

This document should be included in the family file.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Early Childhood Education Division



EEC _____
Phone: _____ E-mail: _____

This document should be included in the family file.

<u>Date</u>	<u>Task</u>	<u>Signature</u>
	Enrollment Packet Completed	OM:
	Enrollment Packet Given to Principal	OM:
	Principal Reviewed Enrollment Packet	P:
	Scanning Completed by Office Manager	OM:
	Scanning Checked by Principal	P

<u>Date</u>	<u>Time</u>	<u>Inter-Office Notes</u>	<u>Office Manager Initial</u>

This document should be included in the family file.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Early Childhood Education Division



EEC _____
Phone: _____ E-mail: _____

This document should be included in the family file.

FOR LAUSD USE ONLY

CASE NOTES

FOR LAUSD USE ONLY

EESIS ID# _____ Parent/s Name _____ Room # _____

Child Name _____ Birthday _____ Program ☐ CCTR ☐ CSPP

Has the family previously been enrolled in a LAUSD ECED Program? ☐ YES ☐ NO

CONTRACT SIGNATURES

- Notice of Action (CD 7617) – with Parent initial or receipt of certified mail and Principal signature
- CD 9600 page 1 & 2 – with proper box checked, dated, initialed (Single Parent) and Signed by Parent and Principal

COMPLETE	SCANNED TO EESIS

<u>Date</u>	<u>Time</u>	<u>Case Notes</u>	<u>LAUSD Employee Name & Initial</u>
<u>SAMPLE ENTRY</u> Feb 12, 2021	<u>SAMPLE ENTRY</u> 10:15 am	<u>SAMPLE ENTRY</u> - Phone Call @ (323) 123-4456 Ms. Jane Smith, parent was contacted and asked to provide enrollment documentation.	<u>SAMPLE ENTRY</u> John Cruz; Ofc. Mgr. <i>gc</i>

This document should be included in the family file.

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2–3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4–5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6–14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15–17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months–5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#),
and acellular [pertussis](#) vaccine

Hep B = [hepatitis B](#) vaccine

Varicella = [chickenpox](#) vaccine

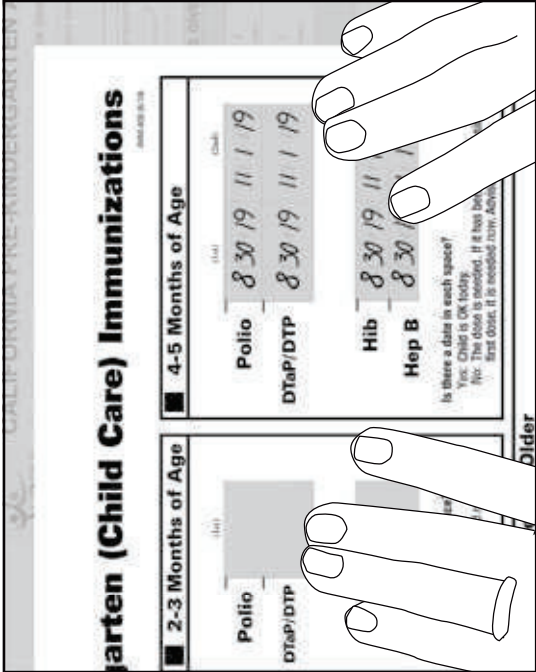
Hib = [Haemophilus influenzae, type B](#) vaccine

MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

Windows for Pre-kindergarten (Child Care) Immunizations

IMM-408 (6/19)

How to Use these Windows:



Determine the age of the child in months, then find the right age window. Line the window up over the date boxes on the child's blue card. Immunization requirements are met if there are dates in each window. See also "Notes for Child Care Providers" (over).

2-3 Months of Age

Polio

DTaP

Hib

Hep B

Is there a date in each space?
Yes: Child is OK today.
No: The dose is needed *now*. Advise parents.

4-5 Months of Age

Polio

DTaP

Hib

Hep B

Is there a date in each space?
Yes: Child is OK today.
No: The dose is needed. If it has been 8 weeks since first dose, it is needed *now*. Advise parents.

15 Months of Age and Older

6-14 Months of Age

Polio

DTaP

Hib

Hep B

Is there a date in each space?
Yes: Child is OK today.
No: The dose is needed. If it has been 8 weeks since previous dose, it is needed *now*. Advise parents.

15 Months of Age and Older

Polio

DTaP

MMR

Hib

Hep B

Var

Is there a date in each space?
Yes: Child is OK until kindergarten.
No: a. If #4 DTaP is missing: If it has been 12 months since #3, it is needed *now*. Advise parents.
b. Others: If it has been 8 weeks since the previous dose, it is needed *now*. Advise parents.



Los Angeles Unified School District
Office of the Chief Medical Director
Permanent Health History



Student's Name: _____ Birth Date: _____ Legal Sex: (Select One) ☐ Male ☐ Female ☐ Non-binary ☐ Intersex
Last First Middle Gender: (Select One) ☐ Male ☐ Female ☐ Non-Binary

Last School or Children's Center Attended: _____
Parent/Guardian's Name: _____ School: _____ Health Care Plan: _____
City, State: _____ Present Grade: _____ Primary Healthcare Provider: _____

Has Child Ever Been Hospitalized? Yes _____ No _____

Name of Hospital _____
City _____ State _____
(Month/Year) _____
Reasons for Hospitalization _____

Is Child on Medication? Yes _____ No _____

Name of Medication(s) _____
Name of Medication(s) _____
Name of Medication(s) _____
Name of Medication(s) _____

Are Physical Activities Limited? Yes _____ No _____

If so, please explain: _____

Child's Birth Weight: _____ Describe any birth complications: _____
Do you have any questions or concerns about your child's health (related to current or past health, biological immediate family history, etc.)? _____

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____ Date: _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies:medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ☐ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____

Address: _____ Date This Form Completed: _____

Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



FAMILY LANGUAGE INSTRUMENT

ENGLISH

EESIS FID# _____ Site _____

California State Preschool (CSPP) contractors must follow the directives in Management Bulletin (MB) 23-03 when administering this instrument.

Name of student _____

_____ Last _____ First _____ Middle _____ Birth date _____ Grade _____

1)	Which language(s) does your child hear at home? <i>This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home.</i>	
2)	Which language(s) does your child hear in their neighborhood and community? <i>For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.</i>	
3)	Which language(s) does your child understand?	
4)	Which language(s) does your child speak?	

Racial-ethnic heritage of your children: Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights law. If you decline to provide this information, it will in no way affect consideration of your application or your child's participation in the program. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. If willing, please circle the correct category below:

(1)	(2)	(3)	(4)	(5)	(6)
White-not of Hispanic Origin	Black-not of Hispanic Origin	Hispanic	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander

Home Correspondence Language: This information indicates the preferred language for LAUSD to provide written or verbal correspondence to the parent/ legal guardian of the student. (Check One)

☐ English ☐ Spanish ☐ Armenian ☐ Mandarin ☐ Cantonese ☐ Farsi ☐ Korean ☐ Russian ☐ Vietnamese ☐ Tagalog ☐ Other: _____

Parent Name _____

Signature of Parent _____

Date _____

Management Bulletin 23-03 - Attachment A

Family Language Instrument

Purpose and Framing

The purpose of this instrument is to identify and understand each child's language background in order to support and strengthen their language development. When adults understand children's past experiences with language(s), they are able to build upon those experiences and better support children's development, by affirming and fostering the child's home language and culture to support them in becoming multilingual and multi-literate in both English and their home language(s).

This information will be used to inform and plan program curriculum, develop strategies used in the learning setting, create professional development opportunities, and to strengthen family partnerships to improve support for dual language learner (DLL) children.

Determinations made for preschool dual language learner status based on the results of this instrument are distinct from the English learner (EL) designation in the Transitional Kindergarten through 12th grade (TK-12) system. Dual language learner

identification in preschool does not establish EL designation or secure EL services in TK-12. Students enrolled in TK-12 will need to go through the English learner identification process, including completion of their district's home language survey (HLS) and English Language Proficiency Assessments for California (ELPAC) upon entry to Transitional Kindergarten (TK) or Kindergarten, as required by state and federal law.

Instructions

California State Preschool (CSPP) contractors must follow the directives in Management Bulletin (MB) 23-03 when administering this instrument.

When providing the instrument, CSPP contractors can use the following language to reassure and address parents and families concerned about the implications of DLL identification in preschool and the relationship to English learner status in TK-12:

- Identification of your child as a dual language learner in CSPP means that your child will benefit from additional support from the program in order to develop their home language and English language skills. This identification will serve them only in preschool and is different from any identification process or program supports a child might receive as an English learner in Transitional Kindergarten or Kindergarten.



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM



Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME		FIRST NAME		CHOSEN OR PREFERRED NAME (if different)		M.I.		STUDENTS LAST NAME	
BIRTH DATE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY		GRADE		HOME LANGUAGE			
STUDENT'S HOME ADDRESS -- NUMBER		STREET		APT #		CITY			ZIP CODE
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		STREET		APT #		CITY			ZIP CODE
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRST NAME	
WORK ADDRESS -- NUMBER		STREET		CITY		ZIP CODE			
CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:			
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				MIDDLE INITIAL	
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.							
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK ADDRESS -- NUMBER		STREET		CITY		ZIP CODE		MIDDLE INITIAL	
CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:			
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				MIDDLE INITIAL	
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.							
To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:									
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE			WORK PHONE
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
List any other family members attending this school:								MIDDLE INITIAL	
LAST NAME		FIRST NAME		HOME ROOM		GRADE			RELATIONSHIP
LAST NAME		FIRST NAME		HOME ROOM		GRADE			RELATIONSHIP
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:		Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Relationship to Student: _____				Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased			
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT								MIDDLE INITIAL	
The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)									
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.									
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".									
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families								MIDDLE INITIAL	
MEDI-CAL / HEALTHY FAMILIES ID Number: _____									
1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)		GROUP NO.			
NAME OF DOCTOR / MEDICAL OFFICE				PHONE NUMBER OF DOCTOR / MEDICAL OFFICE					
*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.								MIDDLE INITIAL	
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____									
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____									
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.									
X _____ DATE _____								MIDDLE INITIAL	
SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)									
* Selected telephone number must be a direct dial number (no extensions).									
Revised February 2022									

STUDENT EMERGENCY INFORMATION FORM

To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

#	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HERREBY GIVE MY
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE
INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



Early Childhood Education Division

STUDENT/PARENT QUESTIONNAIRE



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: ☐ Male ☐ Female
(Select One) ☐ Non-binary
☐ Intersex

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

Date of Birth

____/____/____
Month/Day/Year

1. PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last

First

Middle

Preferred Name (If Applicable):

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

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: _____

2. PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:

Last

First

Middle

Preferred Name (If Applicable):

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

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: _____

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



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 24-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
- 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)

DETACH HERE

**LOS ANGELES UNIFIED SCHOOL DISTRICT
ACKNOWLEDGEMENT OF NOTIFICATION OF CAUSES OF TERMINATION POLICY AND OTHER
ENROLLMENT INFORMATION**

TO: PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

I, the parent/guardian/authorized representative of _____
Name of Child (ren)

Have received a copy of the "CAUSES OF TERMINATION POLICY" and other Enrollment forms from the center.

I have also received and reviewed with the site administrator/designee information regarding the early education center program including parents' responsibilities and causes for termination.

Name of Center

Address

Parent/Guardian Signature

Date

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



**Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means educational program activities in which your pupil has participated. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

Granting of permission is voluntary. Please return completed form to school.

11. Principal

12. School

**Approved as to form by the
Office of the General Counsel.**

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information

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 30**

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

☐ **MONTEREY PARK SOUTH WEST
REGIONAL OFFICE 54**

1000 Corporate Center Dr.,
Suite 200B MS 29-854
Monterey Park, CA 91754
(323) 981-3350
FAX(323) 981-3355

☐ **PALMDALE REGIONAL OFFICE 12**

39115 Trade Center Dr.,
Suite 201 MS 29-29
Palmdale, CA 93551
(661)202-3318
FAX(661) 202-3809

☐ **EL SEGUNDO NORTH REGIONAL
OFFICE 58**

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

☐ **MONTEREY PARK REGIONAL
OFFICE 33**

1000 Corporate Center Dr.,
Suite 200B MS 29-15
Monterey Park, CA 91754
(323) 981-3350
FAX(323) 981-3355

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

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.
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.

Department of Social Services, Community Care Licensing Division

☐ **EL SEGUNDO REGIONAL
OFFICE 30**

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

☐ **MONTEREY PARK SOUTH WEST
REGIONAL OFFICE 54**

1000 Corporate Center Dr.,
Suite 200B MS 29-854
Monterey Park, CA 91754
(323) 981-3350
FAX(323) 981-3355

☐ **PALMDALE REGIONAL OFFICE 12**

39115 Trade Center Dr.,
Suite 201 MS 29-29
Palmdale, CA 93551
(661) 202-3318
FAX(661) 202-3809

☐ **EL SEGUNDO NORTH REGIONAL
OFFICE 58**

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

☐ **MONTEREY PARK REGIONAL
OFFICE 33**

1000 Corporate Center Dr.,
Suite 200B MS 29-15
Monterey Park, CA 91754
(323) 981-3350
FAX(323) 981-3355

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

LIC 995 (9/08)



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	<input type="checkbox"/>
HEALTH DEPARTMENT	<input type="checkbox"/>
ELECTED OFFICIALS	<input type="checkbox"/>
DCFS	<input type="checkbox"/>
DEPT. OF MENTAL HEALTH	<input type="checkbox"/>
PROBATION DEPARTMENT	<input type="checkbox"/>

	DO NOT RELEASE
• Name	<input type="checkbox"/>
2. Address	<input type="checkbox"/>
3. Telephone Number	<input type="checkbox"/>
4. Date of Birth	<input type="checkbox"/>
5. Dates of Attendance	<input type="checkbox"/>
6. Previous School(s)	<input type="checkbox"/>

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

2025-2026 ANNUAL PESTICIDE USE NOTIFICATION

The District has adopted an Integrated Pest Management (IPM) policy. This policy includes notifying parents/guardians and staff 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 list of pesticide products that have been approved for use at District sites included in the Parent Student Handbook) or find at the Facilities Services Division IPM Page <https://www.lausd.org/Page/18939>
- 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: <https://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.

IF APPLICABLE, COMPLETE, SIGN, AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL



PARENT/GUARDIAN REQUEST FOR NOTIFICATION 2025-2026

☐ **I would like to be 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 by 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): _____ Grade: _____

School: _____ Room Number: _____

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 notified" box is checked, forward a copy of this notice via school mail to the IPM Program Coordinator and compile a list with names of Student & Parent/Guardian who want to be notified in the IPM Handbook located in the Main Office.

**Maintenance and Operations Branch Office
333 South Beaudry Ave. 22nd Floor
Attn: Richard Avendano, IPM Program Coordinator**

LOS ANGELES UNIFIED SCHOOL DISTRICT

LOS ANGELES SCHOOL POLICE DEPARTMENT



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: _____



LOS ANGELES UNIFIED SCHOOL DISTRICT

POLICY BULLETIN

ATTACHMENT

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:
Region:	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"/> 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. Crisis housing, Domestic Violence shelter, 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

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.

✓ For any questions about these rights, please contact Dr. Denise Miranda, at 213-202-7581 or homelesseducation@lausd.net.

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 scan and email SHQ to your corresponding Region:
- ✓ SHQ-East shqeast@lausd.net, SHQ-North shqnorth@lausd.net, SHQ South shqsouth@lausd.net, or SHQ-West shqwest@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).

Revised 9/2023

LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE

Los Angeles Unified School District
Migrant Education Program
Family Work Questionnaire

Your children may be eligible to receive **FREE** services such as

- After-School Tutoring
- Saturday School
- Preschool Programs
- Workshops for parents
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Referrals to services

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 agriculture and fishing jobs, temporary and seasonal, that applies.)

☐ **Field Work/Agriculture**

Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)

☐ **Orchard**

Examples: (pick, prune, sort fruit, nut trees, vines, etc.)

☐ **Nursery**

Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)

☐ **Fishing**

Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)

☐ **Dairy/Farm/Ranch/
Livestock**

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.

☐ **Packing**

Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)

☐ **Food Processing**

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.)

☐ **Forestry/Lumber**

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:

Date: _____

Parent(s)/Guardian(s) Name: _____

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 Program Office at (213) 241-0510**

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Program Office,
Beaudry Building, 18th Floor, within two weeks of student's enrollment.
Please call (213) 241-0510 for more information.