REQUEST TO ADD A NON-LAUSD STUDENT RECORD TO WELLIGENT

LOS ANGELES UNIFIED SCHOOL DISTRICT

*From:	*Title:	*Emp #:
*LAUSD School/Office of Enrollment:		*Location Code:
*Name of Special Education Administrator at the School of Residence: (assign as Case Manager)		
*Phone:	*Fax:	*Email:
Comments/Reason for request:		

❖ *NOTE: All information entered on form should be validated by legal documents.* ❖

SCHOOL OF ENROLLMENT

* TYPE OF SCHOOL	◯ Non-Resident ◯ 504 Plan ◯ Private School/Home School ◯ Charter School ◯ Non-enrolled
NAME OF THE SCHOOL ENROLLED		LOC CODE *(if applicable)*	

STUDENT INFORMATION

* FIRST NAME (Legal Name)		M	* LAST NAME (Legal Name)	
* DATE OF BIRTH		STUDENT ID#		
** ADDRESS				APT #
CITY		ZIP	HOME PHONE	
* GENDER		* RACE	* ADDITIONAL RACE Select One	HISPANIC? ☐
* LANGUAGE		* GRADE		

PARENT/CONTACT INFORMATION

Parent/Guardian's First Name		Last Name	
Relationship to student		Address same as Student?	
Address (if not same as student)			Apt #
City			Zip
Contact Number		Email Address	

Parent/Guardian's First Name		Last Name	
Relationship to student		Address same as Student?	
Address (if not same as student)			Apt #
City			Zip
Contact Number		Email Address	

If student has an outside IEP, provide the Initial IEP date (or best guess of when it occurred):

COMPLETE THIS SECTION FOR PRIVATE SCHOOL/HOME SCHOOL, NOT ENROLLED STUDENTS

What type of IEP are you requesting?	◯ Initial ◯ Amendment ◯ Three Year Review ◯ Re-evaluation ◯ 30 Day ◯ Non-Resident IEP

For Initial IEPs complete the required referral information fields (*) below:

*Date of Request		*Date Request Rec'd	*Request Rec'd By
*Name of Requestor		*Title of Requestor	
*Reason for Referral		*Prior Interventions	

REFERRAL DECISION

Decision		Decision Date	If Denied, Reason

Questions? Call the Welligent Helpdesk at (213) 241-5200, option 8

Attach this form to an online ticket for Welligent Support at https://lausd-myit.onbmc.com