

Los Angeles Unified School District

STUDENT ENROLLMENT FORM

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

Office Use Only

1. School Name:	4. Student Entry Grade Level:
2. Location Code:	5. LAUSD/State Student ID Number:
3. Enrollment Date/Code:	

Instructions: Please print using black or blue ink. If you have any questions, please ask for assistance.

Parents/Guardians/Caregivers: If you are unable to complete all of the information on the Student Enrollment Form, your child will still be enrolled in school. The District does not collect Social Security numbers or immigration status information in order to enroll students in school.

A. STUDENT INFORMATION

Legal Name:						
Last		First		Middle		
Preferred Name:						
Last		First		Middle		
Home Address						
Number		Street	Apt/Unit	City	Zip Code	Home Phone Number
Legal Sex: (Select One)		Gender: (Select One)	Date of Birth			
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male	____/____/____			
<input type="checkbox"/> Non-binary		<input type="checkbox"/> Female	Month/Day/Year			
<input type="checkbox"/> Intersex		<input type="checkbox"/> Non-Binary				

B. PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:					
Last		First		Middle	
Preferred Name (If Applicable):					
Home Phone Number		Cell Phone Number		Work Phone Number	
				Email Address	

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

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

Highest Level of Education Completed (Check One)

☐ 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: _____

If No, please provide address:

Number Street Apt/Unit City Zip Code

PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:					
Last		First		Middle	
Preferred Name (If Applicable):					

Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____ If No, please provide address: _____			
Number	Street	Apt/Unit	City
Zip Code			
PARENT/LEGAL GUARDIAN/CAREGIVER			
Legal Name:			
Last		First	Middle
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____ If No, please provide address: _____			
Number	Street	Apt/Unit	City
Zip Code			
PARENT/LEGAL GUARDIAN/CAREGIVER			
Legal Name:			
Last		First	Middle
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			

Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____			
If No, please provide address:			
Number	Street	Apt/Unit	City Zip Code
C. HOME LANGUAGE AND ETHNICITY INFORMATION			
Home Language of the Student			
Which language did your child learn when he/she/they first began to talk?			
Which language does your child most frequently use at home?			
Which language do you (the parents or guardians) most frequently use when speaking to your child?			
Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)			
Has this student received any formal English language instruction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Primary Ethnicity			
Is the student's ethnicity Hispanic or Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Primary Race (Check One)			
<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White	
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:		
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:		
<input type="checkbox"/> Decline to State			
Student's Additional Race (Optional)			
<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White	
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:		
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:		
<input type="checkbox"/> Decline to State			
D. STUDENT EDUCATION INFORMATION			
Special Services		Check One for Each Question	
Was this student receiving special education services at their previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did this student have a current Individualized Education Program (IEP) at the previous school? If yes, do you have a copy of the IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the student have a Section 504 Plan at their previous school? If yes, do you have a copy of the Section 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have difficulties that interfere with his/her ability to go to school or to learn?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student identified to receive gifted and talented educational services (GATE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Schools			
Has the student previously attended this school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when:	
Has the student previously attended any other school or center in the LAUSD (e.g., early education center, state preschool, Head Start, or other preschool)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list most recent LAUSD school/center attended:			
<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>
List last non-LAUSD school student attended (including early education center, state preschool, Head Start, or other preschool):			
<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>

Is this student currently under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the name of the school district:			
Additional Student Information			
Are there any court orders regarding legal custody, physical custody, educational rights, or restricted contact with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the court order should be provided to the school.			
Does the student have any relatives who are all or part American Indian or Alaskan Native? <i>(Please complete the American Indian-Alaskan Native Letter Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will be contacted at home regarding the American Indian-Alaskan Native Program and whether your child may qualify for its free academic assistance and health benefits.			
Has the student's parent or legal guardian worked in one or more of the following industries in the last three years (agriculture, dairy, fishery, food process/packing, or livestock)? <i>(Please complete the Migrant Education Program, Family Work Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you will be contacted at home regarding the Migrant Education Program and whether your child may qualify for its free academic assistance and health benefits.			
E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S) (include brothers, sisters, cousins)			
1. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School	
2. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School	
3. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School	
4. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School	
5. _____ Last Name, First Name	_____ / _____ / _____ Birth Date (Month/Day/Year)	_____ Current School	
F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)			
1. Legal Name:			
Last		First	Middle
Home Address:			
Number	Street	Apartment/Unit	City Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
2. Legal Name:			
Last		First	Middle
Home Address:			
Number	Street	Apartment/Unit	City Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

X

Signature

Date

Printed Name

Relationship to Student