



LOS ANGELES UNIFIED SCHOOL DISTRICT
2010-2011 PARENT STUDENT HANDBOOK

PARENT/STUDENT ACKNOWLEDGEMENT FORM

Dear Parent/Guardian:

Education Code 48980(a) states that School Boards are required by law to notify parents of their rights to services and programs offered by their district school/schools. Parents/Guardians **must sign** a notification form and return it to their children's schools acknowledging that they have been informed of their rights.

Please read the new Parent Student Handbook and return the signed form below to the school. Your signature does not constitute consent to take part in any particular program.

-----COMPLETE, SIGN AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL-----

LOS ANGELES UNIFIED SCHOOL DISTRICT
2010-2011 PARENT STUDENT HANDBOOK

RECEIPT OF ANNUAL NOTIFICATION FORM

I acknowledge, with my signature below, the receipt of the required annual notification of parent/student rights on behalf of my son/daughter.

Please **PRINT** the name, birth date and grade of your child.

STUDENT'S NAME: _____
Last First M.I.

Birth Date _____ Grade _____

Signature of Parent/Guardian

Signature of Student (Grades 6-12)



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.			
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				
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				
<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			
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			
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT											
The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)											
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											

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

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



**LOS ANGELES UNIFIED SCHOOL DISTRICT
2010-2011**

INFORMATION RELEASE FORM

Under Federal and State law, school districts may share student directory information with authorized individuals, organizations and/or officials. Pursuant to California Education Code Section 49073, LAUSD has identified the categories of information listed below as directory information that may be released to the officials and organizations named below. Parents of students 17 years or younger and adult students 18 years or older may request the school principal limit the release of directory information or not release directory information at all. The request to withhold the student directory information is applicable only to the current school year.

**PLEASE READ AND COMPLETE THE INFORMATION RELEASE FROM BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL.
UNLESS THIS FORM IS RETURNED, YOUR STUDENT'S INFORMATION MAY BE RELEASED AS INDICATED.**

-----COMPLETE, SIGN AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL-----

**LOS ANGELES UNIFIED SCHOOL DISTRICT -2010-2011 PARENT STUDENT HANDBOOK
INFORMATION RELEASE FORM**

SCHOOL NAME: _____ DATE: _____

STUDENT NAME: (Please Print) _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Record Room: _____

STUDENT DIRECTORY RELEASE OF INFORMATION

1. I do not wish to have any directory information released to any individual or organization.

OR

2. I request to withhold the directory information according to the box(es) I check below:

	DO NOT RELEASE
PTA	<input type="checkbox"/>
Health Department	<input type="checkbox"/>
Elected Officials	<input type="checkbox"/>
Dept. of Children & Family Svcs.	<input type="checkbox"/>
Dept. of Mental Health	<input type="checkbox"/>
Probation Department	<input type="checkbox"/>

	DO NOT RELEASE
Name	<input type="checkbox"/>
Address	<input type="checkbox"/>
Telephone Number	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>
Dates of Attendance	<input type="checkbox"/>
Previous School(s)	<input type="checkbox"/>

3. For 11th and 12th Grade students only: I do not wish to release the name, address, and telephone number of the student named above to the agency or agencies I check below:

	DO NOT RELEASE
United States Armed Forces	<input type="checkbox"/>
(Military) Recruiting Agencies	<input type="checkbox"/>

	DO NOT RELEASE
Colleges, Universities or Other	<input type="checkbox"/>
Institutions of Higher Education	<input type="checkbox"/>

MEDIA RELEASE OF INFORMATION

My child may be interviewed, photographed, or filmed by members of the media.

My child may not be interviewed, photographed, or filmed by members of the media.

Signature of Parent/Guardian (if student is under 18)

Signature of Student (if student is 18 or older)



**LOS ANGELES UNIFIED SCHOOL DISTRICT
2010-2011**

ETHNICITY/RACE IDENTIFICATION OF STUDENTS

Beginning with the 2009-2010 school year, the District is required to collect race and ethnicity data on all new enrolling students using a two-part question. The first part of the question asks whether or not the student is Hispanic or Latino. The second part of the question asks the respondent to select one or more races for the student.

If you wish to change the ethnic and race category for your child, please complete the form below and return it to your child's school.

-----COMPLETE, SIGN AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL-----

LOS ANGELES UNIFIED SCHOOL DISTRICT -2010-2011 PARENT STUDENT HANDBOOK

ETHNICITY/RACE IDENTIFICATION OF STUDENTS FORM

SCHOOL NAME: _____ DATE: _____

STUDENT NAME (Please Print) _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip Code _____

Telephone Number: _____ Record Room: _____

STEP 1

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

If "YES" is checked, continue to Step 3, if applicable. If "NO" is checked, continue to Step 2 then Step 3, if applicable.

STEP 2

What is the primary race of the student? (Select one)

- African American or Black
- American Indian or Alaskan Native
- Asian
 - Asian Indian
 - Cambodian
 - Chinese
 - Filipino
 - Hmong
 - Japanese
 - Korean
 - Laotian
 - Vietnamese
 - Other Asian
- Native Hawaiian or Pacific Islander
 - Guamanian
 - Hawaiian
 - Samoan
 - Tahitian
 - Other Pacific Islander
- White

STEP 3

What is the secondary race of the student? (Select one)

- African American or Black
- American Indian or Alaskan Native
- Asian
 - Asian Indian
 - Cambodian
 - Chinese
 - Filipino
 - Hmong
 - Japanese
 - Korean
 - Laotian
 - Vietnamese
 - Other Asian
- Native Hawaiian or Pacific Islander
 - Guamanian
 - Hawaiian
 - Samoan
 - Tahitian
 - Other Pacific Islander
- White

Signature of Parent/Guardian (if student is under 18)

Signature of Student (if student is 18 or older)



LOS ANGELES UNIFIED SCHOOL DISTRICT
2010-2011
ANNUAL PESTICIDE USE NOTIFICATION

The District has adopted an Integrated Pest Management (IPM) policy. This policy includes notifying parents/guardians of pesticide use. During the school year, it may be necessary to apply pesticides at your child's school to avoid serious health problems posed by pests and/or maintain the integrity of a structure. However, should you feel that your child's or your (for school staff) health and/or behavior could be influenced by exposure to pesticide products, you are notified as follows:

- An application of products on the Approved List may be applied during the school year (see attached list of pesticide products that have been approved for use at District sites).
- In the event the use of a product is required that is not on the Approved List, you will be notified 72 hours in advance. (Exception: Emergency circumstances that warrant an immediate response).
- Additional information regarding pesticide products, including those on the District's Approved List, is available online at <http://www.cdpr.ca.gov>.

Please complete, detach and return the form below to the school's main office, indicating whether you wish to be pre-notified each time a pesticide is scheduled to be used at the school.

-----Cut here and return, if applicable-----

LOS ANGELES UNIFIED SCHOOL DISTRICT
2010-2011
PARENT/GUARDIAN REQUEST FOR NOTIFICATION

I would like to be notified every time a pesticide application is to take place at my child's school (i.e., in addition to annual notification). I understand that the notification will be sent home with my child at least 72 hours before application. (Exception: Emergency circumstances that warrant an immediate response.)

SCHOOL NAME: _____ DATE: _____

Student Name: (Please Print) _____ Room Number _____

Name of Parent/Guardian: (Please Print) _____

Signature of Parent/Guardian: _____

NOTE TO PRINCIPAL

Please forward a copy of this notice via school mail to:

Pest Management Department
Maintenance and Operations Central 3 and Special Services
Attention: Adrian Saldivar