

Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
Home Correspondence Language: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____ If No, please provide address:			
Number	Street	Apt/Unit	City
			Zip Code
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: <i>This information indicates the preferred language for LAUSD to provide written correspondence to the parent/ legal guardian of the student. (Check One)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other:			
Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			
Does the student live with this parent/legal guardian/caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to Student: _____ If No, please provide address:			
Number	Street	Apt/Unit	City
			Zip Code
PARENT/LEGAL GUARDIAN/CAREGIVER			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
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Highest Level of Education Completed (Check One) <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / Doctorate <input type="checkbox"/> Decline to State or Unknown			

Does the student live with this parent/legal guardian/caregiver? Yes No Relationship to Student: _____
 If No, please provide address:

Number	Street	Apt/Unit	City	Zip Code
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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 Primary Ethnicity

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

Student's Primary Race (Check One)

African American or Black American Indian or Alaska Native White

Asian: Asian Indian Cambodian Chinese Filipino Hmong Japanese Korean Laotian
 Vietnamese Other Asian:

Pacific Islander: Guamanian Native Hawaiian Samoan Tahitian
 Other Pacific Islander:

Decline to State

Student's Additional Race (Optional)

African American or Black American Indian or Alaska Native White

Asian: Asian Indian Cambodian Chinese Filipino Hmong Japanese Korean Laotian
 Vietnamese Other Asian:

Pacific Islander: Guamanian Native Hawaiian Samoan Tahitian
 Other Pacific Islander:

Decline to State

D. STUDENT EDUCATION INFORMATION

Special Services	Check One for Each Question
Was this student receiving special education services at their previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this student have a current Individualized Education Program (IEP) at the previous school? If yes, do you have a copy of the IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student have a Section 504 Plan at their previous school? If yes, do you have a copy of the Section 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have difficulties that interfere with his/her ability to go to school or to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student identified to receive gifted and talented educational services (GATE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

Name of School	City/State	Dates Attended (Month/Year)	Grade Level(s)

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)	_____
2. _____ Last Name, First Name	Birth Date _____ (Month/Day/Year)	_____
3. _____ Last Name, First Name	Birth Date _____ (Month/Day/Year)	_____
4. _____ Last Name, First Name	Birth Date _____ (Month/Day/Year)	_____
5. _____ Last Name, First Name	Birth Date _____ (Month/Day/Year)	_____

F. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/LEGAL GUARDIANS/CAREGIVERS)

1. Legal Name:				
Last	First	Middle		
Home Address:				
Number	Street	Apartment/Unit	City	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	
2. Legal Name:				
Last	First	Middle		
Home Address:				
Number	Street	Apartment/Unit	City	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	

SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____
Signature

Date

Printed Name

Relationship to Student