Los Angeles Unified School District
STUDENT ENROLLMENT FORM

Student Name: ___________________________ Date of Birth (Month/Day/Year): _____/_____/_____

Office Use Only

<table>
<thead>
<tr>
<th>1. School Name:</th>
<th>4. Student Entry Grade Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Location Code:</th>
<th>5. LAUSD/State Student ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Enrollment Date/Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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:

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

Preferred Name:

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

Home Address

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

Legal Sex:  
☐ Male  ☐ Female  ☐ Non-binary  ☐ Intersex

Gender:  
☐ Male  ☐ Female  ☐ Non-Binary

Date of Birth: _______/_____/______

B. 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>
<thead>
<tr>
<th>Last</th>
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<th>Middle</th>
</tr>
</thead>
</table>

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)

☐ 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:

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PARENT/LEGAL GUARDIAN/CAREGIVER

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- [ ] Russian
- [ ] Vietnamese
- [ ] Tagalog
- [ ] Other:

**Highest Level of Education Completed (Check One)**

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- [ ] Graduate School / Doctorate
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Relationship to Student: ___________________________

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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

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?

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?

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

If yes, list most recent LAUSD 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-LAUSD school student attended (including early education center, state preschool, Head Start, or other preschool):

| Name of School | City/State | Dates Attended (Month/Year) | Grade Level(s) |
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? (Please complete the American Indian-Alaskan Native Letter Questionnaire) ☐ 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)? (Please complete the Migrant Education Program, Family Work Questionnaire) ☐ 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 Name, First Name, Middle
   Home Address:
   Number  Street  Apartment/Unit  City  Zip Code
   Home Phone Number  Cell Phone Number  Work Phone Number  Email Address

2. Legal Name:
   Last Name, First Name, Middle
   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