



# ONE ENROLLMENT

## NEW LAUSD STUDENT PARENT GUIDE



<https://enroll.lausd.net/>

Rev. 9/27/25

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## Introduction

### Purpose

One Enrollment (release date October 1, 2025) is an essential online tool for the Los Angeles Unified School District (LAUSD) in supporting efficient, accessible, and secure student enrollment. It allows families to submit a enrollment application online at any time, reducing the need for in-person visits and paperwork. This system streamlines operations for district staff by automating data collection, minimizing errors, and enabling faster processing of student records. With centralized data management, LAUSD can readily track enrollment trends, maintain up-to-date student information, and generate accurate reports. Tracks progress and ensures accountability by emailing notifications via the portal during the enrollment process to both the parent and designated school user to track progress and ensure accountability. Additionally, with multilingual support and mobile-friendly design, it ensures equitable access for LAUSD's diverse community, while maintaining high standards of data security and privacy.

### Overview

One Enrollment streamlines students' enrollment applications and annual form submissions. Through this online portal, families can submit required enrollment forms for new students entering TK–12th grade who have not attended any LAUSD school within the current academic school year. One Enrollment allows for the completion of the annual forms required for continuing, matriculating, and transferring students. In addition, the portal supports document uploads (e.g., absence verification notes). While the online portal increases accessibility and efficiency, families may continue to access paper student enrollment and annually disseminating packets for those who prefer or require them at any LAUSD school site. It is the administrators and schools responsibility to review all paper and online enrollment submissions to ensure students are enrolled immediately.

#### Note:

- A Parent Portal account is required for One Enrollment
- The Parent Portal allows parents/guardians to create an account to enroll new LAUSD students only
- The Parent Portal requires a pin for parent/legal guardians/educational rights holders (ERH) to obtain full
- access to student information. As a result, annual forms and document uploads will be accessible
- exclusively to these users.

### One Enrollment Portal Access

To access One Enrollment portal visit [enroll.lausd.org](https://enroll.lausd.org).

# PARENT PORTAL ACCOUNT

## Creating a Parent/Guardian Account

LAUSD Parent/Guardian

← Return

Email

Password

Login

[Create an account](#) | [Forgot password?](#)

A parent account allows you to:

- Apply to multiple school choice programs offered by LA Unified: Choices (Magnet, Permits With Transportation and Dual Language), Zones of Choice, Incoming Inter-District Permits, District K-12 Open Enrollment, Conservatory of Fine Arts, Virtual Academy, etc.
- Access Parent Portal to monitor student's attendance, final grades, update emergency telephone numbers, track student's progress towards completion of graduation requirements and many more.

The One Enrollment Portal requires a new user to create an account. To get started:

- Click on **Create an account**

PARENT

First Name \*  
First Name

Middle Name (Optional)  
Middle Name

Last Name \*  
Last Name

Email Address \*  
Email Address

Re-enter Address \*  
Email Address

I'm not a robot

Cancel Register

1

• Your email address is your username. To create an account, enter a valid email address e.g. user@webmail.com.

• A parent account allows you to:

- Apply to multiple school choice programs offered by L.A. Unified.
- eChoices (Magnet, Permits With Transportation and Dual Language), Zones of Choice, Incoming Inter-District Permits, District K-12 Open Enrollment and Conservatory of Fine Arts.
- Manage your application(s).
- Access Parent portal to monitor student's attendance, final grades, update emergency telephone numbers, track student's progress towards completion of graduation requirements and many more...

2

3

Complete the following information:

- Enter **Parent full name**
- Enter valid **email address**
- Click on the **I'm not a robot** box
- Click on **Register**

PARENT

Click Here to Login [here](#)

Resend verification email

Thank you

To complete your registration. Please click on the activation link sent to:  
**egmz.psa@gmail.com**

Complete the registration by accessing the link via email

- Click on the **activation link**

## Logging in as a LAUSD Parent/Guardian

Login

LAUSD Parent/Guardian

Admin, Principal, Designee

Once registration has been completed return to the One Enrollment Portal

- Click on **LAUSD Parent/Guardian**

LAUSD Parent/Guardian

← Return

Email

Password

Login

[Create an account](#) | [Forgot password?](#)

A parent account allows you to:

- Apply to multiple school choice programs offered by LA Unified: Choices (Magnet, Permits With Transportation and Dual Language), Zones of Choice, Incoming Inter-District Permits, District K-12 Open Enrollment, Conservatory of Fine Arts, Virtual Academy, etc.
- Access Parent Portal to monitor student's attendance, final grades, update emergency telephone numbers, track student's progress towards completion of graduation requirements and many more.

- Enter **email** and **password**.

# TK-12 School Enrollment

## My Students

The menu located in the left column features a **New to LAUSD** section which includes TK-12 School Enrollment.

To start a new TK-12 Enrollment application submission:

- Click on **TK-12 School Enrollment**
- Click on **Submit TK-12 Enrollment** or click on the **New Student** card

Once an application starts, it receives a form ID to track progress and can be viewed or edited until approval. To access an application:

- Click on the **View/Edit**

Each application has a bar on the top, which includes:

- Student information
- Progress percentage
- Status

## Section 1: Student Information

Please complete and submit the form below. \* Indicates required field.

First name \*      Last name \*      Middle name

First name      Last name      Middle name

Preferred name (if applicable)

First name      Last name      Middle name

First name      Last name      Middle name

Date of birth \*      Home phone number \*      School year \*      Enrolling in grade \*

mm/dd/yyyy      999-999-9999      Select      Select

Legal sex: \*      Gender: \*

Male       Male

Female       Female

Non-binary       Non-binary

Intersex

← Previous      Save Draft      Next →

Complete all required **Student Information** sections with an asterisk (\*)

- Click **Next** to proceed to the next section.

## Section 2: School & Address

Please complete and submit the form below. \* Indicates required field.

Student home address \*  
Enter Student Home Address      Apt/unit      4 -5 digits      City \*      Enter City Name

State \*      Select State      ZIP Code \*      Enter Zip code

Please select a school from the list below.  
Note: The school that you select will receive this application once you have completed and submitted.

[View schools](#)

[← Previous](#)      [Save Draft](#)      [Next →](#)

- Complete all required **School & Address** sections with an asterisk (\*)

- Click on **View Schools** and select a school from the list.
  - The selected school will receive the application

- Click **Next** to proceed to the next section.

## Section 3: Parent/Legal Guardian

Please complete and submit the form below. \* Indicates required field.

Legal first name \*      legal last name \*      Legal middle name

Relationship to student \*      Preferred name (if applicable)

Select      Enter preferred name

Contact Method

Email \*      Home phone number \*      Cell phone number \*      Work phone number

### Parent/Legal Guardian

[+ Click here to add additional parent/legal guardian/caregiver](#)

Indicate which phone to call for each message type

<b>Emergency *</b> <input type="checkbox"/> Home phone number <input type="checkbox"/> Cell phone number <input type="checkbox"/> Work phone number	<b>Attendance *</b> <input type="checkbox"/> Home phone number <input type="checkbox"/> Cell phone number <input type="checkbox"/> Work phone number	<b>General information *</b> <input type="checkbox"/> Home phone number <input type="checkbox"/> Cell phone number <input type="checkbox"/> Work phone number
--	---	--

**Home correspondence language \***

English  
 Spanish  
 Armenian  
 Mandarin  
 Cantonese  
 Farsi

Korean  
 Russian  
 Vietnamese  
 Tagalog  
 Other

**Highest level of education completed \***

Not a High School Graduate  
 High School Graduate or Equivalent

College Graduate  
 Graduate School / Doctorate

[← Previous](#)      [Save Draft](#)      [Next →](#)

- Complete all required **Parent/Legal Guardian** sections with an asterisk (\*)

- To add a parent/legal guardian/caregiver click on the plus icon (+)

- Click on the check box to indicate which phone to call for each message type (Emergency, Attendance, General Information)

- Click **Next** to proceed to the next section.

## Section 4: Language and Ethnicity

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% School Type N/A Status

1 Student Information 2 School & Address 3 Parent/Legal Guardian 4 Language and Ethnicity 5 Student Education 6 Other Children 7 Health Information 8 Emergency Contacts

### Home Language Survey Questionnaire for the Student

Please complete and submit the form below: \* Indicates required field.

Which language did your child learn when he/she/they first began to talk? \*

Select

Which language does your child most frequently use at home? \*

Select

Which language do you (the parents or guardians) most frequently use when speaking to your child? \*

Select

Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \*

Select

Has this student received any formal English language instruction? \*

Yes

No

Is the student's ethnicity Hispanic or Latino? \*

Yes

No

Student's race/ethnicity/cultural heritage (may enter up to 5)

Enter African/American, Asian, etc.

← Previous Save Draft Next →

- Complete all required **Language and Ethnicity** sections with an asterisk (\*)

- Click **Next** to proceed to the next section.

## Section 5: Student Education

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% School Type N/A Status

1 Student Information 2 School & Address 3 Parent/Legal Guardian 4 Language and Ethnicity 5 Student Education 6 Other Children 7 Health Information 8 Emergency Contacts

### Student Education

Special Services \* Indicates required field.

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

Did the student have a Section 504 Plan at their previous school? \*

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

← Previous Save Draft Next →

- Complete all required **Student Education** sections with an asterisk (\*)
- If the student has a current IEP or 504 Plan, upload it in **Section 17- Upload Documents** or provide a copy to the school to ensure appropriate placement or accommodations.

- Click **Next** to proceed to the next section.

## Section 6: Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)  
+ [Click here to add school aged children living in household](#)

Dashboard / TK-12 School Enrollment / Form

0%

1 Student Information 2 School & Address 3 Parent/Legal Guardian 4 Language and Ethnicity 5 Student Education 6 Other Children 7 Health Information 8 Emergency Contacts

Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)  
+ [Click here to add school aged children living in household](#)

Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)  
+ [Click here to add school aged children living in household](#)

Child 1 Delete

Please complete and submit the form below. \* Indicates required field.

First name *	Last name *	Date of birth *
<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
Relationship to student *	Current school *	Homeroom
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>

[← Previous](#) [Save Draft](#) [Next →](#)

- Complete all required **Other Children** sections with an asterisk (\*)

- To add school aged children living in the household, click on the plus icon (+). Repeat to continue to add more children.

- Click **Next** to proceed to the next section.

## Section 7: Health Information

Dashboard / TK-12 School Enrollment / Form

0%

1 Student Information 2 School & Address 3 Parent/Legal Guardian 4 Language and Ethnicity 5 Student Education 6 Other Children 7 Health Information 8 Emergency Contacts

Health Information

List any medical condition which restricts physical activity or requires special attention. Include conditions allergies such as peanut and bee stings If none, please indicate "none". \*

My child is allergic to the following medications. If none, please indicate "none". \*

My child currently takes the following medications. If none, please indicate "none". \*

Does the student have health insurance? \*

Yes  No

[← Previous](#) [Save Draft](#) [Next →](#)

- Complete all required **Health Information** sections with an asterisk (\*)

- If **Yes** applies, complete the remaining sections with an asterisk (\*)

- If a section does not apply, indicate **None**.

- Click **Next** to proceed to the next section.

## Section 8: Emergency Contacts

Dashboard / TK-12 School Enrollment / Form

Emergency Contacts

In a major emergency, it is school district policy to retain students at school for their safety. 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 (other than parents/legal guardians/caregivers):

Contact 1 + Click here to add additional emergency contact

First name \* Last name \* Middle name Relationship \*  
 Home address \* City \* State \* ZIP Code \*  
 Email Home phone number Cell phone number \* Work phone number  
 Ext.

Contact 1 Contact 2 Delete + Click here to add additional emergency contact

Next →

- Complete all required **Emergency Contacts** sections with an asterisk (\*)
- Add an emergency contact
- Click on the plus icon (+) to add additional contacts
- Click on the trash bin **Delete** to remove any contacts
- Click **Next** to proceed to the next section

## Section 9: Student Housing Questionnaire

Dashboard / TK-12 School Enrollment / Form

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 (313) 202-7568.

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

Shelter (i.e. Homeless, Domestic Violence, etc.)  
 Motel or Hotel  
 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  
 Trailer/trailer home on private property  
 Other places NOT designated for or ordinarily used as a regular sleeping accommodation for human beings

Yes  
 No

Next →

- Complete all required **Student Housing Questionnaire** sections with an asterisk (\*)
- If **Yes** applies, complete the remaining sections
- Click **Next** to proceed to the next section

## Section 10: Immigrant Education Program Questionnaire

Dashboard / TK-12 School Enrollment / Form

Title III Immigrant Education Program

Your child and you, as the Parent/Guardian, may be eligible for free supplemental educational and support services funded by Title III Immigrant Education Program. These services include:

- After-School Tutoring
- Saturday School
- Summer School
- Family Literacy
- Family Training
- Parent/Family Outreach

These services are available to students who were not born in the US and have been attending U.S. schools for less than three school years.

Would you like a school representative to contact you and provide additional information regarding the Title III Immigrant Education Program? \*

Yes  
 No

Next →

- Complete all required **Immigrant Education Program Questionnaire** sections with an asterisk (\*)
- Click **Yes** or **No** if you would like a school representative to provide additional information
- Click **Next** to proceed to the next section

## Section 11: Migrant Education Program Family Work Questionnaire

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Resident Type N/A Status

10 Migrant Education Program Family Work Questionnaire

11 Migrant Education Program Family Work Questionnaire

12 Refugee Educational Support Program Eligibility Questionnaire

13 Permanent Student Health Card

14 American Indian/Alaskan Native and Indigenous Family Questionnaire

15 Device Opt-Out Form

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)? 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. \*

Yes

No

← Previous Save Draft Next →

- Complete all required **Migrant Education Program Family Work Questionnaire** sections with an asterisk (\*)

- Click **Next** to proceed to the next section.

## Section 12: Refugee Education Support Program Eligibility Questionnaire

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Resident Type N/A Status

10 Migrant Education Program Family Work Questionnaire

11 Migrant Education Program Family Work Questionnaire

12 Refugee Educational Support Program Eligibility Questionnaire

13 Permanent Student Health Card

14 American Indian/Alaskan Native and Indigenous Family Questionnaire

15 Device Opt-Out Form

Refugee Educational Support Program Eligibility Questionnaire

You may be eligible for services if

1. Your child arrived in the U.S. within the last 5 years.
2. Is between the ages of 0 – 18.
3. Has one of the following immigration statuses:
  - Paroled as a Refugee or Asylee
  - Refugee
  - Cuban and Haitian Entrant
  - Amerasian
  - Iraqi and Afghan Special Immigrant
  - Unaccompanied Refugee Minor
  - Victim of severe forms of trafficking with certification or eligibility letter from ORR

Are any of these apply to your student? \*

Yes

No

← Previous Save Draft Next →

- Complete all required **Refugee Education Support Program Eligibility Questionnaire** sections with an asterisk (\*)

- If **Yes** applies, complete the remaining sections with an asterisk (\*)

- Click **Next** to proceed to the next section.

## Section 13: Permanent Student Health Card

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Resident Type N/A Status

11 Migrant Education Program Family Work Questionnaire 12 Refugee Educational Support Program Eligibility Questionnaire 13 Permanent Student Health Card 14 American Indian/Alaskan Native and Indigenous Family Questionnaire 15 Device Opt-Out Form 16 Household Size and Income Information 17 Document Upload

### Permanent Student Health Card

Please complete and submit the form below. \* Indicates required field.

**Has Child Ever Been Hospitalized? \***

Yes  
 No

**Is Child on Medication? \***

Yes  
 No

**Are Physical Activities Limited? \***

Yes  
 No

← Previous Save Draft Next →

- Complete all required **Permanent Student Health Card** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 14: American Indian/Alaskan Native and Indigenous Family Questionnaire

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Resident Type N/A Status

11 Migrant Education Program Family Work Questionnaire 12 Refugee Educational Support Program Eligibility Questionnaire 13 Permanent Student Health Card 14 American Indian/Alaskan Native and Indigenous Family Questionnaire 15 Device Opt-Out Form 16 Household Size and Income Information 17 Document Upload

### American Indian/Alaskan Native and Indigenous Family Questionnaire

Do you identify yourself or your child as American Indian/Alaskan Native or are from an Indigenous Community or Nation from Mexico, Central or South America including but not limited to Tongva, Tataviam, Navajo (Diné), Zapotec, Maya, Lenca, K'iche', First Nations, etc.?

Yes  
 No

← Previous Save Draft Next →

- Complete all **American Indian/Alaskan Native and Indigenous Family Questionnaire** required sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 15: Device Opt-Out Form

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Resident Type N/A Status

11 Migrant Education Program Family Work Questionnaire 12 Refugee Educational Support Program Eligibility Questionnaire 13 Permanent Student Health Card 14 American Indian/Alaskan Native and Indigenous Family Questionnaire 15 Device Opt-Out Form 16 Household Size and Income Information 17 Document Upload

### Device Opt-Out Form

**OPTION 1 - "OPTING IN" TO TAKING DEVICE HOME** - Yes, I want my student to take the device home.  
I have read and I understand the responsibilities described above and agree to comply with the "Rules." I give permission for my child to take the Device home. I agree to monitor and engage with my child when accessing online content away from school using the Device.

**Acknowledgement of Inherent Risks of Internet Usage:** I acknowledge that there are security, privacy, and confidentiality risks inherent in internet use and wireless communications. I understand that the District has taken those reasonable measures, including a web filtering solution, currently available to minimize such risks. However, I acknowledge that no filter or other technology currently available provides complete protection against such risks. I have determined that for my child the benefits of online activity and wireless communications outweigh the risks, and on my child's behalf, I will assume the risk associated with such activity. I agree that it is my responsibility to monitor and engage with my child concerning appropriate online usage.

**OPTION 2 - "OPTING OUT" TO TAKING DEVICE HOME** - No, I do NOT want my child to take the device home.  
I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

← Previous Save Draft Next →

- Complete all required **Device Opt-Out Form** sections with an asterisk (\*)

- Click on either **Option #1** or **Option #2**

- Click **Next** to proceed to the next section

## Section 16: Household Size and Income Information

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Pending Type N/A Status

11 Migrant Education Program Family Work Questionnaire

12 Refugee Educational Support Program Eligibility Questionnaire

13 Permanent Student Health Card

14 American Indian/Alaskan Native and Indigenous Family Questionnaire

15 Device Opt-Out Form

16 Household Size and Income Information

17 Document Upload

2. Enter total MONTHLY household income \*

\$

No income

Declining to Complete May Reduce Funding for Your School

Decline to complete

**Total household income includes:**

- Earnings from all jobs before taxes/deductions
- Welfare payments, child support, alimony
- Pay from pensions, retirement, social security

**Total household income does NOT include:**

- Income from CalFresh, CalWORKs, and WIC
- Federal education benefits
- Foster payments received by your household from the placing agency
- Military Privatized Housing Initiative or combat pay
- Overtime pay, unless you receive it on a regular basis

Household Size and Income Information

1. Please select the total number of adults and children living in your household: \*

Select

Include yourself plus all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. Do not include people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses).

← Previous Save Draft Next →

- Complete all required **Household Size and Income Information** sections with an asterisk (\*)

**Note:** Completing the Household Income Form (HIF) for every child enrolled at LAUSD entitles schools to receive additional Federal and State funding

- Click **Next** to proceed to the next section

## Section 17: Document Upload

Dashboard / TK-12 School Enrollment / Form

N/A Name N/A Grade N/A School Year N/A School N/A District ID 0% Pending Type N/A Status

11 Migrant Education Program Family Work Questionnaire

12 Refugee Educational Support Program Eligibility Questionnaire

13 Permanent Student Health Card

14 American Indian/Alaskan Native and Indigenous Family Questionnaire

15 Device Opt-Out Form

16 Household Size and Income Information

17 Document Upload

Documents Upload

\* If you are missing any of these required documents, you may still submit the application, but will need to work with your LAUSD school to complete the Pre-Enrollment process.

Please upload your child's [document name, e.g., immunization records] online through this secure portal, or you can provide them directly to the school. \*

Upload here

Provide to school

← Previous Save Draft Next →

- Complete all required **Document Upload** sections with an asterisk (\*)

- If **Upload Here** is selected, upload the following documents:
  - Proof of Residence
  - Proof of Age of Minor
  - Parent/Guardian/ Educational Rights Holder/ Caregiver Identification
  - Proof of Immunization
  - Other

- If **Provide to school** is selected, provide all necessary documents to the school as soon as possible

- Click **Next** to proceed to the next section

## Submit an Application

Dashboard / Virtual Academy Enrollment

Student Pre-Enrollment NOT submitted [Print All](#)

School year: 2025-2026  
Application ID: 10203

Please review your application below before submitting

Section 1 Student Information [Edit](#)

Legal last name:	Smith	Preferred last name:	
Legal first name:	Alex	Preferred first name:	
Legal middle name:		Preferred middle name:	
Home phone number:	888-888-8888		
Date of birth:	01/02/2019		
Enrolling in grade:	1		
Legal sex:	Male		
Gender:	Male		

- Review the application
- Click on pencil icon **Edit** to make any necessary changes to any section

LAUSD Student Enrollment [User Guide](#) [Parent/Guardian](#)

Dashboard

New to LAUSD

- TK-12 School Enrollment
- Virtual Academy Enrollment**
- City of Angels Enrollment

Current LAUSD Students

- Annual Forms
- Virtual Academy Transfer Request
- City of Angels Transfer Request

Resources

- Upload Documents
- Parent Resources

Expanded Learning Opportunities for Current Students

- Winter Academy Application

Signature

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

The undersigned, as parent/legal guardian of **Alex Smith** a minor, 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.

I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment. \*

I verify that the information contained is true and correct to the best of my knowledge. \*

I understand that the District reserves the right to verify the above listed residence information. \*

[View Parent Student Handbook](#)

I acknowledge that I have reviewed the Parent Student Handbook. \*

Full Name \*

Relationship to student \*

[Submit](#)

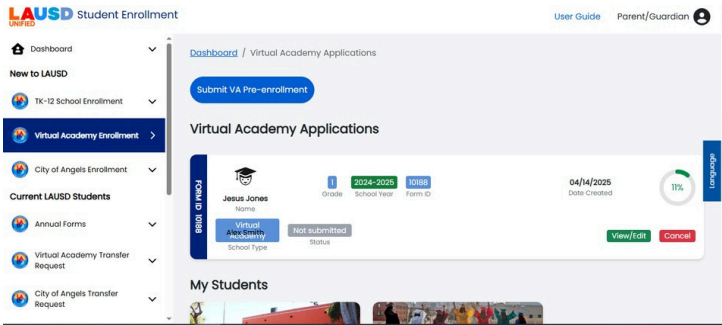
After submitting your request, you will have until **00/00/0000** to make any changes.

- Read the **Authorization** section
- Click on the required **boxes** with an asterisk (\*)
- Enter parent **Full Name** and **Relationship to the Student**
- Click the **Submit** Button
  - Note: changes may be made until the indicated date.

After submitting, parents will receive an email confirmation and status updates about the submission

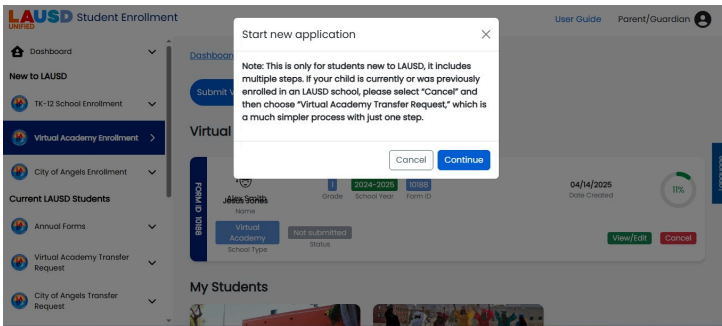
# Virtual Academy Enrollment

## My Students

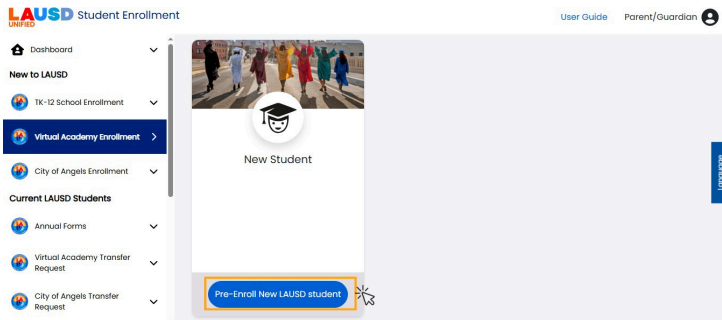


There are two options to enroll a new student to the Virtual Academy

- **Option 1:** Click on the **Submit VA Pre-Enrollment** blue button
- Click **Continue** if the student is new to LAUSD



- **Option 2:** Click on **Enroll New LAUSD Student** under the New Student Pre-Enrollment section



## Section 1: Student Information

1 Student Information 2 School & Address 3 Master Agreement and COA Preferences 4 Parent/Legal Guardian 5 Language and Ethnicity 6 Student Education

Please complete and submit the form below. \* Indicates required field.

First name \* Last name \* Middle name  
First name Last name Middle name

Preferred name (if applicable)  
First name Last name Middle name  
First name Last name Middle name

Date of birth \* Home phone number \* School year \* Enrolling in grade \*  
mm/dd/yyyy --- -- -- Home phone number Select Select

← Previous Save Draft Next →

- Complete all required **Student Information** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 2: School & Address

School & Address

Please complete and submit the form below. \* Indicates required field.

Student home address \* Apt/unit City \*  
333 S Beaudry Ave Los Angeles

State \* ZIP Code \*  
California 90017

Please select an in-person school from the list below that your student would like to attend if you ever decide that you want to switch to in-person learning. \*

View schools

← Previous Save Draft Next →

- Complete all required **School** and **Address** sections with an asterisk (\*)

Select the School

Please select an in-person school from the list below that your student would like to attend if you ever decide that you want to switch to in-person learning.

School	Grade	Select
Gratts Learning Academy for Young Scholars (GLAYS) (1238501) 309 LUCAS AVE, LOS ANGELES, CA 90017 Phone Number: 213-250-2932   Website	TK-5	<input type="radio"/>

If you are interested in enrolling in City of Angels (or LAUSD Virtual Academy), you must apply for an Incoming Inter-district permit. Visit <https://studentpermits.lausd.net> for information about inter-district permits into L.A. Unified.

Cancel Next →

← Previous Save Draft Next →

- Click on **View Schools** and **Select** an in-person school from the list

- Click **Next** to proceed to the next section

## Section 3: Master Agreement and VA Preferences

1 Student Information 2 School & Address 3 MSA and VA Preferences 4 Parent/Legal Guardian 5 Language and Ethnicity

Master Agreement and VA Preferences  
MSA and VA Preferences

Please complete and submit the form below. \* Indicates required field.

Please acknowledge the following: \*

I have downloaded and reviewed the Online Independent Study Family Guide with sample Master Agreement and Record of Assignment and I wish to proceed with enrolling my student in L.A. Unified's Virtual Academy.

To help L.A. Unified assign you to an academy, please select schools in order of preference using numbers from 1 – 6; every applicable option box must contain a number. EXAMPLE: #1 = first choice, #2 = second choice, etc. We will take into account your preferences but placement will be made based on availability.

1 Virtual Academy of the Arts & Entertainment \*

← Previous Save Draft Next →

- Complete all required **Master Agreement and VA Preferences** sections with an asterisk (\*)

- Enter school preference using 1-6

- Click **Next** to proceed to the next section

## Section 4: Parent/Legal Guardian

1 Student Information 2 School & Address 3 MSA and VA Preferences 4 Parent/Legal Guardian 5 Language and Ethnicity

Parent/Legal Guardian

+ Click here to add additional parent/legal guardian/caregiver

Parent 1

Please complete and submit the form below. \* Indicates required field.

Legal first name \* Mother  
Legal last name \* Smith  
Legal middle name  
Relationship to student \* Parent  
Preferred name (if applicable)

Contact Method

- Complete all required **Parent/Legal Guardian** sections with an asterisk (\*)

Parent/Legal Guardian

+ Click here to add additional parent/legal guardian/caregiver

Indicate which phone to call for each message type

Emergency \*  
 Home phone number  
 Cell phone number  
 Work phone number

Attendance \*  
 Home phone number  
 Cell phone number  
 Work phone number

General information \*  
 Home phone number  
 Cell phone number  
 Work phone number

Home correspondence language \*  
 English  
 Spanish  
 Armenian  
 Mandarin  
 Cantonese  
 Farsi  
 Korean  
 Russian  
 Vietnamese  
 Tagalog  
 Other

Highest level of education completed \*  
 Not a High School Graduate  
 High School Graduate or Equivalent  
 College Graduate  
 Graduate School / Doctorate

← Previous Save Draft Next →

- To add a parent/legal guardian/caregiver click on the plus icon (+)

- Click on the check box to indicate which phone to call for each message type (Emergency, Attendance, General Information)

- Click **Next** to proceed to the next section

## Section 5: Language and Ethnicity

1 Student Information 2 School & Address 3 MSA and VA Preferences 4 Parent/Legal Guardian 5 Language and Ethnicity

Home Language Survey Questionnaire for the Student

Please complete and submit the form below. \* Indicates required field.

Which language did your child learn when he/she/they first began to talk? \*  
Select

Which language does your child most frequently use at home? \*  
Select

Which language do you (the parents or guardians) most frequently use when speaking to your child? \*  
Select

← Previous Save Draft Next →

- Complete all required **Language and Ethnicity** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 6: Student Education

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Student Education

**Special Services** \* Indicates required field.

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

Did the student have a Section 504 Plan at their previous school? \*

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

← Previous Save Draft **Next →**

- Complete all required **Student Education** sections with an asterisk (\*)
- If the student has a current IEP or 504 Plan, upload it in **Section 17- Upload Documents** or provide a copy to the school to ensure appropriate placement or accommodations.

- Click **Next** to proceed to the next section.

## Section 7: Other Children

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)

+ Click here to add school aged children living in household

Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)

+ Click here to add school aged children living in household

Child 1 Delete

Please complete and submit the form below: \* Indicates required field.

First name \* Last name \* Date of birth \*  
mm/dd/yyyy

Relationship to student \* Current school \* Homeroom

Select

← Previous Save Draft **Next →**

- Complete all required **Other Children** sections with an asterisk (\*)

- To add school aged children living in the household, click on the plus icon (+). Repeat to continue to add more children.

- Click **Next** to proceed to the next section.

## Section 8: Health Information

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Health Information

List any medical condition which restricts physical activity or requires special attention. Include allergies such as peanut and bee stings if none, please indicate "none". \*

My child is allergic to the following medications. If none, please indicate "none". \*

My child currently takes the following medications. If none, please indicate "none". \*

Does the student have health insurance? \*

Yes  No

Previous Save Draft Next

- Complete all required **Health Information** sections with an asterisk (\*)
- If a section does not apply, indicate **None**.

- Click **Next** to proceed to the next section

## Section 9: Emergency Contacts

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Emergency Contacts

In a major emergency, it is school district policy to retain students at school for their safety. 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 (other than parents/legal guardians/caregivers):

Contact 1 + Click here to add additional emergency contact

First name \* Last name \* Middle name Relationship \*  
Home address \* City \* State \* ZIP Code \*  
Email Home phone number Cell phone number \* Work phone number  
Ext.

Contact 1 Contact 2 Delete + Click here to add additional emergency contact

Previous Save Draft Next

- Complete all required **Emergency Contacts** sections with an asterisk (\*)

- Add an emergency contact
- Click on the plus icon (+) to add additional contacts

- Click on the trash bin **Delete** to remove any contacts
- Click **Next** to proceed to the next section

## Section 10: Student Housing Questionnaire

9 Emergency Contacts

10 Student Housing Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

### 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.

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

- Shelter (ex. Homeless, Domestic Violence, etc.)
- Motel or Hotel
- 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
- Trailer/motor home on private property
- Other places NOT designated for or ordinarily used as a regular sleeping accommodation for human beings

Yes

No

Next ->

- Complete all required **Student Housing Questionnaire** sections with an asterisk (\*)

- If **Yes** applies, complete the remaining sections

- Click **Next** to proceed to the next section

## Section 11: Immigrant Education Program Questionnaire

9 Emergency Contacts

10 Student Housing Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

### Title III Immigrant Education Program

Your child and you, as the Parent/Guardian, may be eligible for free supplemental educational and support services funded by Title III Immigrant Education Program. These services include:

- After-School Tutoring
- Saturday School
- Summer School
- Family Literacy
- Family Training
- Parent/Family Outreach

These services are available to students who were not born in the US and have been attending U.S. schools for less than three school years.

Would you like a school representative to contact you and provide additional information regarding the Title III Immigrant Education Program? \*

Yes

No

Next ->

- Complete all required **Immigrant Education Program Questionnaire** sections with an asterisk (\*)

- Click **Yes** or **No** if you would like a school representative to provide additional information

- Click **Next** to proceed to the next section

## Section 12: Migrant Education Program Family Work Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

14 Permanent Student Health Card

15 Amerik Indian/ Native Indiger Fami Questionnaire

### Migrant Education Program Family Work Questionnaire

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)? 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. \*

Yes

No

Next ->

- Complete all required **Migrant Education Program Family Work Questionnaire** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 13: Refugee Education Support Program Eligibility Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

14 Permanent Student Health Card

15 American Indian/Alaska Native Family Questionnaire

### Refugee Educational Support Program Eligibility Questionnaire

You may be eligible for services if

1. Your child arrived in the U.S. within the last 5 years.
2. Is between the ages of 0 - 18.
3. Has one of the following immigration statuses:
  - Paroled as a Refugee or Asylee
  - Refugee
  - Cuban and Haitian Entrant
  - Amerasian
  - Iraqi and Afghan Special Immigrant
  - Unaccompanied Refugee Minor
  - Victim of severe forms of trafficking with certification or eligibility letter from ORR

Are any of these apply to your student? \*

Yes

No

← Previous Save Draft Next →

- Complete all required **Refugee Education Support Program Eligibility Questionnaire** sections with an asterisk (\*)
- If **Yes** applies, complete the remaining sections
- Click **Next** to proceed to the next section.

## Section 14: Permanent Student Health Card

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

14 Permanent Student Health Card

15 American Indian/Alaska Native Family Questionnaire

### Permanent Student Health Card

Please complete and submit the form below. \* Indicates required field.

Has Child Ever Been Hospitalized? \*

Yes

No

Is Child on Medication? \*

Yes

No

Are Physical Activities Limited? \*

Yes

No

← Previous Save Draft Next →

- Complete all required **Permanent Student Health Card** sections with an asterisk (\*)
- Click **Next** to proceed to the next section

## Section 15: American Indian/Alaskan Native and Indigenous Family Questionnaire

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

17 Household Size and Income Information

18 Documents Upload

American Indian/Alaskan Native and Indigenous Family Questionnaire

Do you identify yourself or your child as American Indian/Alaskan Native or are from an Indigenous Community or Nation from Mexico, Central or South America including but not limited to Tongva, Tataviam, Navajo (Diné), Zapotec, Maya, Lenca, K'iche', First Nations, etc.?

Yes

No

← Previous Save Draft Next →

- Complete all required **American Indian/Alaskan Native and Indigenous Questionnaire** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 16: Device Opt-Out Form

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

17 Household Size and Income Information

18 Documents Upload

Device Opt-Out Form

OPTION 1 - "OPTING IN" TO TAKING DEVICE HOME - Yes, I want my student to take the device home.

I have read and I understand the responsibilities described above and agree to comply with the "Rules." I give permission for my child to take the Device home. I agree to monitor and engage with my child when accessing online content away from school using the Device.

Acknowledgement of Inherent Risks of Internet Usage: I acknowledge that there are security, privacy, and confidentiality risks inherent in internet use and wireless communications. I understand that the District has taken those reasonable measures, including a web filtering solution, currently available to minimize such risks. However, I acknowledge that no filter or other technology currently available provides complete protection against such risks. I have determined that for my child the benefits of online activity and wireless communications outweigh the risks, and on my child's behalf, I will assume the risk associated with such activity. I agree that it is my responsibility to monitor and engage with my child concerning appropriate online usage.

OPTION 2 - "OPTING OUT" TO TAKING DEVICE HOME - No, I do NOT want my child to take the device home.

I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

← Previous Save Draft Next →

- Complete all required **Device Opt-Out Form** sections with an asterisk (\*)

- Click on either **Option #1** or **Option #2**

- Click **Next** to proceed to the next section

## Section 17: Household Size and Income Information

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

17 Household Size and Income Information

18 Documents Upload

2 Enter total MONTHLY household income \*

\$

No income

Declining to Complete May Reduce Funding for Your School

Total household income includes:

- Earnings from all jobs before taxes/deductions
- Welfare payments, child support, alimony
- Pay from pensions, retirement, social security

← Previous Save Draft Next →

- Complete all required **Household Size and Income Information** sections with an asterisk (\*)

**Note:** Completing the Household Income Form (HIF) for every child enrolled at LAUSD entitles schools to receive additional Federal and State funding

- Click **Next** to proceed to the next section

## Section 18: Documents Upload

- Complete all required **Document Upload** sections with an asterisk (\*)
- If **Upload Here** is selected, upload the following documents:
  - Proof of Residence
  - Proof of Age of Minor
  - Parent/Guardian/ Educational Rights Holder/ Caregiver Identification
  - Proof of Immunization
  - Other
- If **Provide to school** is selected, provide all necessary documents to the school as soon as possible
- Click **Next** to proceed to the next section

## Submit an Application

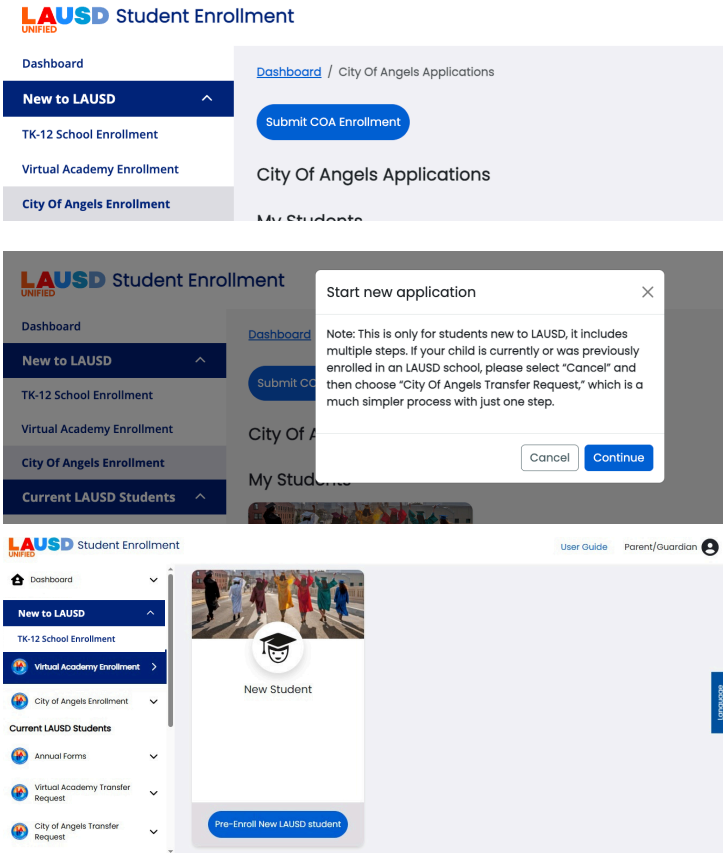
- Review the application
- Click on pencil icon **Edit** to make any necessary changes to any section

- Read the **Authorization** section
- Click on the required **boxes** with an asterisk (\*)
- Enter parent **Full Name** and **Relationship to the Student**
- Click the **Submit** Button

**Note:** changes may be made until the indicated date.

# City Of Angels

## My Students



There are two options to enroll a new student to the City Of Angels

- **Option 1:** Click on the **Submit COA Enrollment** blue button
- Click **Continue** if the student is new to LAUSD
  
- **Option 2:** Scroll down and click on **Enroll New LAUSD Student** under the New Student Enrollment section.

## Section 1: Student Information

The image shows a screenshot of the 'Student Information' form. The form is part of a 6-step process. The 'Next' button is highlighted with a yellow box and a cursor.

- Complete all required **Student Information** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 2: School & Address

1 Student Information 2 School & Address 3 Master Agreement and COA Preferences 4 Parent/Legal Guardian 5 Language and Ethnicity 6 Student Education

Please complete and submit the form below: \* Indicates required field.

Student home address\* Apt/unit City\*

State\* ZIP Code\*

Select

Please select an in-person school from the list below that your student would like to attend if you ever decide that you want to switch to in-person learning.

View schools

- Complete all required **Student Information** sections with an asterisk (\*)

Select the School

Please select an in-person school from the list below that your student would like to attend if you ever decide that you want to switch to in-person learning.

School	Grade	Select
Gratts Learning Academy for Young Scholars (GLAYS) (123850) 309 LUCAS AVE, LOS ANGELES, CA 90017 Phone Number: 213-250-2932   <a href="#">Website</a>	TK-5	<input checked="" type="radio"/>

If you are interested in enrolling in City of Angels (or LAUSD Virtual Academy), you must apply for an incoming inter-district permit. Visit <https://studentpermits.lausd.net> for information about inter-district permits into L.A. Unified.

Cancel Next

- Click on **View Schools** and **Select** an in-person school from the list

Previous Save Draft Next ->

- Click **Next** to proceed to the next section

## Section 3: Master Agreement and COA Preferences

1 Student Information 2 School & Address 3 MSA and COA Preferences 4 Parent/Legal Guardian 5 Language and Ethnicity 6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Hearing Questionnaire 11 Immigration Educator Program Questionnaire

MSA and VA Preferences

Please complete and submit the form below: \* Indicates required field.

Please note that placement in COA is based on space availability in the requested grade level. Per LAUSD policy, enrollment in any Independent Study Program is contingent upon space availability and signing the Master Agreement for Independent Study. Students are to remain enrolled in their current in-person school or school of residence until enrollment is processed and the family receives notification of a spot date from the COA.

Please acknowledge the following \*

I have downloaded and reviewed the Online Independent Study Family Guide with sample Master Agreement and Record of Assignment and I wish to proceed with enrolling my student in Los Angeles Unified, City of Angels, Independent Study Program.

To help LAUSD assign you to the location nearest your residence, please select the area you would like to attend, numbers from 1 - 4, every applicable option box must contain a number. EXAMPLE: #1 = first choice, #2 = second choice, etc. We will take into account your preferences, but placement will be made based on availability.

3 North \*  
2 South \*  
1 East \*

Previous Save Draft Next ->

- Complete all required **Master Agreement and COA Preferences** sections with an asterisk (\*)

- Enter school preference using 1-6

Previous Save Draft Next ->

- Click **Next** to proceed to the next section



## Section 6: Student Education

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Student Education

**Special Services** \* Indicates required field.

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

Did the student have a Section 504 Plan at their previous school? \*

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

← Previous Save Draft **Next →**

- Complete all required **Student Education** sections with an asterisk (\*)
- If the student has a current IEP or 504 Plan, upload it in **Section 17- Upload Documents** or provide a copy to the school to ensure appropriate placement or accommodations.

- Click **Next** to proceed to the next section.

## Section 7: Other Children

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)

+ Click here to add school aged children living in household

Other Children

Please add any school aged children living in household with same parent(s)/legal guardian(s)/caregiver(s) (include brothers, sisters, cousins)

+ Click here to add school aged children living in household

Child 1 Delete

Please complete and submit the form below. \* Indicates required field.

First name *	Last name *	Date of birth *
<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
Relationship to student *	Current school *	Homeroom
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>

← Previous Save Draft **Next →**

- Complete all required **Other Children** sections with an asterisk (\*)

- To add school aged children living in the household, click on the plus icon (+). Repeat to continue to add more children.

- Click **Next** to proceed to the next section.

## Section 8: Health Information

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Health Information

List any medical condition which restricts physical activity or requires special attention. Include allergies such as peanut and bee stings if none, please indicate "none". \*

My child is allergic to the following medications. If none, please indicate "none". \*

My child currently takes the following medications. If none, please indicate "none". \*

Does the student have health insurance? \*

Yes  No

Previous Save Draft **Next** →

- Complete all required **Health Information** sections with an asterisk (\*)
- If a section does not apply, indicate **None**.
- Click **Next** to proceed to the next section

## Section 9: Emergency Contacts

6 Student Education 7 Other Children 8 Health Information 9 Emergency Contacts 10 Student Housing Questionnaire

### Emergency Contacts

In a major emergency, it is school district policy to retain students at school for their safety. 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 (other than parents/legal guardians/caregivers):

Contact 1 + Click here to add additional emergency contact

First name \* Last name \* Middle name Relationship \*  
Home address \* City \* State \* ZIP Code \*  
Email Home phone number Cell phone number \* Work phone number  
Ext.

Contact 1 Contact 2 Delete + Click here to add additional emergency contact

Previous Save Draft **Next** →

- Complete all required **Emergency Contacts** sections with an asterisk (\*)
- Add an emergency contact
- Click on the plus icon (+) to add additional contacts
- Click on the trash bin **Delete** to remove any contacts
- Click **Next** to proceed to the next section

## Section 10: Student Housing Questionnaire

9 Emergency Contacts

10 Student Housing Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

### 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.

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

- Shelter (ex. Homeless, Domestic Violence, etc.)
- Motel or Hotel
- 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
- Trailer/motor home on private property
- Other places NOT designated for or ordinarily used as a regular sleeping accommodation for human beings

Yes

No

← Previous Save Draft Next →

- Complete all required **Student Housing Questionnaire** sections with an asterisk (\*)

- If **Yes** applies, complete the remaining sections

- Click **Next** to proceed to the next section

## Section 11: Immigrant Education Program Questionnaire

9 Emergency Contacts

10 Student Housing Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

### Title III Immigrant Education Program

Your child and you, as the Parent/Guardian, may be eligible for free supplemental educational and support services funded by Title III Immigrant Education Program. These services include:

- After-School Tutoring
- Saturday School
- Summer School
- Family Literacy
- Family Training
- Parent/Family Outreach

These services are available to students who were not born in the US and have been attending U.S. schools for less than three school years.

Would you like a school representative to contact you and provide additional information regarding the Title III Immigrant Education Program? \*

Yes

No

← Previous Save Draft Next →

- Complete all required **Immigrant Education Program Questionnaire** sections with an asterisk (\*)

- Click **Yes** or **No** if you would like a school representative to provide additional information

- Click **Next** to proceed to the next section

## Section 12: Migrant Education Program Family Work Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

14 Permanent Student Health Card

15 Amerik Indian/ Native Indiger Fami Questionnaire

### Migrant Education Program Family Work Questionnaire

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)? 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. \*

Yes

No

← Previous Save Draft Next →

- Complete all required **Migrant Education Program Family Work Questionnaire** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 13: Refugee Education Support Program Eligibility Questionnaire

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

14 Permanent Student Health Card

15 American Indian/Alaska Native Family Questionnaire

### Refugee Educational Support Program Eligibility Questionnaire

You may be eligible for services if

1. Your child arrived in the U.S. within the last 5 years.
2. Is between the ages of 0 - 18.
3. Has one of the following immigration statuses:
  - Paroled as a Refugee or Asylee
  - Refugee
  - Cuban and Haitian Entrant
  - Amerasian
  - Iraq and Afghan Special Immigrant
  - Unaccompanied Refugee Minor
  - Victim of severe forms of trafficking with certification or eligibility letter from ORR

Are any of these apply to your student? \*

Yes

← Previous Save Draft Next →

- Complete all required **Refugee Education Support Program Eligibility Questionnaire** sections with an asterisk (\*)
- If **Yes** applies, complete the remaining sections
- Click **Next** to proceed to the next section.

## Section 14: Permanent Student Health Card

11 Immigrant Education Program Questionnaire

12 Migrant Education Program Family Work Questionnaire

13 Refugee Educational Support Program Eligibility Questionnaire

14 Permanent Student Health Card

15 American Indian/Alaska Native Family Questionnaire

### Permanent Student Health Card

Please complete and submit the form below. \* Indicates required field.

**Has Child Ever Been Hospitalized? \***

Yes

No

**Is Child on Medication? \***

Yes

No

**Are Physical Activities Limited? \***

Yes

No

← Previous Save Draft Next →

- Complete all required **Permanent Student Health Card** sections with an asterisk (\*)
- Click **Next** to proceed to the next section

## Section 15: American Indian/Alaskan Native and Indigenous Family Questionnaire

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

17 Household Size and Income Information

18 Documents Upload

American Indian/Alaskan Native and Indigenous Family Questionnaire

Do you identify yourself or your child as American Indian/Alaskan Native or are from an Indigenous Community or Nation from Mexico, Central or South America including but not limited to Tongva, Tataviam, Navajo (Diné), Zapotec, Maya, Lenca, K'iche', First Nations, etc.?

Yes

No

← Previous Save Draft Next →

- Complete all required **American Indian/Alaskan Native and Indigenous Questionnaire** sections with an asterisk (\*)

- Click **Next** to proceed to the next section

## Section 16: Device Opt-Out Form

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

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18 Documents Upload

Device Opt-Out Form

OPTION 1 - "OPTING IN" TO TAKING DEVICE HOME - Yes, I want my student to take the device home. I have read and I understand the responsibilities described above and agree to comply with the "Rules." I give permission for my child to take the Device home. I agree to monitor and engage with my child when accessing online content away from school using the Device.

Acknowledgement of Inherent Risks of Internet Usage: I acknowledge that there are security, privacy, and confidentiality risks inherent in internet use and wireless communications. I understand that the District has taken those reasonable measures, including a web filtering solution, currently available to minimize such risks. However, I acknowledge that no filter or other technology currently available provides complete protection against such risks. I have determined that for my child the benefits of online activity and wireless communications outweigh the risks, and on my child's behalf, I will assume the risk associated with such activity. I agree that it is my responsibility to monitor and engage with my child concerning appropriate online usage.

OPTION 2 - "OPTING OUT" TO TAKING DEVICE HOME - No, I do NOT want my child to take the device home. I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

← Previous Save Draft Next →

- Complete all required **Device Opt-Out Form** sections with an asterisk (\*)

- Click on either **Option #1** or **Option #2**

- Click **Next** to proceed to the next section

## Section 17: Household Size and Income Information

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

17 Household Size and Income Information

18 Documents Upload

2 Enter total MONTHLY household income \*

\$

No income

Declining to Complete May Reduce Funding for Your School

Total household income includes:

- Earnings from all jobs before taxes/deductions
- Welfare payments, child support, alimony
- Pay from pensions, retirement, social security

← Previous Save Draft Next →

- Complete all required **Household Size and Income Information** sections with an asterisk (\*)

**Note:** Completing the Household Income Form (HIF) for every child enrolled at LAUSD entitles schools to receive additional Federal and State funding

- Click **Next** to proceed to the next section

## Section 18: Documents Upload

14 Permanent Student Health Card

15 American Indian/Alaskan Native and Indigenous Family Questionnaire

16 Device Opt-Out Form

17 Household Size and Income Information

18 Documents Upload

### Documents Upload

\* If you are missing any of these required documents, you may still submit the application, but will need to work with your LAUSD school to complete the Pre-Enrollment process.

Please upload your child's [document name, e.g., immunization records] online through this secure portal, or you can provide them directly to the school. \*

Upload Here

Provide to school

Please submit your documents to the school

← Previous Save Draft Next →

- Complete all required **Document Upload** sections with an asterisk (\*)
- If **Upload Here** is selected, upload the following documents:
  - Proof of Residence
  - Proof of Age of Minor
  - Parent/Guardian/ Educational Rights Holder/ Caregiver Identification
  - Proof of Immunization
  - Other
- If **Provide to school** is selected, provide all necessary documents to the school as soon as possible
- Click **Next** to proceed to the next section

## Submit an Application

Dashboard / City of Angels Enrollment

Student Pre-Enrollment Not submitted Print All

School year: 2024-2025  
Application ID: 42

Please review your application below before submitting

Section 1 Student Information Edit

Legal last name: Smith Preferred last name:

Legal first name: Alex Preferred first name:

Legal middle name: Preferred middle name:

Home phone number: 888-888-8888

Date of birth: 01/02/2019

Enrolling in grade: 1

Legal sex: Male

Gender: Male

Section 2 School & Address Edit

Home address: 333 S. Beaudry Avenue  
Los Angeles  
CA 90017

School selected: Gratts Learning Academy for Young Scholars (GLAYS) (1238501)

Section 3 MSA and VA Preferences Edit

Signature

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

The undersigned, as parent/legal guardian of, **Alex Smith** a minor, 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.

I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment. \*

I verify that the information contained is true and correct to the best of my knowledge. \*

I understand that the District reserves the right to verify the above listed residence information. \*

[View Parent Student Handbook](#)

I acknowledge that I have reviewed the Parent Student Handbook. \*

Full Name \* Relationship to student \*

Submit

After submitting your request, you will have until 06/20/2025 to make any changes.

00/00/0000

- Review the application
- Click on pencil icon **Edit** to make any necessary changes to any section
- Read the **Authorization** section
- Click on the required **boxes** with an asterisk (\*)
- Enter parent **Full Name** and **Relationship to the Student**
- Click the **Submit** Button

**Note:** changes may be made until the indicated date.

# Resources

## Parent Resources

- Click on the **Resource Card** to review each resource
- Each card will either download or redirect to an LAUSD program website

