

# Los Angeles Unified School District STUDENT ENROLLMENT FORM

Student Name: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Office Use Only</b>	
1. School Name:	4. Student Entry Grade Level:
2. Location Code:	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: (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Intersex	Gender: (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Date of Birth ____/____/____ <i>Month/Day/Year</i>			

## 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)**

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
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## PARENT/LEGAL GUARDIAN/CAREGIVER

Legal Name:		
Last	First	Middle
Preferred Name (If Applicable):		



Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
<b>Home Correspondence Language:</b> <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:			
<b>Highest Level of Education Completed (Check One)</b> <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: <hr/> Number                      Street                      Apt/Unit                      City                      Zip Code			
<b>PARENT/LEGAL GUARDIAN/CAREGIVER</b>			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
<b>Home Correspondence Language:</b> <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:			
<b>Highest Level of Education Completed (Check One)</b> <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: <hr/> Number                      Street                      Apt/Unit                      City                      Zip Code			
<b>PARENT/LEGAL GUARDIAN/CAREGIVER</b>			
Legal Name:			
Last	First	Middle	
Preferred Name (If Applicable):			
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address
<b>Home Correspondence Language:</b> <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:			
<b>Highest Level of Education Completed (Check One)</b> <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

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Student's Primary Ethnicity**

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

**Student's Primary Race (Check One)**

<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:	
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:	
<input type="checkbox"/> Decline to State		

**Student's Additional Race (Optional)**

<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:	
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:	
<input type="checkbox"/> 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):			



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:

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







**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 educational program activities in which your pupil has participated. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)  2. Birthdate (please print)
3. Name of Parent (please print)

- a. I, as a parent or 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.

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**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

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

11. Principal
12. School

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

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

2021

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_





# 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"/> <b>Field Work/ Agriculture</b> Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)	<input type="checkbox"/> <b>Orchard</b> Examples: (pick, prune, sort fruit, nut trees, vines, etc.)	<input type="checkbox"/> <b>Nursery</b> Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)	<input type="checkbox"/> <b>Fishing</b> Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)
<input type="checkbox"/> <b>Dairy/Farm/Ranch/ Livestock</b> Examples: (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"/> <b>Packing</b> Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)	<input type="checkbox"/> <b>Food Processing</b> Examples: (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"/> <b>Forestry/Lumber</b> Examples: (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, 29<sup>TH</sup> 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 REFERENCE GUIDE

ATTACHMENT A



## 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  
NURSING SERVICES

ATTACHMENT B

## 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.

Student's Last Name	First Name	Middle Initial	Birth Date (mo/day/year)
Address		City	Zip
			Phone ( )
School Name	Teacher	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name
Child's race/ethnicity: (Optional): <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
<b>SECTION 1: To be completed by the parent or guardian</b>			

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*

<b>SECTION 2: Oral Health Data Collection</b>			
To be completed by the dental professional conducting the assessment			
Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed

➤ \_\_\_\_\_  
*Signature of Dental Professional* \_\_\_\_\_  
*Date*

<b>SECTION 3: Waiver of Oral Health Assessment Requirement</b>
To be completed by a parent or guardian requesting to be excused from this requirement
<p>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.)</p> <p><input type="checkbox"/> 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:  <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> None <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> I cannot afford an oral health assessment for my child.</p> <p><input type="checkbox"/> I do not wish my child to receive an oral health assessment.</p> <p>Optional: Other reasons my child could not get an oral health assessment _____</p>

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



# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

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. Parents must show their child's Immunization Record as proof of immunization.



# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)

Starting July 1, 2019

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	<b>1 Polio</b> <b>1 DTaP</b> <b>1 Hep B</b> <b>1 Hib</b>
4-5 Months	<b>2 Polio</b> <b>2 DTaP</b> <b>2 Hep B</b> <b>2 Hib</b>
6-14 Months	<b>2 Polio</b> <b>3 DTaP</b> <b>2 Hep B</b> <b>2 Hib</b>
15-17 Months	<b>3 Polio</b> <b>3 DTaP</b> <b>2 Hep B</b> <b>1 Hib*</b> (on or after 1st birthday) <b>1 Varicella</b> <b>1 MMR</b> (on or after 1st birthday)
18 Months-5 Years	<b>3 Polio</b> <b>4 DTaP</b> <b>3 Hep B</b> <b>1 Hib*</b> (on or after 1st birthday) <b>1 Varicella</b> <b>1 MMR</b> (on or after 1st birthday)

\* One Hib dose must be given on or after the 1st birthday regardless of previous doses.  
Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine  
 Hep B = hepatitis B vaccine  
 Varicella = chickenpox vaccine

Hib = Haemophilus influenzae, type B vaccine  
 MMR = measles, mumps, and rubella vaccine



## LOS ANGELES UNIFIED SCHOOL DISTRICT - PERMANENT HEALTH HISTORY

Student's Name \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ Birth Date \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

Last School or Children's Center Attended: \_\_\_\_\_  
 Location \_\_\_\_\_ Name \_\_\_\_\_  
 Present grade \_\_\_\_\_ City & State \_\_\_\_\_  
 SPECIAL CLASS OR SCHOOL \_\_\_\_\_

Health Care Provider/Physician \_\_\_\_\_  
 Date of last physical examination \_\_\_\_\_  
 Family Dentist \_\_\_\_\_  
 Date of last dental examination \_\_\_\_\_

FAMILY:	Living with Child (Names)		HEALTH
Father			
Mother			
Stepparent			
Others			
<b>Brothers</b>	<b>How Many Older</b>	<b>How Many Younger</b>	<b>HEALTH</b>
Sisters			

CHILD'S ILLNESS (past or present) please check (✓):

	YES	NO		YES	NO
Chickenpox			Frequent sore throat		
Meningitis			Ear aches/infections		
Mumps			Hearing loss		
Rubella (3-day measles)			Speech problem		
Rubeola (10-day measles)			Eye problem		
Whooping Cough			Wears glasses/Contacts		
Positive TB Skin Test			Heart condition/murmur		
Bronchitis			High Blood Pressure		
Pneumonia			Kidney problem		
Asthma			Sugar Diabetes		
Hives or Eczema			Blood disease		
Drug or Other Allergy			Menstrual problem		
Head Injury			Hernia		
Seizures/Unconscious			Parasites (worms)		

Has child ever been hospitalized overnight? Yes \_\_\_\_ No \_\_\_\_  
 Name of hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Dates in hospital \_\_\_\_\_  
 Reason for hospitalization \_\_\_\_\_  
 Is child on medication? Yes \_\_\_\_ No \_\_\_\_  
 Name of medicine \_\_\_\_\_  
 Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
 Are physical activities limited? Yes \_\_\_\_ No \_\_\_\_  
 If yes, reason for limitation: \_\_\_\_\_

Other serious accidents or illness (describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Over - to complete, date and sign)

**PERMANENT HEALTH HISTORY (continued)**

**BIRTH HISTORY:**

MOTHER'S PREGNANCY:

NO	YES	INFECTIONS
		Bleeding
		High Blood Pressure
		Toxemia
		Sugar Diabetes
		Other Complications of pregnancy
		9-Month Pregnancy
		Type of Delivery
		Child's birth weight
		Child's birth condition (check) good _____ poor _____
		If poor, describe: _____

ILLNESS DURING FIRST 2 WEEKS OF LIFE:-

		Trouble breathing
		Seizures
		Cyanosis (blue color)
		Jaundice (yellow color)
		Feeding problems
		Anemia
		Birth defect
		Required incubator
		Went home with mother

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health Services Division

FORM 34-EH-67 7/86  
STK. NO. 816292  
C.C. 9661215292

**DEVELOPMENTAL HISTORY:**

At what age did your child:

_____	Sit alone
_____	Stand alone
_____	Say words
_____	Toilet train
_____	Feed self
_____	Crawl
_____	Walk
_____	Use sentences

PLEASE CHECK (✓) DOES YOUR CHILD:

YES	NO	Bite nails
		Like school
		Suck thumb
		Wet bed
		Seem shy
		Eat well
		Like other children
		Drink milk
		Eat breakfast
		Sleep well
		Follow directions
		Seem overactive

What time does your child go to bed?

Do you have any questions or concerns about your child's health?  
Please list.

_____	Date	Parent/Guardian Signature
_____	Date	History taken by (Name)
_____	Title	Name of School



**LOS ANGELES UNIFIED SCHOOL DISTRICT - EXAMINATION BY PRIVATE PHYSICIAN**

Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

**To the Physician: Please complete both sides and return to the child's school in attached envelope.**

**BIRTH HISTORY: (Optional)**

Pre-natal Complications \_\_\_\_\_  
 Birth Weight \_\_\_\_\_ Delivery \_\_\_\_\_  
 Neo-natal Complications \_\_\_\_\_

**DEVELOPMENTAL MILESTONES:**

Sat \_\_\_\_\_ mo. Crawl \_\_\_\_\_ mo. Walked \_\_\_\_\_ mo.  
 Words \_\_\_\_\_ mo. Sentences \_\_\_\_\_ mo.  
 Toilet Trained \_\_\_\_\_ mo.

**MEDICAL HISTORY:**

Serious Illnesses or Injuries \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Surgery \_\_\_\_\_  
 Allergic Reactions \_\_\_\_\_

**IMMUNIZATIONS OF (NUMBER DOSES AND DATES):**

DPT	1	2	3	4	5
or					
TD	1	2	3	4	5
Polio	1	2	3	4	5
Measles	_____				
Mumps	_____				
Rubella	_____				
H.I.B.	_____				
Hepatitis B	_____ (over)				
Other	_____				

(N= Normal. O=Over for Comment.)

<b>Date of Examination</b>	_____	<b>Under RX</b>
Wt. _____ Ht. _____		
Eyes _____ Vision R:20/ _____ L:20/ _____		
Ears _____ Hearing _____		
Nose _____		
Mouth _____ Speech _____		
Throat _____ Tonsils _____		
Teeth _____ Orthodontia Needed _____		
Heart _____ B.P. _____		
Lungs _____		
Abdomen _____ Hernia _____		
G-U _____		
Nervous System _____		
Skin _____		
Posture _____		

(Please indicate deviations from normal)

Other Orthopedic \_\_\_\_\_

Blood _____	Urine _____
Mantoux Test: _____	Given _____ Read _____
Pos. _____	(date) _____ (date) _____
(Indur. mm)	Chest X-ray _____ Results: _____
Neg. _____	(date) _____

**EXAMINATION BY PRIVATE PHYSICIAN (continued)**

**Currently does this child need help with:**

- Motor Development \_\_\_\_\_
- Speech \_\_\_\_\_
- Behavior \_\_\_\_\_
- Emotional Growth \_\_\_\_\_

**Has this child had:**

- Psychological Testing \_\_\_\_\_
- Neurological Referral \_\_\_\_\_
- Psychiatric Referral \_\_\_\_\_
- Other Counseling \_\_\_\_\_

**Current Medication:** No \_\_\_\_\_ Yes \_\_\_\_\_ What \_\_\_\_\_

**PARENTAL REQUEST:** I request that my physician release this completed report to the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE Return To:**

School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Form No. 34-AEH-51  
Commodity Code No. 966 12 15306

**Recommendations and Comments:**

**(Physical Education required by State Law):**

Reg. \_\_\_\_\_  
Limited or Adaptive \_\_\_\_\_ Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ M.D.  
\_\_\_\_\_ M.D.

(Please type or print name)  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_