The purpose of this Reference Guide is to advise school staff of the updated Student Enrollment Form now available both electronically and in print form. This Form shall be used beginning in the 2019-20 school year. All unused previous versions of the form are to be discarded.

The Student Enrollment Form has been updated in accordance with changes in Federal and State data collection and reporting requirements pertaining to legal sex, gender, and citizenship and immigration status. New items include preferred name, non-binary and intersex options for legal sex and a non-binary option for gender. Place of birth and date of first U.S school enrollment information was removed and added to the Title III Immigrant Education Program Questionnaire which is required for new L.A. Unified enrollees. In addition, the Office Checklist for Student Enrollment has been updated in order to ensure District policies are followed at the time of enrollment.

The new Student Enrollment Form (Attachment A) will be available to parents/guardians/caregivers electronically via the District’s website: www.lausd.net under Families > Parent and Community Services > Parents > School Forms and Resources. Parents/guardians/caregivers can download the Form in the desired language, complete electronically, print, sign, and return it to the school.

Schools may continue to obtain hard copies of the Student Enrollment Form in triplicate format through the District Warehouse using the same commodity codes. English and Spanish packs are available in bundles of 100, while all other languages may be ordered in bundles of 10.

This Form shall be completed by the parent/guardian/caregiver for each enrolling student. After the Form is submitted, designated office staff shall review the completed Form and address any incomplete or incorrectly filled in sections.

While many fields on the Student Enrollment Form may not require explanation, Attachment B provides detailed information regarding new items or items needing further clarification.
In conjunction with each Student Enrollment Form, a two page Office Checklist for Student Enrollment (Attachment C) is to be completed by school staff. This Checklist provides a place to record verification of age, residence, affidavits, etc., and to document tasks school staff must complete. This ensures a thorough review of the completed Student Enrollment Form and all supporting documents submitted. It also provides guidance to ensure that all school staff adheres to District policies regarding any follow-up that may be required.

In some cases, the enrolling student will not have all required documents. There are often exceptions and accompanying affidavits that allow for immediate enrollment (e.g., students who are homeless, in foster or out-of-home care, unaccompanied youth, etc.). Please refer to REF-6554.3 for details regarding enrollment procedures and affidavits to facilitate immediate enrollment of all students.

When processing the printed triplicate Student Enrollment Form, school staff is to distribute the yellow copy to the Special Education Administrator/Designee, the pink copy to the English Learner Coordinator, and file the white copy in the student’s cumulative record folder. When processing a Form a parent/guardian/caregiver has completed electronically and printed out, school staff shall make two copies and distribute them as mentioned above.

RELATED RESOURCES:

REF-6554.3 Opening Day Procedures: Supplemental Guide and Updates
BUL-6718.0 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System, dated August 8, 2016

ASSISTANCE: For assistance or further information, please contact:

• Office of Pupil Services at (213) 241-3844
• Local District Pupil Services and Attendance Coordinators
• For MiSiS questions, contact the ITD Service Desk at (213) 241-5200 or http://techsupport.lausd.net/
Los Angeles Unified School District

STUDENT ENROLLMENT FORM

Student Name: __________________ Date of Birth (Month/Day/Year): __/__/____

Office Use Only

1. School Name: 4. Student Entry Grade Level:
2. Location Code: 5. L.A. Unified/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)
☐ Male
☐ Female
☐ Non-binary
☐ Intersex

Gender: (Select One)
☐ Male
☐ Female
☐ Non-Binary

Date of Birth

Month/Day/Year

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 L.A. Unified 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)
☐ 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

PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last
First
Middle

Preferred Name (If Applicable):
# Los Angeles Unified School District

**Reference Guide**

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
<th>Work Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
</table>

**Home Correspondence Language**: This information indicates the preferred language for L.A. Unified 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)**

- [ ] High School Graduate or Equivalent
- [ ] Some College (includes AA Degree)
- [ ] Graduate School / Doctorate
- [ ] Decline to State or Unknown
- [ ] College Graduate

Does the student live with this parent/legal guardian/caregiver?  [ ] Yes  [ ] No  Relationship to Student: ______________________

If No, please provide address:

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt/Unit</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Parent/Legal Guardian/Caregiver**

Legal Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Preferred Name (If Applicable):

<table>
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**Home Correspondence Language**: This information indicates the preferred language for L.A. Unified 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)**

- [ ] High School Graduate or Equivalent
- [ ] Some College (includes AA Degree)
- [ ] Graduate School / Doctorate
- [ ] Decline to State or Unknown
- [ ] College Graduate

Does the student live with this parent/legal guardian/caregiver?  [ ] Yes  [ ] No  Relationship to Student: ______________________

If No, please provide address:

<table>
<thead>
<tr>
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<th>Apt/Unit</th>
<th>City</th>
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**Parent/Legal Guardian/Caregiver**

Legal Name:

<table>
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<tr>
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</tr>
</thead>
</table>

Preferred Name (If Applicable):

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</table>

**Home Correspondence Language**: This information indicates the preferred language for L.A. Unified 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)**

- [ ] High School Graduate or Equivalent
- [ ] Some College (includes AA Degree)
- [ ] Graduate School / Doctorate
- [ ] Decline to State or Unknown
- [ ] College Graduate

---

**REF-5259.1**

Student Health and Human Services  

August 16, 2019
Does the student live with this parent/legal guardian/caregiver? ☐ Yes ☐ No  
Relationship to Student: ____________________________

If No, please provide address:

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt/Unit</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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 Primary Ethnicity

Is the student’s ethnicity Hispanic or Latino? ☐ Yes ☐ No

Student’s Primary Race (Check One)

☐ African American or Black  ☐ American Indian or Alaska Native  ☐ White

Asian:

☐ Asian Indian  ☐ Cambodian  ☐ Chinese  ☐ Filipino  ☐ Hmong  ☐ Japanese  ☐ Korean  ☐ Laotian

☐ Vietnamese  ☐ Other Asian:

Pacific Islander:

☐ Guamanian  ☐ Native Hawaiian  ☐ Samoan  ☐ Tahitian

☐ Other Pacific Islander:

☐ Decline to State

Student’s Additional Race (Optional)

☐ African American or Black  ☐ American Indian or Alaska Native  ☐ White

Asian:

☐ Asian Indian  ☐ Cambodian  ☐ Chinese  ☐ Filipino  ☐ Hmong  ☐ Japanese  ☐ Korean  ☐ Laotian

☐ Vietnamese  ☐ Other Asian:

Pacific Islander:

☐ Guamanian  ☐ Native Hawaiian  ☐ Samoan  ☐ Tahitian

☐ Other Pacific Islander:

☐ Decline to State

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 L.A. Unified (e.g., early education center, state preschool, Head Start, or other preschool)? ☐ Yes ☐ No

If yes, list most recent L.A. Unified school/center attended:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Dates Attended (Month/Year)</th>
<th>Grade Level(s)</th>
</tr>
</thead>
</table>
List last non-L.A. Unified school student attended (including early education center, state preschool, Head Start, or other preschool):

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Dates Attended (Month/Year)</th>
<th>Grade Level(s)</th>
</tr>
</thead>
</table>

Is this student currently under an expulsion order?  ☐ Yes  ☐ No
If yes, please provide the name of the school district:

Additional Student Information

Are there any court orders regarding legal custody, physical custody, educational rights, or restricted contact with this child?  ☐ Yes  ☐ 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?  ☐ Yes  ☐ 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)?  ☐ Yes  ☐ 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.

E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S) (include brothers, sisters, cousins)

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

F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)

1. Legal Name:
   Last  First  Middle
   Home Address:  Number  Apartment/Unit  City  Zip Code
   Street  Home Phone Number  Cell Phone Number  Work Phone Number  Email Address

2. Legal Name:
   Last  First  Middle
   Home Address:  Number  Apartment/Unit  City  Zip Code
   Street  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

REF-5259.1  Page 4  August 16, 2019
Student Health and Human Services
Los Angeles Unified School District  
Student Health and Human Services  

Explanation of New Student Enrollment Form  

Office Use Only Section  

Enrollment Date/Code:  
Enter both the enrollment date and the enrollment code (E-code). E Codes indicate where a student is enrolling from:  
- E1: Within District – Same School  
- E2: Within District – Different School  
- E3: Public School in California  
- E4: Non-Public/Private School in California  
- E5: Other state in USA and out of USA (Includes non-public schools outside of California)  
- E7: First time enrollment  

L.A. Unified/State Student ID Number:  
Write the L.A. Unified student ID number in this space and if the student is transferring and has a CA State Student ID number (SSID), record that number as well.  

A. Student Information  
Preferred Name  
As of February 3, 2014, nicknames and preferred names are to be entered in the Preferred Name field in the Student Information System. In addition, the student’s gender identity is to be entered in the Gender field if applicable. Doing so causes the desired name and gender to appear on teacher rosters, but not on official records and documents such as cumulative files, report cards and transcripts. For more information refer to BUL-5703, Name and/or Gender of Pupils for Purposes of School Records and BUL-6224, Transgender Students-Ensuring Equity and Nondiscrimination. Go to https://achieve.lausd.net/misisjobaids > Census to access the MiSiS job aid for entering a student’s preferred name.  

Legal sex: Non-Binary and Intersex options have been added.  
Due to Senate Bill 179, Gender Recognition Act (SB-179) October, 2017. This legislation makes it significantly easier for all transgender people who are living in or were born in California to obtain identity documents that reflect their genders, and makes California the second state in the country to offer a standard path to obtaining a non-binary gender marker on state documents.  

Gender: Non-binary option has been added.  
Due to Senate Bill 179, Gender Recognition Act (SB-179) October, 2017. This legislation makes it significantly easier for all transgender people who are living in or were born in California to obtain identity documents that reflect their genders, and makes California the second state in the country to offer a standard path to obtaining a non-binary gender marker on state documents.  

Place of Birth: Question has been removed.  
Due to Senate Bill 699, Educational Equity: Immigrant and Citizenship Status (AB 699) October, 2017. Education Code section 234.7 limits the collection of information or documents regarding citizenship or immigration status of students or their families to only information required by state or federal law. Therefore, the gathering of national origin-related information required for Title III programs will be collected on a separate form as part of the enrollment packet by the school personnel. The Title III
Immigrant Education Program Questionnaire Form is to be included in the school’s enrollment packet for parents/guardians of students who are initially enrolling to complete and return to the school. For information on procedures and to access this questionnaire please refer to REF-062703, Title III Immigrant Education Program Identification Procedures for Eligible Students.

B. PARENT/LEGAL GUARDIAN/CAREGIVER
Caregiver has been added to this section. In addition, MiSiS now allows for the entry of up to two Primary Parent/Guardians.

The form has a place for four (4) parent/legal guardians/caregivers. MiSiS allows for the entry of up to two (2) Primary Parent/Guardians. If a new student’s parents are separated or divorced, encourage the caregiver who is registering the student to include the address and contact information of both parents unless there is a court order restricting access.

For students who reside with someone other than a parent or legal guardian, the Caregiver’s Authorization Affidavit may be used. Please reference the REF-6554 Opening Day Procedures: Supplemental Guide and Updates for more information.

Home Correspondence Language:
This refers to the language in which the caregiver would like to receive written correspondence, such as letters and report cards. However, when school personnel call home, they should attempt to communicate in the indicated language. The Blackboard Connect Notification System translates messages into the nine (9) languages listed on the Enrollment Form.

Highest Level of Education Completed:
Parent level of education is required for State reporting.

C. HOME LANGUAGE AND ETHNICITY INFORMATION
Please address questions on this topic to the State Reporting Services Branch (213) 241-2450.

When completing the Ethnicity/Race questions of this section, the caregiver must first answer if the student is Hispanic or Latino.

The caregiver must then mark one primary race and can mark a secondary race if desired.

D. STUDENT EDUCATION INFORMATION
This section gathers information regarding Special Education, educational history, and GATE.

Please see Office Use Only Checklist for instructions on asking parents of special education students follow-up questions regarding prior schools of attendance and reasons for withdrawal from magnet or charter schools.

Please see Office Use Only Checklist for instructions on notifying the Division of Special Education Fiscal and Program Accountability Office via fax regarding the responses to the follow-up questions.
Additional Student Information

Court Orders:
The existence of a court order can only be acknowledged if a copy of it has been provided to the school. The school shall then enter the court order in MiSiS. Court orders are kept on file at the school, and any questions are to be directed to the Office of the General Counsel. Go to https://achieve.lausd.net/misisjobaids > Census to access the MiSiS job aid for entering a court order.

E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S)
This section provides requests basic information regarding other school-aged children residing in the home (e.g., brothers, sisters, and cousins).

F. EMERGENCY CONTACT INFORMATION
This section provides space to list two (2) additional emergency contacts who are permitted to pick up the student, although a note from the parent is still required for the non-emergency contact to pick up the student from school.
# OFFICE CHECKLIST FOR STUDENT ENROLLMENT

(to be completed with each new enrollment form)

## A. VERIFICATIONS/ADDITIONAL DOCUMENTATION RECEIVED

1. **AGE VERIFICATION**:  
   - [ ] Certified copy of birth record  
   - [ ] Statement by local registrar or county recorder certifying the date of birth  
     - Baptist certificate duly attested  
     - [ ] Passport  
     - [ ] Affidavit (list below in #4)  
     - Chronological Age: _______ Years _______ Months  
2. **RESIDENCE VERIFICATION**:  
   - [ ] Utility Service Bill (Electric, Gas or Water)  
   - [ ] Property Taxes or Rental or Lease Agreement  
     - Official Government Mail (CalWorks, Social Security)  
     - [ ] Affidavit (list below in #4)  
     - [ ] Other (specify): ____________________________
3. **IMMUNIZATION VERIFICATION**:  
   - [ ] Proof of Required Immunizations or Immunization Release  
4. **AFFIDAVITS** (List all affidavits used, e.g. residence, homelessness, immunization release, caregiver): These forms can be used in lieu of missing required documentation.  
   - For more information refer to RE-6554 Enrollment and Attendance Procedures: Supplemental Guide and Updates or BUL-6718, Educational Rights and Guide for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System.
5. **EMANCIPATED MINOR VERIFICATION**:  
   - [ ] Legal Document Supplied  
6. **OPTIONAL ATTENDANCE AREA DECISION**:  
   - [ ] Completed, Signed, and Dated Option Area Decision Form  
7. **NON-RESIDENT/PERMIT REASON**: ____________________________  
   - [ ] Transportation  
   - [ ] Non-Transportation  
   - Date _______ / _______ / _______
8. **STUDENT HOUSING QUESTIONNAIRE (SHQ)**: If answered any choice other than “None of the Above Apply” the family was referred  
   - to the designated School Site Homeless Liaison on _______ / _______ / _______ and a copy of the SHQ was faxed (213) 580-6551 or mailed to the  
     - Homeless Education Program on _______ / _______ / _______. Information was inputted in MiSIS on _______ / _______ / _______ by __________________________.  
   - For information, please contact the Student Support Program of Student Health and Human Services.
9. **OTHER DOCUMENTS RECEIVED** (Check all that apply):  
   - [ ] Cumulative Record  
   - [ ] Emergency Card  
   - [ ] Health Card  
10. **RECORDS REQUESTED ON** _______ / _______ / _______ from ____________________________.

## B. ADDITIONAL STUDENT INFORMATION FOLLOW–UP

1. **COURT ORDER**:  
   - a. Has a copy of a court order been provided to the school?  
     - [ ] Yes  
     - [ ] No  
   - b. What type of court order is in effect for this student:  
     - [ ] Custody  
     - [ ] Restraining/Injunction  
     - [ ] Other  
   - c. If Restraining Order or Injunction, please answer the following questions:  
     - i. Name of individual(s) for which the court order has been issued against: _____________________________.  
     - ii. Date on which the court order ceases to be in effect: _______ / _______ / _______
2. **AMERICAN INDIAN/ALASKA NATIVE ANCESTRY**: SECTION D, Additional Student Information. If answered **Yes**, the student's required federal  
   - form was completed and sent to the Indian Education Program Office on _______ / _______ / _______ by ___________________________.
3. **MIGRANT EDUCATION PROGRAM**: SECTION D, Additional Student Information. If answered **Yes**, the student's Migrant Education Program  
   - Family Work Questionnaire was completed and sent to the Migrant Education Program Office on _______ / _______ / _______ by ___________________________.

## C. ENROLLMENT STAFF AND DATA ENTRY FOLLOW–UP

- Enrollment Information Verified by (initials) ____________________ on _______ / _______ / _______.
- Enrollment Data Entry in MiSIS Completed by (initials) ____________________ on _______ / _______ / _______.

---

**Student Health and Human Services**
D. STUDENT EDUCATION INFORMATION FOLLOW-UP

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

1. B. Did this student have an Individualized Education Program (IEP) at his/her previous school? (Circle one) Yes No

   If the student had an IEP at his/her previous school, has this school received a copy of the IEP? (Circle one) Yes No

   If IEP was not received, a copy of it was requested from: ________________________________
   (Name and Title, School and Office, Phone Number)

   Requested by: ________________________________ on _____/___/____
   Received on: _____/___/____

   Forwarded to: ________________________________
   (Name)

   Forwarded to: ________________________________ on _____/___/____
   (Name)

Previous School/Office verified student received special education services? (Circle One) Yes No

   ____________________________________________
   (Name of School Verifying and Phone Number)

   ____________________________________________
   (Name of Person Furnishing Information)

   If applicable, date student exited from prior school’s special education program: _____/___/

   Comments: ________________________________

   If interim placement, date IEP must be conducted by _____/___/____

1.C. The student had a Section 504 Plan at previous school, has this school received a copy of it? (Circle one) Yes No

   If 504 Plan was not received, a copy of it was requested from: ________________________________
   (Name and Title, School and Office, Phone Number)

   Requested by: ________________________________ on _____/___/____
   Received on: _____/___/____

   Forwarded to: ________________________________ on _____/___/____
   (Name)

   Forwarded to: ________________________________ on _____/___/____
   (Name)

   If applicable, date student exited from Section 504 Eligibility: _____/___/____

1.D. The parent reported that the student has difficulties that interfere with his/her ability to go to school or to learn, to whom was this information forwarded? ________________________________

   (Name)

   Responses to difficulties reported, documentation, and comments: ________________________________

1.E. Has this student been identified as GATE? (Circle one) Yes No

   GATE verification requested by: ________________________________ on _____/___/____
   (Name)

2. If a “Yes” is checked off on any of the items 1.A – 1.D and the parent checked “Yes” indicating the student attended a school outside of L.A. Unified, ask them the following oral questions and record the responses below: Was the school a magnet or charter school? If yes, what was the name of the school and the reason the student stopped attending? ________________________________

   After completing, fax this information and a photocopy of the student’s enrollment form to the Division of Special Education-Operations at (213) 241-5168; be sure to include the name of your school.

   Fax sent on: _____/___/____ by ________________________________