



## LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

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**TITLE:** Use of New Student Enrollment Form

**NUMBER:** REF-5259.1

**ISSUER:** Pia V. Escudero, Executive Director  
Student Health and Human Services

**DATE:** August 16, 2019

**ROUTING**  
All Schools and  
Offices

**PURPOSE:** The purpose of this Reference Guide is to advise school staff of the updated *Student Enrollment Form* now available both electronically and in print form. This *Form* shall be used beginning in the 2019-20 school year. All unused previous versions of the form are to be discarded.

**MAJOR CHANGES:** The *Student Enrollment Form* has been updated in accordance with changes in Federal and State data collection and reporting requirements pertaining to legal sex, gender, and citizenship and immigration status. New items include preferred name, non-binary and intersex options for legal sex and a non-binary option for gender. Place of birth and date of first U.S. school enrollment information was removed and added to the Title III Immigrant Education Program Questionnaire which is required for new L.A. Unified enrollees. In addition, the *Office Checklist for Student Enrollment* has been updated in order to ensure District policies are followed at the time of enrollment.

**INSTRUCTIONS:** The new *Student Enrollment Form* (Attachment A) will be available to parents/guardians/caregivers electronically via the District's website: [www.lausd.net](http://www.lausd.net) under [Families > Parent and Community Services > Parents > School Forms and Resources](#). Parents/guardians/caregivers can download the *Form* in the desired language, complete electronically, print, sign, and return it to the school.

Schools may continue to obtain hard copies of the *Student Enrollment Form* in triplicate format through the District Warehouse using the same commodity codes. English and Spanish packs are available in bundles of 100, while all other languages may be ordered in bundles of 10.

This *Form* shall be completed by the parent/guardian/caregiver for each enrolling student. After the *Form* is submitted, designated office staff shall review the completed *Form* and address any incomplete or incorrectly filled in sections.

While many fields on the *Student Enrollment Form* may not require explanation, Attachment B provides detailed information regarding new items or items needing further clarification.



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In conjunction with each *Student Enrollment Form*, a two page *Office Checklist for Student Enrollment* (Attachment C) is to be completed by school staff. This *Checklist* provides a place to record verification of age, residence, affidavits, etc., and to document tasks school staff must complete. This ensures a thorough review of the completed *Student Enrollment Form* and all supporting documents submitted. It also provides guidance to ensure that all school staff adheres to District policies regarding any follow-up that may be required.

In some cases, the enrolling student will not have all required documents. There are often exceptions and accompanying affidavits that allow for immediate enrollment (e.g., students who are homeless, in foster or out-of-home care, unaccompanied youth, etc.). Please refer to REF-6554.3 for details regarding enrollment procedures and affidavits to facilitate immediate enrollment of all students.

When processing the printed triplicate *Student Enrollment Form*, school staff is to distribute the yellow copy to the Special Education Administrator/Designee, the pink copy to the English Learner Coordinator, and file the white copy in the student's cumulative record folder. When processing a *Form* a parent/guardian/caregiver has completed electronically and printed out, school staff shall make two copies and distribute them as mentioned above.

### RELATED RESOURCES:

REF-6554.3 *Opening Day Procedures: Supplemental Guide and Updates*  
BUL-4926.2 *Attendance Manual: Policy and Procedures for Elementary, Secondary and Option Schools*, dated March 1, 2013  
BUL-6718.0 *Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System*, dated August 8, 2016

### ASSISTANCE:

For assistance or further information, please contact:

- Office of Pupil Services at (213) 241-3844
- Local District Pupil Services and Attendance Coordinators
- For MiSiS questions, contact the ITD Service Desk at (213) 241-5200 or <http://techsupport.lausd.net/>



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## REFERENCE GUIDE

Attachment A

### 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. L.A. Unified/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)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Intersex	Gender: (Select One)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth ____/____/____ Month/Day/Year	

#### 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 L.A. Unified to provide written correspondence to the parent/legal guardian of the student. (Check One)

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

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

☐ High School Graduate or Equivalent ☐ Some College (includes AA Degree) ☐ College Graduate  
☐ Graduate School / Doctorate ☐ Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? ☐ Yes ☐ No Relationship to Student: \_\_\_\_\_

If No, please provide address:

Number Street Apt/Unit City Zip Code

#### PARENT/LEGAL GUARDIAN/CAREGIVER

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



## REFERENCE GUIDE

Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

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

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

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

☐ High School Graduate or Equivalent  
 ☐ Some College (includes AA Degree)  
 ☐ College Graduate  
☐ Graduate School / Doctorate  
 ☐ Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? ☐ Yes ☐ No   Relationship to Student: \_\_\_\_\_

If No, please provide address:

Number	Street	Apt/Unit	City	Zip Code
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**PARENT/LEGAL GUARDIAN/CAREGIVER**

Legal Name:

Last	First	Middle
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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 L.A. Unified to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

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

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

☐ High School Graduate or Equivalent  
 ☐ Some College (includes AA Degree)  
 ☐ College Graduate  
☐ Graduate School / Doctorate  
 ☐ Decline to State or Unknown

Does the student live with this parent/legal guardian/caregiver? ☐ Yes ☐ No   Relationship to Student: \_\_\_\_\_

If No, please provide address:

Number	Street	Apt/Unit	City	Zip Code
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**PARENT/LEGAL GUARDIAN/CAREGIVER**

Legal Name:

Last	First	Middle
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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 L.A. Unified to provide written correspondence to the parent/ legal guardian of the student. (Check One)*

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

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

☐ High School Graduate or Equivalent  
 ☐ Some College (includes AA Degree)  
 ☐ College Graduate  
☐ Graduate School / Doctorate  
 ☐ Decline to State or Unknown



## REFERENCE GUIDE

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
<b>C. HOME LANGUAGE AND ETHNICITY INFORMATION</b>				
<b>Home Language of the Student</b>				
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	
<b>Student's Primary Ethnicity</b>				
Is the student's ethnicity Hispanic or Latino?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Student's Primary Race (Check One)</b>				
<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				
<b>Student's Additional Race (Optional)</b>				
<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				
<b>D. STUDENT EDUCATION INFORMATION</b>				
<b>Special Services</b>		<b>Check One for Each Question</b>		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you have a copy of the IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the student have a Section 504 Plan at their previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you have a copy of the Section 504 Plan?		<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		
<b>Previous Schools</b>				
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 L.A. Unified (e.g., early education center, state preschool, Head Start, or other preschool)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, list most recent L.A. Unified school/center attended:</b>				
Name of School		City/State	Dates Attended (Month/Year)	Grade Level(s)



## REFERENCE GUIDE

List last non-L.A. Unified 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:			
<b>Additional Student Information</b>			
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.			
<b>E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S) (include brothers, sisters, cousins)</b>			
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	
<b>F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)</b>			
1. Legal Name:			
Last	First	Middle	
Home Address:			
Number	Apartment/Unit	City	Zip Code
Street			
_____	_____	_____	_____
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
2. Legal Name:			
Last	First	Middle	
Home Address:			
Number	Apartment/Unit	City	Zip Code
Street			
_____	_____	_____	_____
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



LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services

EXPLANATION OF NEW STUDENT ENROLLMENT FORM

**OFFICE USE ONLY SECTION**

**Enrollment Date/Code:**

Enter both the enrollment date and the enrollment code (E-code). E Codes indicate where a student is enrolling from:

**E1:** Within District – Same School

**E2:** Within District – Different School

**E3:** Public School in California

**E4:** Non-Public/Private School in California

**E5:** Other state in USA and out of USA (Includes non-public schools outside of California)

**E7:** First time enrollment

**L.A. Unified/State Student ID Number:**

Write the L.A. Unified student ID number in this space and if the student is transferring and has a CA State Student ID number (SSID), record that number as well.

**A. STUDENT INFORMATION**

**Preferred Name**

As of February 3, 2014, nicknames and preferred names are to be entered in the Preferred Name field in the Student Information System. In addition, the student's gender identity is to be entered in the Gender field if applicable. Doing so causes the desired name and gender to appear on teacher rosters, but not on official records and documents such as cumulative files, report cards and transcripts. For more information refer to BUL-5703, Name and/or Gender of Pupils for Purposes of School Records and BUL-6224, Transgender Students-Ensuring Equity and Nondiscrimination. Go to <https://achieve.lausd.net/misisjobaids> > Census to access the MiSiS job aid for entering a student's preferred name.

**Legal sex:** Non-Binary and Intersex options have been added.

Due to *Senate Bill 179, Gender Recognition Act (SB-179)* October, 2017. This legislation makes it significantly easier for all transgender people who are living in or were born in California to obtain identity documents that reflect their genders, and makes California the second state in the country to offer a standard path to obtaining a non-binary gender marker on state documents.

**Gender:** Non-binary option has been added.

Due to *Senate Bill 179, Gender Recognition Act (SB-179)* October, 2017. This legislation makes it significantly easier for all transgender people who are living in or were born in California to obtain identity documents that reflect their genders, and makes California the second state in the country to offer a standard path to obtaining a non-binary gender marker on state documents.

**Place of Birth:** Question has been removed.

Due to Senate Bill 699, Educational Equity: Immigrant and Citizenship Status (AB 699) October, 2017. Education Code section 234.7 limits the collection of information or documents regarding citizenship or immigration status of students or their families to only information required by state or federal law. Therefore, the gathering of national origin-related information required for Title III programs will be collected on a separate form as part of the enrollment packet by the school personnel. The Title III





Immigrant Education Program Questionnaire Form is to be included in the school's enrollment packet for parents/guardians of students who are initially enrolling to complete and return to the school. For information on procedures and to access this questionnaire please refer to REF-062703, Title III Immigrant Education Program Identification Procedures for Eligible Students.

**B. PARENT/LEGAL GUARDIAN/CAREGIVER**

Caregiver has been added to this section. In addition, MiSiS now allows for the entry of up to two Primary Parent/Guardians.

The form has a place for four (4) parent/legal guardians/caregivers. MiSiS allows for the entry of up to two (2) Primary Parent/Guardians. If a new student's parents are separated or divorced, encourage the caregiver who is registering the student to include the address and contact information of both parents unless there is a court order restricting access.

For students who reside with someone other than a parent or legal guardian, the Caregiver's Authorization Affidavit may be used. Please reference the REF-6554 Opening Day Procedures: Supplemental Guide and Updates for more information.

**Home Correspondence Language:**

This refers to the language in which the caregiver would like to receive written correspondence, such as letters and report cards. However, when school personnel call home, they should attempt to communicate in the indicated language. The Blackboard Connect Notification System translates messages into the nine (9) languages listed on the Enrollment Form.

**Highest Level of Education Completed:**

Parent level of education is required for State reporting.

**C. HOME LANGUAGE AND ETHNICITY INFORMATION**

Please address questions on this topic to the State Reporting Services Branch (213) 241-2450.

When completing the Ethnicity/Race questions of this section, the caregiver must first answer if the student is Hispanic or Latino.

The caregiver must then mark one primary race and can mark a secondary race if desired.

**D. STUDENT EDUCATION INFORMATION**

This section gathers information regarding Special Education, educational history, and GATE.

Please see Office Use Only Checklist for instructions on asking parents of special education students follow-up questions regarding prior schools of attendance and reasons for withdrawal from magnet or charter schools.

Please see Office Use Only Checklist for instructions on notifying the Division of Special Education Fiscal and Program Accountability Office via fax regarding the responses to the follow-up questions.





**Additional Student Information**

**Court Orders:**

The existence of a court order can only be acknowledged if a copy of it has been provided to the school. The school shall then enter the court order in MiSiS. Court orders are kept on file at the school, and any questions are to be directed to the Office of the General Counsel. Go to <https://achieve.lausd.net/misisjobaids> > Census to access the MiSiS job aid for entering a court order.

**E. SCHOOL AGED CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/  
LEGAL GUARDIAN(S)/CAREGIVER(S)**

This section provides requests basic information regarding other school-aged children residing in the home (e.g., brothers, sisters, and cousins).

**F. EMERGENCY CONTACT INFORMATION**

This section provides space to list two (2) additional emergency contacts who are permitted to pick up the student, although a note from the parent is still required for the non-emergency contact to pick up the student from school.



# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Attachment C

## LOS ANGELES UNIFIED SCHOOL DISTRICT Student Health and Human Services

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **OFFICE CHECKLIST FOR STUDENT ENROLLMENT** (to be completed with each new enrollment form)

#### **A. VERIFICATIONS/ADDITIONAL DOCUMENTATION RECEIVED**

1. **AGE VERIFICATION** ☐ Certified copy of birth record ☐ Statement by local registrar or county recorder certifying the date of birth  
☐ Baptismal Certificate duly attested ☐ Passport ☐ Affidavit (list below in #4) Chronological Age: \_\_\_\_ Years \_\_\_\_ Months
2. **RESIDENCE VERIFICATION:** ☐ Utility Service Bill (Electric, Gas or Water) ☐ Property Taxes or Rental or Lease Agreement  
☐ Official Government Mail (CalWorks, Social Security) ☐ Affidavit (list below in #4) ☐ Other (specify): \_\_\_\_\_
3. **IMMUNIZATION VERIFICATION:** ☐ Proof of Required Immunizations or Immunization Release
4. **AFFIDAVITS** (List all affidavits used, e.g. residence, homelessness, immunization release, caregiver): These forms can be used in lieu of missing required documentation. For more information refer to RE-6554 Enrollment and Attendance Procedures: Supplemental Guide and Updates or BUL-6718, Educational Rights and Guide for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System.  
 \_\_\_\_\_
5. **EMANCIPATED MINOR VERIFICATION:** ☐ Legal Document Supplied
6. **OPTIONAL ATTENDANCE AREA DECISION:** ☐ Completed, Signed, and Dated Option Area Decision Form
7. **NON-RESIDENT/PERMIT REASON:** \_\_\_\_\_ ☐ Transportation ☐ Non-Transportation Date \_\_\_\_/\_\_\_\_/\_\_\_\_
8. **STUDENT Housing QUESTIONNAIRE (SHQ):** If answered any choice other than "None of the Above Apply" the family was referred to the designated School Site Homeless Liaison on \_\_\_\_/\_\_\_\_/\_\_\_\_ and a copy of the SHQ was faxed (213) 580-6551 or mailed to the Homeless Education Program on \_\_\_\_/\_\_\_\_/\_\_\_\_. Information was inputted in MiSiS on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_. For information, please contact the Student Support Program of Student Health and Human Services.
9. **OTHER DOCUMENTS RECEIVED** (Check all that apply): ☐ Cumulative Record ☐ Emergency Card ☐ Health Card
10. **RECORDS REQUESTED ON** \_\_\_\_/\_\_\_\_/\_\_\_\_ **from** \_\_\_\_\_.

#### **B. ADDITIONAL STUDENT INFORMATION FOLLOW-UP**

1. **COURT ORDER:**
  - a. Has a copy of a court order been provided to the school? ☐ Yes ☐ No
  - b. What type of court order is in effect for this student: ☐ Custody ☐ Restraining/Injunction ☐ Other
  - c. If Restraining Order or Injunction, please answer the following questions:
    - i. Name of individual(s) for which the court order has been issued against: \_\_\_\_\_
    - ii. Date on which the court order ceases to be in effect: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. **AMERICAN INDIAN/ALASKA NATIVE ANCESTRY:** SECTION D, Additional Student Information. If answered **Yes**, the student's required federal form was completed and sent to the Indian Education Program Office on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_.
3. **Migrant Education Program:** SECTION D, Additional Student Information. If answered **Yes**, the student's Migrant Education Program Family Work Questionnaire was completed and sent to the Migrant Education Program Office on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_.

#### **C. ENROLLMENT STAFF AND DATA ENTRY FOLLOW-UP**

Enrollment Information Verified by (initials) \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollment Data Entry in MiSiS Completed by (initials) \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Student Health and Human Services**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE CHECKLIST FOR STUDENT ENROLLMENT**

**D. STUDENT EDUCATION INFORMATION FOLLOW-UP**

<p><b>1. A.</b> Was this student receiving special education services at his/her previous school? <span style="float: right;"><b>(Circle one)</b> Yes    No</span></p> <p><b>1. B.</b> Did this student have an Individualized Education Program (IEP) at his/her previous school? <span style="float: right;"><b>(Circle one)</b> Yes    No</span></p> <p style="margin-left: 20px;">If the student had an IEP at his/her previous school, has this school received a copy of the IEP? <span style="float: right;"><b>(Circle one)</b> Yes    No</span></p> <p style="margin-left: 20px;">If IEP was not received, a copy of it was requested from: _____  <span style="margin-left: 150px;"><i>(Name and Title, School and Office, Phone Number)</i></span></p> <p style="margin-left: 20px;">Requested by: _____ on ____/____/____    Received on: ____/____/____  <span style="margin-left: 100px;"><i>(Name)</i></span></p> <p style="margin-left: 20px;">Forwarded to: _____ on ____/____/____  <span style="margin-left: 100px;"><i>(Name)</i></span></p> <p style="margin-left: 20px;">Previous School/Office verified student received special education services? <span style="float: right;"><b>(Circle One)</b>    Yes    No</span></p> <p style="margin-left: 20px;">_____  <span style="margin-left: 20px;"><i>(Name of School Verifying and Phone Number)</i></span>    <span style="margin-left: 100px;"><i>(Name of Person Furnishing Information)</i></span>    <span style="float: right;">____/____/____ <i>(Date)</i></span></p> <p style="margin-left: 20px;">If applicable, date student exited from prior school's special education program: ____/____/____</p> <p style="margin-left: 20px;">Comments: _____</p> <p style="margin-left: 20px;">If interim placement, date IEP must be conducted by ____/____/____</p>	<p><b>1.C.</b> The student had a Section 504 Plan at previous school, has this school received a copy of it? <span style="float: right;"><b>(Circle one)</b>    Yes    No</span></p> <p style="margin-left: 20px;">If 504 Plan was not received, a copy of it was requested from: _____  <span style="margin-left: 150px;"><i>(Name and Title, School and Office, Phone Number)</i></span></p> <p style="margin-left: 20px;">Requested by: _____ on ____/____/____    Received on: ____/____/____  <span style="margin-left: 100px;"><i>(Name)</i></span></p> <p style="margin-left: 20px;">Forwarded to: _____ on ____/____/____  <span style="margin-left: 100px;"><i>(Name)</i></span></p> <p style="margin-left: 20px;">If applicable, date student exited from Section 504 Eligibility: ____/____/____</p> <p><b>1.D.</b> The parent reported that the student has difficulties that interfere with his/her ability to go to school or to learn, to whom was this information forwarded? _____ on ____/____/____  <span style="margin-left: 150px;"><i>(Name)</i></span></p> <p style="margin-left: 20px;">Responses to difficulties reported, documentation, and comments: _____</p> <p><b>1.E.</b> Has this student been identified as GATE? <span style="float: right;"><b>(Circle one)</b>    Yes    No</span></p> <p style="margin-left: 20px;">GATE verification requested by: _____ on ____/____/____  <span style="margin-left: 100px;"><i>(Name)</i></span></p> <p><b>2.</b> If a "Yes" is checked off on any of the items 1.A – 1.D and the parent checked "Yes" indicating the student attended a school outside of L.A. Unified, ask them the following oral questions and record the responses below: Was the school a magnet or charter school? If yes, what was the name of the school and the reason the student stopped attending? _____</p> <p style="margin-left: 20px;">After completing, fax this information and a photocopy of the student's enrollment form to the <b>Division of Special Education-Operations at (213) 241-5168</b>; be sure to include the name of your school.</p> <p style="margin-left: 20px;">Fax sent on: ____/____/____ by _____</p>
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