to the Migrant Education Office, Beaudry Building, 29<sup>TH</sup> Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-0510 for more information.

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
LOS ANGELES SCHOOL POLICE DEPARTMENT**



AUSTIN BEUTNER  
SUPERINTENDENT OF SCHOOLS

Office of the Chief  
125 North Beaudry Avenue, Los Angeles, California 90012  
Telephone: (213) 202-4508 – Fax: (213) 202-8676



STEVEN K. ZIPPERMAN  
CHIEF OF POLICE

September 9, 2019

**RE: INFORMATION ABOUT PARENT/GUARDIAN LEGAL DUTIES CONCERNING SAFE GUN STORAGE**

Dear Parent/Guardian:

Providing our students and staff with a safe educational environment remains one of our top priorities. We are all aware of incidents of gun violence in our surrounding communities, and across the nation. In California each year, an average of 27 children under the age of 18 have died by suicide with a gun that belonged to someone at home. In the majority of these gun-related incidents, the minor gained access to a lawfully purchased gun from their residence or the residence of a relative. Los Angeles Unified takes steps to ensure that campuses are safe from the threat of gun violence. Any student found in possession of a firearm on campus is subject to immediate arrest, suspension and expulsion proceedings. To further our efforts to protect students against firearms, and as a courtesy to our families, we would like to bring to your attention the legal obligations to protect minors from negligent gun storage. Please see two of the gun storage laws summarized below:

**[Safe Storage of Handguns, Los Angeles Municipal Code section 55.21](#)**

This City of Los Angeles statute makes it a crime to have a handgun within a residence unless the handgun is stored in a locked container or disabled with a trigger lock approved by the California Department of Justice.

**[Criminal Storage of a Firearm, California Penal Code section 25100\(A\)](#)**

This State statute makes it a crime to store a loaded firearm on any premises under your control, knowing or reasonably should have known, a child is likely to gain access to the firearm, and the child gains access causing death or great bodily injury.

Feel free to retrieve the full text of the above laws for further details.

Very truly yours,

STEVEN K. ZIPPERMAN  
Chief of Police

----- CUT HERE AND RETURN TO YOUR SCHOOL PRINCIPAL -----



**SAFE GUN STORAGE - ACKNOWLEDGEMENT FORM**

Please sign below acknowledging receipt of this information.

Student Name (Please Print): \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_