LOS ANGELES UNIFIED SCHOOL DISTRICT
Early Childhood Education Division
ELIGIBILITY RANKING FORM

PRIORITY RANK

PARENT SECTION:

I am requesting early childhood education services for the child(ren) listed on this form. To remain on the eligibility list, I understand that it is my responsibility to update this information at least once every six months or as changes occur. I understand that enrollment at this location is based on space availability, enrollment priority and priority rank. When notified that space is available, I understand that LAUSD staff will verify all information on this form to make sure my child is eligible before he/she can be enrolled.

FAMILY INFORMATION:

Parent/Guardian Name	Relationship	Phone Number	Gross Monthly Income
Parent/Guardian Name	**Relationship**	**Phone Number**	**Gross Monthly Income**

☐ I am a Single Parent (CD9600 V1)

Total Family Income	$

Address	City, State	Zip Code
Primary Phone Number	**Primary Home Language**	**Email**

☐ Family is Homeless or Seeking Permanent Housing
☐ Do you plan to reside in California?

Child's First Name	Child's Last Name	Birthdate
Child's First Name	**Child's Last Name**	**Birthdate**

# of Children in Family (under 18 years of age)
Total Family Size

☐ Child/ren **Protective Services** or **At Risk**
☐ Child/ren has **IFSP** or **IEP** (**Exceptional Needs**)

Parent/Guardian Signature: _____ Date: _____

LAUSD SECTION:

Family ID: _____

Date Received by LAUSD	Date Enrolled	Estimated Monthly Fee

CCTR: Enrollment Priority		**CSPP: Enrollment Priority**	
1ST PRIORITY	☐ Child Protective Services or At Risk	**1ST PRIORITY**	☐ Child Protective Services or At Risk
2ND PRIORITY	☐ **Income Eligible:** ☐ Lowest Income Ranking ☐ Exceptional Needs ☐ Home Language (Other than English)	**2ND PRIORITY**	☐ **Income Eligible:** ☐ Exceptional Needs w/ incomes below threshold ☐ 4-year-old child in an income eligible family ☐ 3-year-old child in an income eligible family
NEED REQUIREMENT	☐ Employment ☐ Seeking Employment ☐ Experiencing Homelessness / Seeking Permanent Housing ☐ Attending Vocational Training / Educational Program ☐ Incapacitated	**NEED REQUIREMENT**	☐ Employment ☐ Seeking Employment ☐ Experiencing Homelessness / Seeking Permanent Housing ☐ Attending Vocational Training / Educational Program ☐ Incapacitated

PRIORITY RANK

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES

División de Educación Infantil

FORMULARIO DE CLASIFICACIÓN DE ELEGIBILIDAD

SECCIÓN DE PADRES:

Estoy solicitando servicios de educación de la primera infancia para los niños que figuran en este formulario. Para permanecer en la lista de elegibilidad, entiendo que es mi responsabilidad actualizar esta información al menos una vez cada seis meses o a medida que ocurran cambios. Entiendo que la inscripción en esta ubicación se basa en la disponibilidad de espacio, la prioridad de inscripción y el rango de prioridad. Cuando se me notifique que hay espacio disponible, entiendo que el personal del LAUSD verificará toda la información en este formulario para asegurarse de que mi hijo sea elegible antes de que pueda ser inscrito.

INFORMACIÓN FAMILIAR:

Nombre del Padre/Tutor	Relación	Número de teléfono	Ingreso Bruto Mensual
Nombre del Padre/Tutor	**Relación**	**Número de teléfono**	**Ingreso Bruto Mensual**

☐ Soy padre soltero (CD9600 V1)

Ingreso familiar total	$

Dirección	Ciudad estado	Código postal
Número de teléfono principal	**Idioma principal del hogar**	**Correo electrónico**

☐ La familia no tiene hogar o busca vivienda permanente ¿Planea residir en California? Sí ☐ No ☐

Nombre del niño	Apellido del niño	Nacimiento
Nombre del niño	**Apellido del niño**	**Nacimiento**

de Niños en Familia (menores de 18 años)
Tamaño total de la familia

☐ Niño/a **Servicios de protección** o **En riesgo**
☐ Los niños tienen **IFSP** o **IEP** (**Necesidades Excepcionales**)

Firma del Padre/Tutor: _____ Fecha: _____

LAUSD SECTION:

Family ID: _____

Date Received by LAUSD	Date Enrolled	Estimated Monthly Fee

CCTR: Enrollment Priority		**CSPP: Enrollment Priority**	
1ST PRIORITY	☐ Child Protective Services or At Risk	**1ST PRIORITY**	☐ Child Protective Services or At Risk
2ND PRIORITY	☐ **Income Eligible:** ☐ Lowest Income Ranking ☐ Exceptional Needs ☐ Home Language (Other than English)	**2ND PRIORITY**	☐ **Income Eligible:** ☐ Exceptional Needs w/ incomes below threshold ☐ 4-year-old child in an income eligible family ☐ 3-year-old child in an income eligible family
NEED REQUIREMENT	☐ Employment ☐ Seeking Employment ☐ Experiencing Homelessness / Seeking Permanent Housing ☐ Attending Vocational Training / Educational Program ☐ Incapacitated	**NEED REQUIREMENT**	☐ Employment ☐ Seeking Employment ☐ Experiencing Homelessness / Seeking Permanent Housing ☐ Attending Vocational Training / Educational Program ☐ Incapacitated