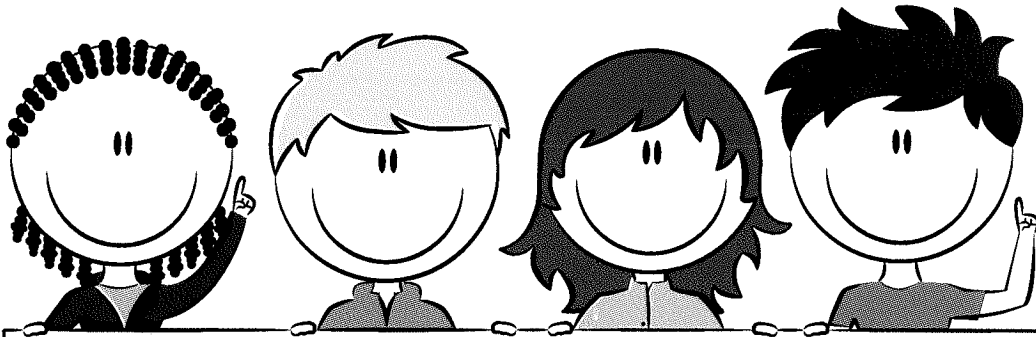


No Shots? No Records? No School.



**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. **SHOTSFOR SCHOOL**



FOR YOUR CONVENIENCE-THIS FORM CAN BE COMPLETED ONLINE AT HIF.LAUSD.NET

Los Angeles Unified School District
2023-2024 HOUSEHOLD INCOME FORM FOR SCHOOL PROGRAM FUNDING
DO NOT PHOTOCOPY-USE BLACK or BLUE INK ONLY

Application Number

SECTION A | STUDENT INFORMATION

STUDENT LAST NAME STUDENT FIRST NAME
BIRTHDATE / / GRADE
MONTH DAY YEAR

SECTION B | HOUSEHOLD SIZE AND INCOME INFORMATION

TOTAL NUMBER OF **ADULTS** IN YOUR HOUSEHOLD TOTAL NUMBER OF **CHILDREN** IN YOUR HOUSEHOLD
Include yourself plus all people living in your household, related or not (for example, children, including students who are 18, 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).

LIST TOTAL **MONTHLY** FAMILY INCOME-SEE BOTTOM SECTION FOR HOUSEHOLD INCOME EXPLANATION

NO INCOME \$ EARNINGS FROM ALL JOBS BEFORE DEDUCTIONS
MONTHLY \$ WELFARE PAYMENTS, CHILD SUPPORT, ALIMONY
\$ PAY FROM PENSIONS, RETIREMENT, SOCIAL SECURITY DECLINE TO COMPLETE

SECTION C | MUST PROVIDE SIGNATURE

My signature below indicates that the information provided on this form is true and accurate to the best of my knowledge. I understand that my school may receive state funds based on the information provided above.

PARENT OR GUARDIAN LAST NAME PARENT OR GUARDIAN FIRST NAME
() -
PARENT OR GUARDIAN SIGNATURE HOME PHONE
SIGNATURE DATE / / 2 0 2
MONTH DAY YEAR

GROSS 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

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C.§1232g; CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

SECTION D | TO BE COMPLETED BY SCHOOL

SCHOOL NAME SCHOOL CODE
STUDENT ID# REGION

RETURN TO THE OFFICE OF DATA AND ACCOUNTABILITY• REGION EAST-STUDENT RECORDS CENTER ATTN: PAUL GUAN

FOR THE USE OF THE OFFICE OF DATA AND ACCOUNTABILITY ONLY

DATE RECEIVED
MONTH DAY YEAR

TOLUCA LAKE ELEMENTARY SCHOOL

4840 Cahuenga Blvd., North Hollywood, CA, 91601

(818) 761-3339

UNIVERSAL TRANSITIONAL KINDERGARTEN ENROLLMENT PACKET SCHOOL YEAR 2023 - 2024

"NO INCOMPLETE ENROLLMENT PACKETS WILL BE ACCEPTED"

Universal Transitional Kindergarten is the first year of a two year kindergarten program. It is designed for students who turn 5 years old between September 2, 2023 and September 1, 2024.

The following is necessary for registration.

Transitional Kinder Forms. (2 - Pages)

1. Transitional Kindergarten Age Eligible Student Placement.
2. Parent of Kindergarten Eligible Student Requesting Transitional Kindergarten..

ENROLLMENT PACKET

It is the parent/guardian responsibility to obtain any documents that are necessary for Enrollment. **The office will make copies of original documents.**

1. **Proof of birth:** ORIGINAL Country/County recorded birth certificate, green card, court order, health office/vital statistics record of Birth Certificate date, DPSS letter of verification or other legal document. **(NO HOSPITAL ISSUED CERTIFICATES.)**
2. **Record of immunizations:** Polio, DPT, HEP B series, Measles, Rubella, Mumps, and Varicella. Immunizations are mandatory in the State of California and must be complete prior to registration.
3. **Verification of your address** in the attendance area of the school: Utility service bill such as gas, water, or electricity; property tax bill; rental or lease agreement; official government mail such as CalWorks, Social Security, or MediCal, with your name and address on it, are all acceptable proof. **(NO PHONE, CABLE BILLS OR CAR REGISTRATION WILL BE ACCEPTED)**
4. **Parent/Legal Guardian Identification:** To establish student's parent/guardian caregiver Identity and verify the relationship of the adult to the student, a current Driver's License, DMV Identification Card, Government-issued photo ID, Court Order or a signed LAUSD Affidavit of Parent/Legal Guardian Identification form are all acceptable.

UTK TRANSFERRING LAUSD STUDENTS:

- *Students transferring from another LAUSD school should bring their transfer papers (PAR), verification of address, and current report card along with completed enrollment papers.*
- *Students from outside LAUSD should bring school exit papers, current report card, original birth certificate, verification of address and immunizations, parent/legal guardian identification along with completed enrollment papers.*

SPECIAL EDUCATION UTK STUDENTS

All Special Education Students must bring their current IEP to enroll. Enrollment instructions for New or Transferring UTK Students are same as above.

LOS ANGELES UNIFIED SCHOOL DISTRICT



LOS ANGELES UNIFIED SCHOOL DISTRICT

ATTACHMENT C

Date Received: _____
 Time Received: _____ am / pm
FOR OFFICE USE ONLY

PARENT OF KINDERGARTEN ELIGIBLE STUDENT REQUESTING TRANSITIONAL KINDERGARTEN

Child's Name: _____
(Please Print) First Middle Last

Birth Date: ____/____/____ Sex: M F
Month Day Year

Home Address: _____
Street City State Zip Code

Home Telephone: _____

Father's Name: _____ Mother's Name: _____

Work/Cell Number: _____ Work/Cell Number: _____

Siblings: (Names/Ages) _____

Has your child attended preschool? Y N How many years? _____

Name of preschool(s) attended: _____


List reasons why you think your child would benefit from the Transitional Kindergarten program:

Please submit this form with your registration packet to the school office. You will be notified by school staff regarding your child's placement.

_____ School Site Name

_____ School Address

_____ School Phone Number / School Website



Toluca Lake Elementary
 4840 Cahuenga Blvd.
 North Hollywood, CA 91601
 (818) 761-3339 - Phone
 (818) 761-7197 - Fax

<http://toluca.weebly.com>



TRANSITIONAL KINDERGARTEN AGE ELIGIBLE STUDENT PLACEMENT FORM

I have been informed that my Transitional Kindergarten (TK) age-eligible* child

_____ will be enrolled in a TK program at
Name of Child Birthdate
TOLUCA LAKE ELEMENTARY
Name of School

for the 2023-2024 school year. Transitional kindergarten is the first year of a two year Kindergarten program as established by the Kindergarten Readiness Act of 2010 (SB 1381; Education Code section 48000).

Mr. Jeffrey Daniel
School Official Date Provided to Parent

_____ _____ _____
Name of Parent/Guardian Parent Signature Date

This Transitional Kindergarten Age-eligible Student Placement Form must be placed in student's cumulative folder.

*Below is the TK age eligibility:

- Children who will have their fifth birthday on or after September 2 and on or before Sept. 1 shall be admitted to a transitional kindergarten program.

Los Angeles Unified School District STUDENT ENROLLMENT FORM

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

Office Use Only	
1. School Name: Los Angeles Unified School District Toiuca Lake Elementary	4. Student Entry Grade Level:
2. Location Code: 4840 Cahuenga Blvd. North Hollywood, CA 91601	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: <input type="checkbox"/> Male <input type="checkbox"/> Female (Select One) <input type="checkbox"/> Non-binary <input type="checkbox"/> Intersex	Gender: <input type="checkbox"/> Male (Select One) <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 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: *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: *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: *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

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? Yes No

Student's Race/Ethnicity/Cultural Heritage

Is the student's ethnicity Hispanic or Latino? Yes No

Student's Race/Ethnicity/Cultural Heritage (May enter up to 5)

Please refer to the Race/Ethnicity/Cultural Heritage List and enter the numerical code along with the corresponding text

Race/Ethnicity/Cultural Heritage: _____ Decline to State

Race/Ethnicity/Cultural Heritage: _____

Race/Ethnicity/Cultural Heritage: _____

Race/Ethnicity/Cultural Heritage: _____

Race/Ethnicity/Cultural Heritage: _____

D. STUDENT EDUCATION INFORMATION**Special Services****Check One for Each Question**

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

If yes, do you have a copy of the IEP? Yes No

Did the student have a Section 504 Plan at their previous school? Yes No
If yes, do you have a copy of the Section 504 Plan? 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 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)? Yes 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? Yes 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? Yes 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? *(Please complete the American Indian-Alaskan Native Letter Questionnaire)* Yes 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)? *(Please complete the Migrant Education Program, Family Work Questionnaire)* Yes 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:

_____	_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Relationship to Student</i>	
Home Address:				
_____	_____	_____	_____	_____
<i>Number</i>	<i>Street</i>	<i>Apartment/Unit</i>	<i>City</i>	<i>Zip Code</i>
_____	_____	_____	_____	
<i>Home Phone Number</i>	<i>Cell Phone Number</i>	<i>Work Phone Number</i>	<i>Email Address</i>	

2. Legal Name:

_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Relationship to Student</i>
Home Address:			
_____	_____	_____	_____
<i>Number</i>	<i>Street</i>	<i>Apartment/Unit</i>	<i>City</i>
_____	_____	_____	_____
<i>Home Phone Number</i>	<i>Cell Phone Number</i>	<i>Work Phone Number</i>	<i>Email Address</i>

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



Race/Ethnicity List/Cultural Heritage

1000 Afghan	1023 Cuban	3032 Liberian	7024 Rotuman
3000 African American	1024 Czechs	1050 Libyan	1069 Russian
0003 African American/Black 3001	0840 Decline to State	1051 Lithuanian	3047 Rwandan
African Canadian	3019 Djiboutian	1052 Macedonian	3048 Saint Helenian
1001 Albanian	1025 Dominican	3033 Malagasy	3049 Saint-Barth
1002 Algerian	1026 Druze	3034 Malawian	7025 Saipanese
1003 Amazigh or Berber	1027 Ecuadorian	4005 Malaysian	1070 Salvadoran
0001 American Indian/Alaska Native	1028 Egyptian	4006 Maldivian	0703 Samoan
3002 Angolan	1029 Emirati	3035 Malian	3050 Sao Tomean
3003 Anguillian	3020 Equatorial Guinean	3036 Maorais	1071 Saudi Arabian
3004 Antiguan	3021 Eritrean	7012 Maori	3051 Senegalese
1004 Arab	1030 Estonian	7013 Marquesans	1072 Serbian
7000 Are'are	3022 Ethiopian	7014 Marshallese	3052 Seychellois
1005 Argentinian	1031 Falkland Islanders	3037 Martinican	3053 Sierra Leonean
1006 Armenian	7005 Fijian	1053 Mauritanian	4013 Singaporean
0002 Asian	0006 Filipino	3038 Mauritian	1073 Slovakian
0408 Asian - Other	7006 Futunian	1054 Mestizo	7026 Solomon Islander
1007 Assyrian	3023 Gabonese	1055 Mexican	1074 Solvene
1008 Azerbaijani	3024 Gambian	4007 Mien	3054 Somalian
3005 Bahamian	7007 Gambier Islanders	4008 Mongolian	3055 South African
1009 Bahraini	1032 Georgian	1056 Montenegrin	1075 South Georgia
4000 Bangladeshi	3025 Ghanaian	3039 Montserratian	1076 South Sandwich Islands
3006 Barbadian	3026 Grenadian	1057 Moroccan	3056 South Sudanese
1010 Bedouin	3027 Guadeloupean	7015 Motuan	1077 Spaniard
1011 Belizean	0702 Guamanian	3040 Mozambican	4014 Sri Lankan
3007 Beninese	1033 Guatemalan	3041 Namibian	3057 Sudan
4001 Bhutanese	1034 Guianan	1058 Native (Central and South America)	1078 Surinamese
3008 Bissau-Guinean	1035 Guyanese	7016 Nauruan	3058 Swazi
1012 Bolivian	3028 Haitian	4009 Nepali	1079 Syrian
1013 Bosnian	0701 Hawaiian	3042 Netherlands Antillean	0705 Tahitian
3009 Botswanan	1036 Herzegovinian	1059 Nicaraguan	4015 Taiwanese
1014 Brazilian	0400 Hmong	3043 Nigerian	1080 Tajikistani
1015 Bulgarian	1037 Honduran	3044 Nigerien	3059 Tanzanian
3010 Burkinese	1038 Hungarian	7017 Niuean	4016 Thai
4002 Burmese	7008 I-Kiribati	7018 Ni-Vanuatu	4017 Tibetan
3011 Burundian	0407 Indian	4010 Okinawan	3060 Togolese
0406 Cambodian	4004 Indonesian	1060 Omani	7027 Tokelauan
3012 Cameroonian	1039 Iranian	0007 Pacific Islander	7028 Tongan
3013 Cape Verdean	1040 Iraqi	0704 Pacific Islander - Other	7029 Tuamotuan
7001 Carolinian	1041 Israeli	4011 Pakistani	7030 Tubuai
3014 Caymanian	3029 Ivorian	7019 Palauan	1081 Tunisian
3015 Central African	1042 Jamaican	1061 Palestinian	1082 Turkish
3016 Chadian	0402 Japanese	1062 Panamanian	1083 Turkmen
1016 Chaldean	1043 Jordanian	7020 Papuan	7031 Tuvaluan
4003 Cham	7009 Kanak	1063 Paraguayan	3061 Ugandan
7002 Chamorro	1044 Kazakhstani	1064 Peruvian	1084 Ukrainian
1017 Chicana/o	3030 Kenyan	7021 Pohnpeian	1085 Uruguyan
1018 Chilean	0403 Korean	1065 Polish	7032 Uvean
0401 Chinese	7010 Kosraean	3045 Principean	1086 Uzbekistani
7003 Chuukese	1045 Kurdish	1066 Puerto Rican	1087 Venezuelan
1019 Columbian	1046 Kuwaiti	4012 Punjabi	0404 Vietnamese
3017 Comorian	7011 Kwaio	1067 Qatari	3062 Virgin Islander
3018 Congolese	1047 Kyrgyzstani	7022 Rapan	0005 White
7004 Cook Islanders	0405 Laotian	7023 Rapanui	7033 Yapese
1020 Copt	1048 Latvian	3046 Réunionese	1088 Yemeni
1021 Costa Rican	1049 Lebanese	1068 Romanian	3063 Zambian
1022 Croatian	3031 Lesothan		3064 Zimbabwean

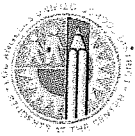


LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.		STUDENT'S LAST NAME	
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE					
STUDENT'S HOME ADDRESS -- NUMBER			STREET			APT #		CITY		ZIP CODE	
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>			STREET			APT #		CITY		ZIP CODE	
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORK ADDRESS -- NUMBER		STREET				CITY			ZIP CODE		
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:			
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work							
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work							
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work							
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.									
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORK ADDRESS -- NUMBER		STREET				CITY			ZIP CODE		
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:			
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work							
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work							
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work							
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.									
<i>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:</i>											
NAME			RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE		FIRST NAME
NAME			RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE		
NAME			RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE		
<i>List any other family members attending this school:</i>											
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP	
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP	
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:				Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO				Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO			
				Relationship to Student: _____				Military Branch: _____			
								Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased			
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT											
The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small>											
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.											
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".											
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families											
MEDI-CAL / HEALTHY FAMILIES ID Number: _____											
1. PRIVATE HEALTH INSURANCE NAME				GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>				GROUP NO.	
NAME OF DOCTOR / MEDICAL OFFICE						PHONE NUMBER OF DOCTOR / MEDICAL OFFICE					
<small>*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small>											
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____											
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____											
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.											
X _____ DATE _____											
SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN CAREGIVER (AFFIDAVIT)											

* Selected telephone number must be a direct dial number (no extensions).



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.

Form with fields: Student First Name, Student Last Name, Date of Birth, Gender, Local District, School, Campus/Site, Grade, Student District ID, Address, Apt#, City, Zip Code, Parent/Guardian Name, Contact Number, and eligibility checkboxes.

Is the student currently living in one of the Nighttime Residence options listed below?
[] YES [] NO

If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.
CHECK (v) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:

Table with 2 columns: Shelter (ex. Homeless, Domestic Violence...etc) Name, Motel or Hotel Name. Rows include Garage, Temporarily in another family's house, Transitional Housing Program, Trailer/motor home, and Other places NOT designated.

Is the student in need of services? [] YES [] NO

If yes, please check the services being requested.
[] Backpack/School Supplies [] Hygiene Kits [] Transportation Assistance *

*If you are requesting transportation assistance, please read and sign the affidavit below:
I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time.

Parent/Guardian's Initials: Date:

Is the student in need of a referral for additional resource(s)? [] YES [] NO

If yes, please check the referral(s) being requested.
[] Clothing Assistance: Shoes, Clothing, Uniforms [] Tutoring [] Housing Referrals [] Assistance for a Parenting Teen
Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)

Your Designated School Site Homeless Liaison is:

Table with 4 columns: Name, Title, Phone, E-mail

Do you have other preschool and/or school aged children in the home? [] YES [] NO

If yes, please complete an additional SHQ. All sibling(s) must have an SHQ on file at their school site.

AFFIDAVIT- By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: Date:

SCHOOL PLEASE NOTE:

- Upon completion, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: shqldc@lausd.net, shqldc@lausd.net, shqldne@lausd.net, shqldnw@lausd.net, shqlds@lausd.net, or shqldw@lausd.net
SHQ MUST be kept in a CONFIDENTIAL file, which is separate from the permanent student record (this form must NOT be placed in the cumulative file).

Revised 7/12/19



LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE

ATTACHMENT A

Initial Notification of Enrollment and Placement in an Elementary
Instructional Program for English Learners (Federal Title I and State Requirements)

School: Toluca Lake Elementary

To the parent(s)/guardian(s) of: _____ Date: _____

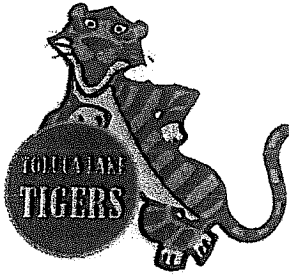
Student ID #: _____ Date of Birth: _____ Grade: _____ Primary Language: _____

Dear Parent(s) or Guardian(s): When your child enrolled in our school, a language other than English was noted on your child's Home Language Survey. The law requires us to assess your child and notify you of your child's proficiency level in English. We are required to inform you of the language acquisition program options from which you may choose the one that best suits your child.

Los Angeles Unified School District values the languages and cultures that English Learners (ELs) bring to their education. LAUSD provides various language acquisition programs options for ELs to achieve academic and English proficiency, and uses the language and cultural assets that ELs bring to their own learning to develop their proficiency in multiple languages. As a parent of LAUSD, you have the option to select any of the language acquisition programs that will best meet the linguistic and academic needs of your child. Please select one of the program options below:

Instructional Programs for English Learners in Elementary Schools				
Instructional Program (select one)	<input type="checkbox"/> Dual Language Two-Way Immersion Program (K-12)	<input type="checkbox"/> Dual Language One-Way Immersion Program (K-12)	<input type="checkbox"/> Language and Literacy in English Acceleration Program (K-12)	<input type="checkbox"/> Mainstream English Program (K-12)
For whom is the program designed?	<i>A program for English learners, English Only and English Proficient Students, where content instruction is provided in two languages: English and another language.</i>	<i>A program for English learners, where content instruction is provided in two languages: English and the EL's primary language.</i>	<i>A program for English learners beginning to learn English (at ELPAC levels 1-3 minimum). All instruction is provided in English with primary language support if needed.</i>	<i>A program for English Only, English proficient students and English learners who are proficient in English.</i>
What instructional services are provided?	<i>Grade-level content instruction in English and another language (i.e., Spanish, Korean, Mandarin) Target Language Development English Language Development</i>	<i>Grade-level content instruction in both English and the primary language English Language Development</i>	<i>Grade-level content instruction in English with specialized methods of instruction Primary language instructional support if needed English Language Development</i>	<i>Grade-level content instruction in English English learners continue to receive English Language Development until reclassified.</i>
What is the goal of the instructional program?	<i>Achieve academic proficiency in two languages, bilingualism and biliteracy</i>	<i>Achieve academic proficiency in two languages, bilingualism and biliteracy</i>	<i>Achieve academic and English proficiency</i>	<i>Achieve academic and English proficiency</i>

Check if applicable: Individualized Education Program (IEP) on file



"It's great to be a Tiger!"

Los Angeles Unified School District- Northeast
Toluca Lake Elementary School
4840 Cahuenga Blvd.
North Hollywood, CA 91601
Telephone: (818) 761-3339
FAX: (818) 761-7197
<https://tolucatichers.com>



Alberto M. Carvalho
SUPERINTENDENT OF SCHOOLS

Dr. David Baca
REGION NORTH SUPERINTENDENT

Jeffrey Daniel
PRINCIPAL

Tomia Mitchell-Haas
ASSISTANT PRINCIPAL-EIS

FINANCIAL RESPONSIBILITY FOR DAMAGED SCHOOL PROPERTY

Dear Parents/Guardians:

This letter is to inform you of your legal responsibility with regard to property of the Los Angeles Unified School District, California Education Code section 48904 states, in pertinent part, that the parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any real or personal property of the District or its employees shall be liable for all damages caused by the minor up to \$19,100, increased annually for inflation. District property includes buildings and grounds, as well as textbooks, library books, computers, iPads, Chromebooks, shop materials, physical education clothes, and sports equipment. A parent or guardian is liable to the District for all District property loaned to a minor and not returned upon demand.

We will be discussing the meaning of this responsibility with all students. We need your help in making sure that District property is kept in good condition and that loaned items are returned to school upon demand. Parents will be expected to pay the replacement or repair cost for any lost or damaged District property. The school is legally authorized to withhold the grades, diploma, and transcripts of students until the obligation is cleared.

The following are ways to help your student understand his responsibility.

- Model careful handling of textbooks, library books, and other school property.
- Help students find a safe place to keep books during the borrowing period.
- Inform students that vandalism is not only a crime, but parents or guardians may be held financially responsible for the damage.

We look forward to successful school year with your student.

Sincerely,

Jeffrey Daniel
Principal

FINANCIAL RESPONSIBILITY FOR DAMAGED SCHOOL PROPERTY

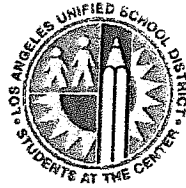
I have read, understand, and accept the responsibility with regard to property of LAUSD as stated above.

Student's Name _____ Student's Date of Birth _____

Parent's Name _____ Parent Signature _____

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LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
 333 South Beaudry Avenue, 25th Floor
 Los Angeles, California 90017
 Telephone: (213) 241-5582 | Fax: (213) 241-7561

ALBERTO M. CARVALHO
 Superintendent

ALISON YOSHIMOTO-TOWERY
 Chief Academic Officer

LYDIA ACOSTA STEPHENS
 Executive Director

March 25, 2022

Dear Parent/Guardian,

The Los Angeles Unified School District (L.A. Unified) Title VI Indian Education Program's mission is to assist with the unique educational and culturally related academic needs of American Indian/Alaskan Native students with L.A. Unified. Title VI aims to provide highly relevant, culturally based academic learning experiences that improve their skill-set(s), while addressing the needs of the "whole child/person." Indian Education workshops and study hall tutoring help Indian and Alaska Native children sharpen their academic skills, assist students in becoming proficient in the core content areas, and provide students an opportunity to participate in enrichment programs that would otherwise be unavailable. Funds support such activities as culturally responsive after-school programs, Native language classes, early childhood education, tutoring, and dropout prevention.

A student who is enrolled in, or who is a member of, a U.S. federally recognized tribe, a State recognized tribe, or whose parent, or grandparent is an enrolled member, is eligible to register for the program. If this applies to your student, please fill out the Title VI ED 506 Student Eligibility Certification Form and return it to the L.A. Unified Title VI Indian Education Program office at 333 S. Beaudry Ave., 25th Floor, Los Angeles, CA 90017.

To be eligible, each form must be complete with all the following information:

- 1) Name of child and date of birth
- 2) Name of school and grade
- 3) Name of individual with tribal enrollment
- 4) Name of tribe, band, or organized Indian group
- 5) Proof of membership, as defined by tribe, which can be tribal enrollment/membership number, or other evidence
- 6) Name and address of the tribe, band, or organized Indian group maintaining membership data
- 7) Parent's signature, date, mailing address, and phone number

If you should have any questions, or need any additional information/assistance, please contact the Title VI Indian Education Program office at (213) 241-5582.

Sincerely,

Lydia Acosta Stephens
 Executive Director

Susan Hawk
 Title VI Administrator

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): child child's parent child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

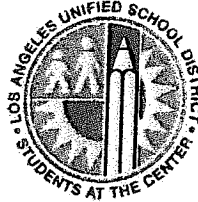
Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

MEMBERS OF THE BOARD

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 Superintendent

ALISON YOSHIMOTO TOWERY
 Chief Academic Officer

SOPHIA MENDOZA
 Director, Instructional Technology Initiative

PARENT and STUDENT NOTIFICATION

Rules Concerning Use of Loaned Computing Devices (i.e., Tablets, Laptops) and Related Accessories Assigned to Students

____ Student Last Name (PRINT) ____ Student First Name (PRINT) ____ Grade ____ Student ID Number ____ Date

____ Paren/Guardian Last Name (PRINT) ____ Paren/Guardian First Name (PRINT)

I am being issued a Los Angeles Unified School District (LAUSD) computing device and related accessories. I agree to keep it safe and well maintained. I will follow the guidelines for care of the device as explained below.

SECURITY

1. I will know where my assigned device is at all times.
2. I will never leave my assigned device unattended.
3. I will secure my assigned device when I am participating in PE by putting it in my locker or other secure location, unless instructed to bring the device to PE class by the teacher.
4. I will never loan my assigned device to anyone.
5. I realize that security devices have been installed on the assigned device that permit tracking and that usage will be monitored.
6. I will, at all times, keep myself safe and will use the device only in areas where I can keep myself and the device safe.

(Student and Parent initial here) _____

CARE

7. I understand that the device assigned may include a protective case that is to remain on the device at all times. This case may not be removed or replaced.
8. I will protect the screen from scratches.
9. I will keep food and beverages away from my assigned device since they may cause damage to it.
10. I will not mark, draw, write or place unapproved stickers on the device or case.
11. I will not disassemble or attempt any repairs on any part of my assigned device. Doing so will void the device's warranty.
12. If damage occurs, including, but not limited to, scratches, cracks or dents, I will report the damage to the school administration within 24 hours or as soon as possible thereafter.
13. In the case of theft or vandalism, I will file a police report and notify school administration within 24 hours or as soon as possible thereafter.

(Student and Parent initial here) _____

USAGE

14. I will follow the LAUSD Responsible Use Policy (RUP) for use of LAUSD computers and network systems.
15. I will not reformat the device, tamper with its security settings, or change its operating system (e.g., iOS for Apple Devices).
16. I will adhere to all applicable copyright and software license agreements that forbid downloading of media and software that has not been legally acquired.
17. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.

(Student and Parent initial here) _____

RESPONSIBILITY

18. I understand that my assigned device is subject to inspection by any staff member, teacher or administrator at the school, at any time and without notice. I further understand that the device remains the property of LAUSD.
19. I agree to return the device, related accessories and device case in good working condition (with the exception of normal wear and tear) immediately upon request by LAUSD.
20. I will return the assigned device to my school administrator (or designee) at the end of each school year. If I withdraw, am expelled, or terminate enrollment at my school for any reason, I will return the assigned device and accessories on the date of termination to the school's administrator. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.
21. I have completed the Digital Citizenship lessons.

(Student and Parent initial here) _____

**PARENT/GUARDIAN ACKNOWLEDGEMENT
(Devices Take Home)**

Responsibility for Loaned Computing Devices Assigned to Students

This document informs you of your legal responsibility with regard to the device and its related accessories, which may include case, keyboard cable and battery charger ("Loaned Equipment") described below, that the Los Angeles Unified School District ("LAUSD") is loaning to your child.

LAUSD may hold liable a parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any property of LAUSD, or fails to return any property of LAUSD upon demand of LAUSD, for all damages caused by the minor. (See, District Bulletin BUL-5509.2, Restitution Procedures for the Loss or Damage of School Property, dated March 7, 2017 California Education Code §48904.) LAUSD property includes the Loaned Equipment, which may have a value of up to \$700 for tablets and \$1,300 for laptops.

- I agree to the **Security, Care, Usage and Responsibility** conditions listed in the "Rules Concerning Use of Loaned Devices (i.e., Tablets or Laptops) Assigned to Students" ("Rules"), on the previous page. My child's failure to abide by the Rules, thereby resulting in damage to or loss of the Device, may be considered a willful act for which I am liable, subject to the following due process procedures set forth in Bulletin BUL-5509.2:
 - LAUSD shall inform parent or guardian immediately in writing after any alleged loss which gives rise to an obligation under Section 48904 of the Education Code.
 - The parent or guardian may present information on behalf of the student during a conference at the school as to the reasons why a fee should not be imposed.
 - The principal/designee shall, after reviewing any information presented during this meeting, decide whether or not to withhold the marks, diploma, or transcripts and/or impose the fee for damages. The parent/guardian and student shall be notified in writing of the decision. The decision of the principal is final, and there is no appeal beyond the school level.
 - Upon receiving notification of the school's decision, the parent or guardian may, if necessary, pay the outstanding obligation, or the student may complete a voluntary work assignment determined by the school.
- The Loaned Equipment is, and will remain, the property of the Los Angeles Unified School District with the sole intended use by the student to whom it has been assigned.
- I further agree to abide by LAUSD's Responsible Use Policy (RUP) for use of loaned equipment and LAUSD's computer network (see attached).

CHOOSE OPTION 1 or 2 BELOW BY CHECKING THE APPROPRIATE BOX

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.

Print Student Name (Last, First): _____

Student Signature: _____ Date: _____

Print Parent (Guardian) Name: _____

Parent (Guardian) Signature: _____ Date: _____



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems Information for Students and Families

Purpose

The purpose of the District's Responsible Use Policy ("RUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with legislation including, but not limited to, the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA) and Family Educational Rights and Privacy Act (FERPA). Furthermore, the RUP clarifies the educational purpose of District technology. As used in this policy, "user" includes anyone using computers, Internet, email, and all other forms of electronic communication or equipment provided by the District (the "network") regardless of the physical location of the user. The RUP applies even when District-provided equipment (laptops, tablets, etc.) is used off District property. Additionally, the RUP applies when non-District devices access the District network.

The District uses technology protection measures to block or filter access, as much as reasonably possible, to visual and written depictions that are obscene, pornographic, or harmful to minors over the network. The District can and will monitor users' online activities and access, review, copy, and store or delete any communications or files and share them with adults as necessary. Users should have no expectation of privacy regarding their use of District equipment, network, and/or Internet access or files, including email.

The District will take all necessary measures to secure the network against potential cyber security threats. This may include blocking access to District applications, including, but not limited to, email, data management and reporting tools, and other web applications outside the United States and Canada.

Student Responsibility

By initialing and signing this policy, you acknowledge that you understand the following:

 I am responsible for practicing positive digital citizenship.

- I will practice positive digital citizenship, including appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites, and all other electronic communications, including new technology.
- I will be honest in all digital communication.
- I understand that what I do and post online must not disrupt school activities or compromise school safety and security.

 I am responsible for keeping personal information private.

- I will not share personal information about myself or others including, but not limited to, names, home addresses, telephone numbers, birth dates, or visuals such as pictures, videos, and drawings.
- I will not meet anyone in person that I have met only on the Internet.
- I will be aware of privacy settings on websites that I visit.
- I will abide by all laws, this Responsible Use Policy and all District security policies.

 I am responsible for my passwords and my actions on District accounts.

- I will not share any school or District usernames and passwords with anyone.
- I will not access the account information of others.



Los Angeles Unified School District
Responsible Use Policy (RUP) for District Computer Systems
Information for Students and Families

I will log out of unattended equipment and accounts in order to maintain privacy and security.

 I am responsible for my verbal, written, and artistic expression.

I will use school appropriate language in all electronic communications, including email, social media posts, audio recordings, video conferencing, and artistic works.

 I am responsible for treating others with respect and dignity.

I will not send and/or distribute hateful, discriminatory, or harassing digital communications, or engage in sexting.

I understand that bullying in any form, including cyberbullying, is unacceptable.

 I am responsible for accessing only educational content when using District technology.

I will not seek out, display, or circulate material that is hate speech, sexually explicit, or violent.

I understand that any exceptions must be approved by a teacher or administrator as part of a school assignment.

I understand that the use of the District network for illegal, political, or commercial purposes is strictly forbidden.

 I am responsible for respecting and maintaining the security of District electronic resources and networks.

I will not try to get around security settings and filters, including through the use of proxy servers to access websites blocked by the District.

I will not install or use illegal software or files, including copyright protected materials, unauthorized software, or apps on any District computers, tablets, smartphones, or other new technologies.

I know that I am not to use the Internet using a personal data plan at school, including personal mobile hotspots that enable access on District equipment.

I will not use the District network or equipment to obtain unauthorized information, attempt to access information protected by privacy laws, or impersonate other users.

 I am responsible for taking all reasonable care when handling District equipment.

I understand that vandalism in any form is prohibited.

I will report any known or suspected acts of vandalism to the appropriate authority.

I will respect my and others' use and access to District equipment.

 I am responsible for respecting the works of others.

I will follow all copyright (<http://copyright.gov/title17/>) guidelines.

I will not copy the work of another person and represent it as my own and I will properly cite all sources.

I will not download illegally obtained music, software, apps, and other works.

Consequences for Irresponsible Use

Misuse of District devices and networks may result in restricted access. Failure to uphold the responsibilities listed above is misuse. Such misuse may also lead to disciplinary and/or legal action against students, including suspension, expulsion, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation. (For more information, see BUL-6399.0, Social Media Policy for Students.)

Disclaimer

The District makes no guarantees about the quality of the services provided and is not liable for any claims, losses, damages, costs, or other obligations arising from use of the network or District accounts.



Los Angeles Unified School District
Responsible Use Policy (RUP) for District Computer Systems
Information for Students and Families

Users are responsible for any charges incurred while using District devices and/or network. The District also denies any liability for the accuracy or quality of the information obtained through user access. Any statement accessible online is understood to be the author's individual point of view and not that of the District, its affiliates, or employees. Students under the age of 18 should only access District network accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use outside of school.

Summary:

All users are responsible for practicing positive digital citizenship. Positive digital citizenship includes appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites and all other electronic communications, including new technology. It is important to be honest in all digital communications without disclosing sensitive personal information. What District community members do and post online must not disrupt school activities or otherwise compromise individual and school community safety and security.

Instructions:

Read and initial each section above and sign below. Be sure to review each section with a parent or guardian and get their signature below. Return to your teacher or other designated school site personnel.

I have read, understand, and agree to abide by the provisions of the Responsible Use Policy of the Los Angeles Unified School District.

Date: _____

School: _____

Student Name: _____

Student Signature: _____

Parent/Legal
Guardian Name: _____

Parent/Legal
Guardian Signature: _____

Teacher Name: _____

Room Number: _____



LOS ANGELES UNIFIED SCHOOL DISTRICT
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program.

1. Name of Pupil (please print) [] 2. Birthdate (please print) []

3. Name of Parent (please print) []

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian [] 5. Date Signed []

6. Address (Number, Street, Apartment Number) []

7. City [] 8. State [] 9. Zip Code []

10. Telephone []

Granting of permission is voluntary. Please return completed form to school.

11. Principal []

Approved as to form by the Office of the General Counsel.

12. School []

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.2

ATTACHMENT A



Los Angeles Unified School District

Migrant Education Program
Family Work Questionnaire



Your children may be eligible to receive *FREE* educational and health services.

Possible services may include:

- After-School Tutoring
- Saturday School
- Preschool Programs
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Dental Screenings/Medical Referrals

Parents receive training on:

How to become involved in their children's schools, how to support their children's academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

Have you or any family member moved to work or seek work in agriculture within the last 3 years? Yes NO

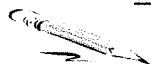
If you answered YES, please answer the next question

Did your children move with you during the time you worked or went to seek work? Yes NO

(Please check all the agricultural and fishing jobs, temporary and seasonal, that applies.)

<input type="checkbox"/> Field Work/ Agriculture <u>Examples:</u> (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)	<input type="checkbox"/> Orchard <u>Examples:</u> (pick, prune, sort fruit, nut trees, vines, etc.)	<input type="checkbox"/> Nursery <u>Examples:</u> (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)	<input type="checkbox"/> Fishing <u>Examples:</u> (catch, sort, pack, process, transport fish or shellfish, etc.)
<input type="checkbox"/> Dairy/Farm/Ranch/ Livestock <u>Examples:</u> (milking, cattle feeding, transporting animals; raising farm animals such as poultry, goats, pigs, etc.; and sale of its products such as milk, eggs, cheese, etc. for someone or for family support.)	<input type="checkbox"/> Packing <u>Examples:</u> (process, store, freeze, can, pack fruits, vegetables, meats, etc.)	<input type="checkbox"/> Food Processing <u>Examples:</u> (prepare, process foods like tomato sauce, fruit jellies, chili sauce; processing of wheat or flour for tortilla items, pack cut or pack an assortment of meats.)	<input type="checkbox"/> Forestry/Lumber <u>Examples:</u> (plant, grow, cultivate, harvest trees; thinning and vegetation control, etc.)

Important: Proof of family income or immigration status is *NOT* required to receive services.



Please provide the following information:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? 8am-12pm 12pm-6pm 6pm-8pm

Student's Name: _____

School Name: _____ Grade: _____

For more information, call the Los Angeles Unified School District, Migrant Education Office at: (213) 241-0510

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Office, Beaudry Building, 29TH Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-0510 for more information.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Refugee Educational Support Program

Eligibility Questionnaire

Your children may be eligible to receive FREE educational services. Possible services may include:

- After-School Programs
- Saturday School
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp

Parents receive training on:

How to become involved in their children's schools, how to support their children's academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

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 5 – 18, and 3) has the following immigration status:

- | | | |
|--|---|--|
| <input type="checkbox"/> Paroled as a
Refugee or Asylee | <input type="checkbox"/> Amerasians | <input type="checkbox"/> victims of severe
forms of trafficking
who receive
certification or an
eligibility letter
from ORR |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Iraqi and Afghan
Special Immigrants | |
| <input type="checkbox"/> Asylee | <input type="checkbox"/> Unaccompanied
Refugee Minors | |
| <input type="checkbox"/> Cuban and Haitian
Entrant | | |

For detailed documentation requirements please visit <http://bit.ly/ORRequirements>



Please provide the following information to your school:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? 8am-12pm 12pm-6pm 6pm-8pm

Student's Name: _____

School Name: _____ Grade: _____

For more information, call the Los Angeles Unified School District, RESPite Office at: (213) 241-3107

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Refugee Educational Support Program office, Beaudry Building, 29TH Floor, within two weeks of student's enrollment, in order to make services available to eligible families.

Please call (213) 241-3107 for more information.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

Title III Immigrant Education Program
Questionnaire Form

Your child and you as the parent/guardian may be eligible to receive *FREE* supplemental educational and support services funded by the Title III Immigrant Education Program. These services may include:

- | | |
|---|--|
| <ul style="list-style-type: none"> • After-School Tutoring • Saturday School • Summer School | <ul style="list-style-type: none"> • Family Literacy • Family Training • Parent/Family Outreach |
|---|--|

The purpose of the Title III Immigrant Education Program is to provide enhanced instructional opportunities to immigrant students and their families to support students in meeting the grade level and graduation standards.

Important: Proof of family income or immigration status is *NOT* required to receive services. Any student who was not born in the U.S. and has been attending U.S. schools for less than three school years may be eligible for these services. To determine eligibility for these services, please provide the following information to the school:

Student Name: _____	Grade: _____
Place of Birth (City, State/Province, and Country): _____	
Date of first U.S. school enrollment (mm/dd/yy): _____	

Programa de Educación Inmigrante de Título III
Forma de Cuestionario

Sus hijos y usted como padre o guardián pueden ser elegibles para recibir servicios educativos y de apoyo *GRATUITOS*. Servicios pueden incluir:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Tutoría después de clases • Clases de sábado • Escuela de verano | <ul style="list-style-type: none"> • Alfabetización para familias • Entrenamiento para familias • Alcance para padres/familia |
|--|--|

El propósito de Programas de Educación Inmigrante de Título III es de proveer oportunidades de instrucción mejoradas para los estudiantes inmigrantes y sus familias. Esto asegurará que estos estudiantes alcancen los estándares del nivel de grado y los estándares de graduación.

Importante: NO se requiere pruebas del ingreso familiar o documentos de inmigración para recibir estos servicios suplementarios. Cualquier estudiante que no haya nacido en los Estados Unidos y haya asistido a escuelas en los Estados Unidos durante menos de tres años escolares puede ser elegible para estos servicios suplementarios. Para determinar si su hijo/a califica para estos servicios, provee la siguiente información a su escuela:

Nombre del Estudiante: _____	Grado: _____
Lugar de Nacimiento (ciudad, estado y país): _____	
Fecha de primera inscripción en la escuela de los EE.UU. (mes, día, año): _____	



Los Angeles Unified School District
NURSING SERVICES

ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM

California law, Education Code Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Form with fields: Student's Last Name, First Name, Middle Initial, Birth Date (mo/day/year), Address, City, Zip, Phone, School Name, Teacher, Student's Gender (Male/Female), Parent/Guardian Name, Child's race/ethnicity (Optional) with checkboxes for Alaska Native, American Indian, Asian, Black/African American, Hispanic/Latino, Multi-racial, Pacific Islander, White, Unknown, Other.

SECTION 1: To be completed by the parent or guardian

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian Date

SECTION 2: Oral Health Data Collection
To be completed by the dental professional conducting the assessment
Assessment Date: Visible caries and/or fillings present: Visible caries present: Treatment Urgency:
[] Yes [] No [] Yes [] No [] No obvious problem found [] Early dental care recommended [] Urgent care needed

Signature of Dental Professional Date

SECTION 3: Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement
I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)
[] I am unable to find a dental office that will take my child's insurance plan.
My child is covered by the following insurance plan:
[] Healthy Families [] Healthy Kids [] Medi-Cal/Denti-Cal [] None [] Other
[] I cannot afford an oral health assessment for my child.
[] I do not wish my child to receive an oral health assessment.
Optional: Other reasons my child could not get an oral health assessment

RETURN THIS FORM TO THE SCHOOL BY MAY 31.
Original to be retained in student's school record.

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

**CONSENT FOR HEALTH ASSESSMENT, ELIGIBILITY DETERMINATION AND
RECEIPT/RELEASE OF MEDICAL INFORMATION FORM**

Child's full name _____ Birth date _____

School Toluca Lake Elementary Grade _____ Room No. _____ Track _____

I hereby give my consent for my child to have the physical examination, blood, urine, lead and Tuberculin tests and required immunizations through the school health screening program. I also authorize the receipt/release of the results of the screening to the Los Angeles Unified School District, California State Department of Health, the County of Los Angeles Department of Health Services Child Health and Disability Prevention Program and any Health Plan/providers in which my child is enrolled.

Number of Persons in family _____

Family Income _____ / _____
Week or Month

PLEASE CHECK:

Child is:

Covered by Medi-Cal [] Yes
[] No

Has already had school [] Yes
admission physical [] No
examination?

Member of Private [] Yes
Health Plan/HMO? [] No

Date of last complete physical exam: _____

Name of health plan: _____

Where was physical exam done? _____

My child will have the [] Yes
Physical exam done by [] No
a private doctor or prepaid
health plan.

I wish my child to have [] Yes
physical done at school. [] No

Authorization: I consent to submission of claims to my insurance carrier(s) for fees for services provided to my child. I authorize the release of any medical information between LAUSD and my insurance carrier(s) as may be necessary to prepare a claim for services. I authorize my insurance carrier(s) to process medical claims submitted by LAUSD and to assign payment of benefits to LAUSD for these claims.

X _____
Signature of Parent or Guardian

() _____
Home Phone

Street Address

() _____
Phone where you may be contacted during the day

City Zip

Date



<http://tolucaticers.com>



Toluca Lake
Elementary
4840 Cahuenga
Blvd.
North Hollywood,
CA 91601
(818) 761-3339
"Always remember,
it's great to be a Tiger!"



The Daily Pass will continue to be used to upload COVID-19 rapid antigen test results and vaccination records, monitor positive cases and to notify close contacts of a person who has tested positive.

Students and employees do not need to generate a Daily Pass QR code to enter school campuses.

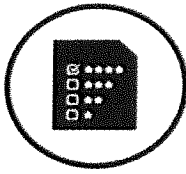
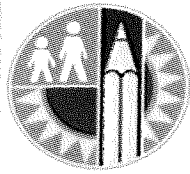
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About us



LOGIN PORTALS . STAY INFO ACADEMIC PRI SPECIAL EDUC OTHER PROG

UPCOMING *Mark Your Calendars* EVENTS





Parent Portal

THE PARENT PORTAL IS AN ONLINE SYSTEM THAT CONNECTS PARENTS AND GUARDIANS TO THEIR CHILD'S INFORMATION!

In the Parent Portal parents/guardians can:



Monitor attendance



Track progress toward graduation



Monitor grades & assignments



Track Reclassification progress of English Learners



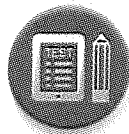
Update emergency telephone numbers



Fill out your online volunteer application



Special Education Support: Apply for ESY, view active IEP & service delivery



View Standardized Test results And much more!

CREATED ESPECIALLY FOR LAUSD PARENTS!

Step 1: Register for a Parent Portal account:

1. Have an email account
2. Go to <http://parentportal.lausd.net>
3. Click "REGISTER"
4. Select #4, "Register for an account"
5. Fill out the required information, click "Register" and wait for a confirmation email from Parent Portal with a web link to activate your account
6. When prompted, follow the guidelines to create a password for your account

Step 2: Link your child to your account:

1. Log in to Parent Portal: <http://parentportal.lausd.net>
2. Provide the 4-digit Parent PIN, Student's Date of Birth and LAUSD ID click "ADD A STUDENT"
3. Click "FINISH" to finish selecting your student
4. Repeat these steps for each child attending LAUSD schools

Parent Portal has Online Safety Measures, which protects student information.

For Assistance with Parent Portal, contact your student's school or call your Local District Parent and Community Engagement office:

Local District Central (213) 241-8690

Local District East (323) 224-3320

Local District Northeast (818)252-5400

Local District Northwest (818) 654-3600

Local District South (310) 345-3230

Local District West (310) 914-2124

PARENTPORTAL.LAUSD.NET



K – 12TH GRADE (including transitional kindergarten)



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1,2,3}				
K-12 Admission	4 Polio ⁴	5 DTaP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement ^{9,10}		1 Tdap ⁸			2 Varicella ¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.*

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3 ²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

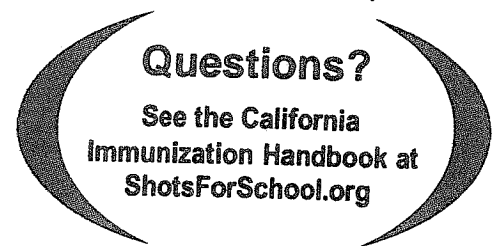
Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

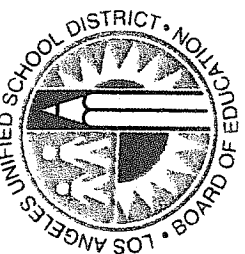
- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil transferring from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

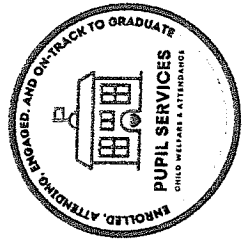
† In accordance with Health and Safety Code section 120335.





SCHOOL ATTENDANCE

- A Guide for Parents -



Make everyday count!

For additional resources, please visit our website at www.pupilservices.lausd.net

SCHOOL ATTENDANCE REVIEW TEAM (SART)

School Attendance Review Teams are established at local school sites to identify and intervene on behalf of students who exhibit problems with attendance pursuant to California Compulsory Attendance Laws (EC 48200). The goal is to address the barriers preventing regular school attendance at an early stage before the situation escalates.

SCHOOL ATTENDANCE REVIEW BOARDS (SARB)

School Attendance Review Boards are community-based effort to bring together multiple resources to assist families with attendance, truancy, and behavior issues so that students will stay in school, attend school regularly and graduate.

CITY OF LOS ANGELES

LOS ANGELES COUNTY CODE SECTION 13.57010

Prohibits minors under the age of 18 from being present in a public place during school hours without a valid excuse.

For more information, please see the following link:
https://bit.ly/Municode_Library

For questions or concerns regarding your child's attendance, contact:

School Designee

Phone Number

TRUANCY CALIFORNIA EDUCATION CODE (E.C.)

E.C. 48200 - COMPULSORY FULL-TIME EDUCATION
Each person between the ages of 6 and 18 years not exempted under the provision of this chapter is subject to compulsory full-time education. Each parent, guardian, or other person having control or charge of such pupil shall send the pupil to the public full-time day school or continuation school or classes for the full-time designated as the length of the school day.

E.C. 48260 - TRUANCY DEFINITION
Any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse three full days in one school year or tardy or absent for more than any 30 minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof, is a truant and shall be reported to the attendance supervisor the superintendent of the school district.

E.C. 48260.5 - PARENT NOTIFICATION
Notifying a parent of their child's truancy is required by law. Truancy Letters are automated and sent from the central office on a monthly basis, based on school records.

E.C. 48261 - TRUANT REPEAT
Any pupil who has once been reported as a truant and who is again absent from school without valid excuse one or more days or tardy on one or more days shall again be reported a truant to the attendance supervisor of the superintendent of the district.

E.C. 48262 - HABITUAL TRUANT
Any pupil is deemed a habitual truant who has been reported as a truant three or more times per school year, provided that no pupil shall be deemed a habitual truant unless an appropriate district officer or employee has made a conscientious effort to hold at least one conference with a parent or guardian of the pupil and the pupil himself after the filing of either of the reports required by Section 48260 or Section 48261.

E.C. 48263.6 - CHRONIC TRUANT
Any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse for ten percent or more of the school days in one school year, from the date of enrollment to the current date, is deemed a chronic truant.

E.C. 48320 - SCHOOL ATTENDANCE REVIEW BOARDS
Created to enhance the enforcement of compulsory education laws and to divert students with school attendance or behavior problems from the juvenile justice system until all available resources have been exhausted.

SUPPORT OUTSTANDING SCHOOL ATTENDANCE AT HOME BY:

- Ensuring your child gets enough sleep
- Ensuring your child gets a nutritious breakfast each day
- Helping your child develop a positive attitude toward school, learning, and encouraging them to participate in school activities
- Explaining Compulsory Education - by law, all students must attend school daily and on time
- Teaching the benefits of good attendance and consequences of poor attendance
- Creating backup systems (alternative plans for getting to and from school)
- Creating morning and evening routines
- Posting school calendars, school attendance policy, and schedules in a visible place
- Ensuring the school has your accurate daytime contact information, including cell phone number and/or e-mail address
- Notifying school staff if your child has any issues that may be affecting your child's attendance
- Notifying school staff if your child suffers from a chronic health condition and how this condition is impacting school attendance
- Access Parent Portal to monitor your child's attendance at <https://parentportalaplousd.net>. If you need further assistance, contact your child's school.

The foundation of student academic success is excellent attendance. The Los Angeles Unified School District wants to partner with all parents to ensure students attend regularly and to address any issues that impact attendance.



MINIMIZE LOSS OF INSTRUCTION

- Plan family vacations for non-school days only
- Schedule non-emergency medical and dental appointments after school hours on weekends or during your child's vacation
- If the appointment must be during school hours, please have your child attend school prior to the appointment and/or return to school after the appointment to complete the school day
- Communicate often with your child's teachers and request assignments missed during absences

Parents, Please Provide A Note For Every Absence, Tardy, and Early Leave

C.R. Title 5, Section 306 - A principal or teacher may require satisfactory explanation from the parent or guardian of a pupil, either in person or by written note, whenever the pupil is absent/tardy part or all of a school day.

District policy requires that all absences, tardies, and early leaves be cleared within 10 school days with a satisfactory explanation (in writing, or verbal justification).

An excused absence note may be accepted for up to four consecutive days when the absence is attributed to illness. For absences attributed to illness for five or more consecutive days, the school nurse or designated staff member is to be consulted. The student must be cleared to return to class by the school nurse or designated staff member.

The excessive use of unverified parent notes may result in the school requesting additional documentation for all future absences.

Student Attendance = Student Success

ATTACHMENT R

EXCUSABLE ABSENCE (CALIFORNIA E.C. 48205)

Reason Code #1 (IM -Medical; IN- Nurse, IP- Parent) on Student's Attendance Record

Due to his or her illness • Due to quarantine under the direction of a county or city health officer • For the purpose of having medical, dental, optometric, or chiropractic services rendered • For the purpose of attending the funeral services of a member of his or her immediate family • For the purpose of jury duty in the manner provided by law • Due to the illness or medical appointment during school hours of a child of whom the pupil is the custodial parent

Reason Code #5 Administrator Approval - Justifiable Personal Reasons

For justifiable personal reasons including, but not limited to, appearance in court • Attendance at a funeral service (extended days) • Attendance at an educational conference offered by a non-profit organization (legislative/judicial) • Attendance at an employment conference • Attendance at a religious retreat • The entertainment industry • Immediate family member on active military duty, deploying to combat zone • Medical exclusion or exemption • Member of a precinct board for an election • Observance of religious or cultural holiday ceremony or secular historical remembrance • Religious instruction • Revoked suspension through the appeals procedure • Participation in not-for-profit performing arts organization • Pre-arranged mental health services (Mental Health Day Treatment) • Take Your Child to Work Day • For the purpose of serving as a member of a precinct board for an election pursuant to Section 12302 of the Election Code • Pupils who are members of religions that observe religious holidays that fall on school days may be excused from school by making prior arrangements as specified by the school principal and with written parental/guardian request [Education Code Section 48205(a)(7)]. Additionally, students may be absent to attend a religious retreat, not to exceed four hours per semester [Education Code Section 48205(c)].

Please note that these are the only reason codes that will not trigger a Truancy Letter.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE



Call Center Hours:
Monday - Friday
8:00 A.M. - 4:30 P.M.

Children's Health Access & Medi-Cal Program

CHAMP

Does your family need help getting free/low cost health insurance?

Contact us at (213) 241-3840 option 1 or email: champ@lausd.net

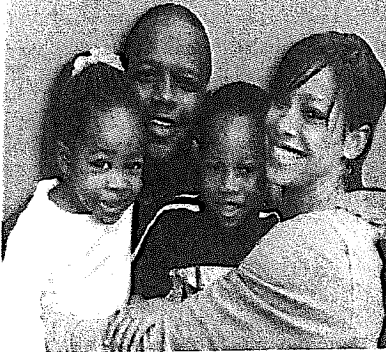
CHAMP provides:

- Pre-screening for Health Insurance Program Eligibility
Medi-Cal | Medi-Cal Expansion | Covered CA | Kaiser Permanente Child Health Program
- Health Insurance Application Assistance and Enrollment
- Outreach and Education on the Affordable Care Act
- Information About Utilizing and Maintaining Health Insurance Benefits
- Health Care Referrals to School-Based Health/Wellness Centers and Community Clinics

All Youth Healthy and Achieving

<http://achieve.lausd.net/CHAMP>

CHAMP is a department within the Los Angeles Unified School District and is part of the Student Health & Human Services Division. Public funding for CHAMP is provided by the Centers for Medicaid and Medicare Services.



Horario del Centro
de Llamadas:
Lunes a viernes
8:00 A.M. - 4:30 P.M.

Programa Medi-Cal y de Acceso a la Salud Infantil

CHAMP

¿Necesita su familia ayuda para obtener seguro médico de bajo costo/gratuito?

Llame a (213) 241-3840 opción 1 o por correo electrónico: champ@lausd.net

CHAMP ofrece:

- Pre-revisión de elegibilidad para el Programa de Seguro Médico
Medi-Cal | Expansión de Medi-Cal | Covered CA | Programa de Salud para Niños de Kaiser Permanente
- Asistencia para la solicitud e inscripción para el Seguro Médico
- Educación sobre la Ley del Cuidado Asequible de la Salud
- Información sobre cómo usar y mantener los beneficios del seguro médico
- Referencias médicas a Centros Escolares de Salud, Centros de Bienestar y Clínicas Comunitarias

Todos los jóvenes deben estar saludables y rendir académicamente

<http://achieve.lausd.net/CHAMP>

CHAMP es un departamento del Distrito Escolar Unificado de Los Ángeles y forma parte de la División de Servicios de Salud y Bienestar Humano al Departamento de Salud Pública del Distrito. El financiamiento público para el Servicio de Medicaid y Medicare (por el financiamiento) para el CHAMP.

