Los Angeles Unified School District STUDENT ENROLLMENT FORM

Student Name	H 194			Date of Birth (Month/Day/Year):/			
Office Use G	niv		Control Salari				
1. School Nar	CHE STATE OF THE PERSON AND ADDRESS OF THE PERSON		4. Studer	4. Student Entry Grade Level:			
2. Location C	ode:		5. LAUSI	5. LAUSD/State Student ID Number:			
3 Fundlment			-				
3. Enrollment	Date/Code:						
Parents/Guard your child will information in	lians/Caregivers: If you still be enrolled in schoo order to enroll students	are unable to comp l. The District does	lete all of th	tions, please ask for assistance. ne information on the Student Enrollment Form, Social Security numbers or immigration status			
. STUDENT IN	FORMATION						
egal Name:		12		221111			
La	st	First		Middle			
referred Name:				2011			
La	st	First		Middle			
ome Address							
	Number Street	Apt/Unit	City	Zip Code Home Phone Number			
	Male □Female	Gender: ☐ Male		Date of Birth			
elect One)		(Select One)		Month/Day/Year			
The second secon	GAL GUARDIAN/CAREGI	No. of Concession, Name of Street, Str					
and Namos							
egal Name: La	st	First		Middle			
- E d 81 //E	Amaliantia).						
referred Name (If	аррисавие):						
Home Phone Nun	nber Cell Phone Num	per Work Phor	e Number	Email Address			
uardian of the stud	lent. (Check One)			Corean Russian Vietnamese Tagalog			
	ucation Completed (Check On	ne)					
_	duate or Equivalent	☐ Some College (ii		gree) College Graduate			
	e with this parent/legal guard	lian/caregiver? Yes [□ No Relatio	onship to Student:			
No, please provid							
Number	Street	Apt/Unit	City	Zip Code			
ARENT/LEGAL	GUARDIAN/CAREGIVER		31 (10 Vil)				
The same of the sa		COMMERCIAL VIII.					
egal Name:							

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 ☐ ☐ Other:	Armenian 🗆 Mandarin 🗆	□ Cantonese □ Farsi □ Ko	rean 🗆 Russian 🗔 Vietnamese 🗀 Tagalog			
Highest Level of Education C	ompleted (Check One)					
☐ High School Graduate or ☐ Graduate School / Doctor		Some College (includes AA Deg Decline to State or Unknown	ree) College Graduate			
Does the student live with th	is parent/legal guardian/care	giver? □Yes □ No Relation	ship to Student:			
If No, please provide address	:					
Number St	reet Apt/Unit	City	Zip Code			
PARENT/LEGAL GUARD	IAN/CAREGIVER		Landre, Casallan Silva Carte Carlo V. S.			
Legal Name:						
Last		First	Middle			
Preferred Name (If Applicable	e):					
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 C	ompleted (Check One)					
☐ High School Graduate or I☐ Graduate School / Doctor		iome College (includes AA Degr Decline to State or Unknown	ee) College Graduate			
Does the student live with th	is parent/legal guardian/careg	giver? □Yes □ No Relation	ship to Student:			
If No, please provide address:						
Number Stro	eet Apt/Unit	City	Zip Code			
PARENT/LEGAL GUARDIAN/CAREGIVER						
Legal Name:						
Last		First	Middle			
Preferred Name (If Applicable	e):					
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 ☐ Farsl ☐ Korean ☐ Russian ☐ Vietnamese ☐ Tagalog ☐ Other:						
Highest Level of Education Completed (Check One)						
☐ High School Graduate or Equivalent ☐ Some College (includes AA Degree) ☐ College Graduate						

Does the student live with t	this parent/legal guardian/caregiver? □Y	es No Relationship to Student:		
If No, please provide addres	SS: _			
Number S	treet Apt/Unit	City	Zip Code	
SCARGOOK SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL SCHOOL STATE OF THE SCHOOL SCHOO	AND ETHNICITY INFORMATION	and the state of t		
Home Language of the Stud Which language did your ch	lent ild learn when he/she/they first began			
to talk?	,,			
Which language does your o	hild most frequently use at home?			
Which language do you (the use when speaking to your o	parents or guardians) most frequently hild?			
Which language is most ofte (parents, guardians, grandpa	en spoken by adults in the home? arents, or any other adults)			
	7	□Yes □ No	145-m - Dec - APRILLIO - DE ANTICO - DE CONTRA	
Student's Primary Ethnicity Is the student's ethnicity His		□Yes □ No		
Student's Primary Race (Chi		CINCO CINCO		
African American or Black	American Indian or Alaska Native	☐ White		
Asian:	☐ Asian Indian ☐ Cambodian ☐ Uletnamese ☐ Other Asian:	Chinese 🗌 Filipino 🗆 Hmong	☐ Japanese ☐ Korean ☐ Laotian	
Pacific Islander:	☐ Guamanian ☐ Native Hawaiian ☐ Other Pacific Islander:	☐ Samoan ☐ Tahitian		
☐ Decline to State	Carlo Facilitation			
Student's Additional Race (Optionall			
African American or	☐ American Indian or Alaska Native	☐ White		
Black	☐ Asian Indian ☐ Cambodian ☐	Chinese ☐ Filipino ☐ Hmong	☐ Japanese ☐ Korean ☐ Laotian	
Asian:	☐ Asian Indian ☐ Cambodian ☐ Ular Asian:	Climese - Filipino - Timong	C Japanese	
Pacific Islander:	☐ Guamanian ☐ Native Hawaiian ☐ Other Pacific Islander:	☐ Samoan ☐ Tahitian		
☐ Decline to State				
D. STUDENT EDUCATI	ON INFORMATION			
Special Services	pecial education services at their previous	Check One for Each Question ☐ Yes ☐ No	A STATE OF THE STA	
school?	The second secon	INC. SE		
	ent Individualized Education Program (IEP)	at 🗆 Yes 🗆 No		
the previous school? If yes, do you have a copy of	the IEP?	☐ Yes ☐ No		
	on 504 Plan at their previous school?	☐ Yes ☐ No		
If yes, do you have a copy of	the Section 504 Plan?	☐ Yes ☐ No		
to school or to learn?	ulties that Interfere with his/her ability to g			
	eceive gifted and talented educational	☐ Yes ☐ No		
services (GATE)? Previous Schools	and the resource and the Vertical Control of the			
Has the student previously a	ttended this school?	If yes, when:		
Has the student previously a	ttended any other school or center in the L	AUSD (e.g., Yes No		
early education center, state If yes, list most recent LAUS	preschool, Head Start, or other preschool) Dischool/center attended:			
ir yes, use most recent LAOS				
Ale test	Fit. /Exate	Dates Attended (Month/Year)	Grade Level(s)	
Name of School List last non-LAUSD school st	City/State tudent attended (including early education	center, state preschool, Head Start, or	741	
Name of School City/State		Dates Attended (Month/Year)	Grade Level(s)	

Is this student currently unde	r an expulsion order?	Yes 🗆 No						
If yes, please provide the nam	ne of the school district:							
				2000 P. 1500 P. 150 P.				
Are there any court orders re	Additional Student Information Are there any court orders regarding legal custody, physical custody, educational rights, or restricted contact with this child? Yes No							
if ves, a copy of the court ord	if yes, a copy of the court order should be provided to the school.							
Does the student have any re	latives who are all or part A	merican Indian or Alaskan Na	tive? (Please co	mplete the American Ir	dian-Alaskan Native Letter			
Questionnaire) □Yes □ No								
If yes, you will be contacted a	t home regarding the Amer	rican Indian-Alaskan Native Pr	ogram and whe	ther your child may qua	alify for its free academic			
assistance and health benefits				7 1 1	Julius Balance for al			
Has the student's parent or le	gal guardian worked in one	or more of the following indu	stries in the las	st three years (agricultu	re, dairy, fishery, food			
process/packing, or livestock)	? (Please complete the Mig	rant Education Program, Fam	ily Work Questio	onnaire) Lives Li	o academic assistance and			
If yes, you will be contacted at	t home regarding the Migra	ant Education Program and Wi	etner your chil	a may quality for its fre	e academic assistance and			
health benefits. E. SCHOOL AGED CHIL	DOEN LOUNC IN HOUSE	CHOLD WITH CAME DAG	ENT/SV/LEG	AL GUARDIANISTIC	AREGIVER(S)			
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(include brothers, sister	s, cousins)		Service Day (MG)	Charles To the set that the	TOTAL TOTAL PROPERTY AND ADDRESS OF THE SECOND STREET			
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Last Name, First Name		Birth Date (Month/Day	//Year)	Current School				
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Last Name, First Name		Birth Date (Month/Day	//Year)	Current School				
			,					
3			_/	Current School				
Last Name, First Name		Birth Date (Month/Day	// Year)	Corrent action				
A		1	1					
Last Name, First Name		Birth Date (Month/Day	//Year)	Current School				
Edde Harrie, Trise Harrie								
5			_/	9				
Last Name, First Name		Birth Date (Month/Day	Birth Date (Month/Day/Year) Curre		rrent School			
F. EMERGENCY CONTA	CT INFORMATION TO	THER THAN PARENTS/LE	GAL GUARD	IANS/CAREGIVERS)			
1. Legal Name:			terative many and the content	to version the same and the sam				
L. Legai Name.				4 44 1 11				
Last		First		Middle				
Home Address:								
Number	Street	Apartment/Unit		City	Zip Code			
			1					
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	5				
2. Legal Name:								
1204		First		Middle				
Last		T II 3L						
Home Address:	Phone	A mandaman while Smith		City	Zip Code			
Number	Street	Apartment/Unit	1	City				
		184 of Phone Stonehoe	Email Address					
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	3				
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I verify that the inform	nation contained in this	s document is true and co	rrect to the	Dest of my knowle	ugei			
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Signature		Date						
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Printed Name		Relat	ionship to S1	tuaent				