



LOS ANGELES UNIFIED SCHOOL DISTRICT  
**Horace Mann UCLA Community School**

7001 South St. Andrews Place  
Los Angeles, CA. 90047  
Telephone: (323) 541-1900 Fax: (323) 758-8203

**MICHELLE KING**  
*Superintendent of Schools*  
**CHERYL HILDRETH**  
*Superintendent, Local District West*  
**ORLANDO M. JOHNSON**  
*Principal*

Dear Parents and Guardians,

Thank you for your interest in the Horace Mann UCLA Community School!

Our goal is to deliver researched-based instructional approaches to teaching and learning that will provide Mann UCLA students with access to rigorous academic content standards, while developing critical thinking and procedural skills that are essential to 21<sup>st</sup> Century life. Our instructional methodology sets high expectations alongside differentiated and personalized support to ensure classes are based on students needs.

We are thrilled you have decided that Mann UCLA Community School is the appropriate school for your child. The program is growing and evolving along with the entire Mann UCLA campus. You and your child will have the opportunity to provide input that will lead Mann UCLA and its surrounding community into the 21<sup>st</sup> century.

Complete this enrollment package and provide us with copies of the following:

Most recent report card & transcript

- Immunization Record
- Pupil Accounting Report from previous school (P.A.R.)
- Birth Certificate
- Utility bill or Rental Agreement
- Intra-District and Inter-District Transfers;
  - Completed and signed by home school Principal

You are invited to attend our **Summer New Parent Meeting and Orientation Dinner on Thursday, July 20<sup>th</sup> from 6:00pm-7:30pm** to learn about what the New Horace Mann UCLA Community School has to offer and meet the teachers, counselor, Director, Assistant Principal and Principal.

Welcome to our Mann U family!

*"You can see the future from here."*

Sincerely,

Mr. Orlando Johnson  
Principal  
omj0354@lausd.net

Ms. LaQueena Litzsey  
Assistant Principal  
lll6553@lausd.net

Ms. Carla Estes  
Director  
cye0488@lausd.net

# Horace Mann UCLA Community School

---

## ENROLLMENT CHECKLIST

---

### PARENT/GUARDIAN:

Below is a list of the items required to enroll a student into Mann UCLA Community School. Where “**COPY**” is indicated below, you need to provide the copy or copies. You must provide all requested items when you submit your enrollment packet; otherwise, enrollment may be delayed.

[    ] 1. Identification – Provide a COPY of your identification (such as California Driver’s License or California Identification Card).

[    ] 2. Address Verification – Provide a COPY of your current utility bill (gas, electric, or water—not telephone or cable bill). If you do not have a current utility bill, other address verifications can be a COPY of your lease/rental agreement, mortgage/escrow documents, or you may complete the Address Verification Form provided by the Mann UCLA CS office. Proper signatures are required in the Form.

[    ] 3. Birth Verification – Provide a COPY of the student’s birth certificate or passport. If the birth certificate or passport is not available, you must complete an Affidavit for Proof of Age of Minor.

[    ] 4. Immunization Record – Provide TWO (2) COPIES of the student’s Immunization Record.

[    ] 5. Report Card – Provide Two (2) COPIES of the student’s **current** report card (**including the school’s complete address**). The school’s complete address is needed to complete some forms that are part of the Enrollment Packet.

[    ] 6. Checkout Documents – If the student checked out of a school of the Los Angeles Unified School District (LAUSD), bring the original Pupil Accounting Report (P.A.R) and Clearance Card and checkout grades. If the student checked out of a non-LAUSD school, bring the checkout document and checkout grades provided by the school.

[    ] 7. I.E.P (Individualized Education Plan – If the student is a Special Education student or exited from Special Education, bring a current COPY of the student’s IEP. **We must ensure that we are able to accommodate your child’s needs as outlined in their IEP.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Office Use Only**

|   |   |
|---|---|
| <b>1. SCHOOL NAME:</b> _____<br><b>2. LOCATION CODE:</b> _____<br><b>3. TRACK/SLC:</b> _____<br><b>4. ENROLLMENT DATE/CODE:</b> _____<br><b>5. STUDENT ENTRY GRADE LEVEL:</b> _____ | <b>6. LAUSD / STATE STUDENT ID NUMBER:</b> _____<br><b>7. HOUSEHOLD NUMBER:</b> _____<br><b>8. HOMEROOM:</b> _____<br><b>9. TEACHER/COUNSELOR:</b> _____<br><b>10. ENROLLMENT WIZARD USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

## LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

*INSTRUCTIONS: Please print using black or blue ink. If you have any questions, please ask for assistance.*

**A. STUDENT INFORMATION**

*(LAUSD MAX: Family Member Information)*

|                                       |               |                       |
|---------------------------------------|---------------|-----------------------|
| 1. _____                              | 2. _____      | 3. _____              |
| Legal Name: Last                      | First         | Middle                |
|                                       |               | Alias/Nickname: Last  |
|                                       |               | First                 |
|                                       |               | Middle                |
| Home Address: Number                  | Street        | Apt./Unit             |
|                                       |               | City                  |
|                                       |               | Zip Code              |
|                                       |               | Home Telephone Number |
| 5. Sex: <input type="checkbox"/> Male | 6. _____      | 7. _____              |
| <input type="checkbox"/> Female       | Date of Birth | Place of Birth: City  |
|                                       |               | State/Province        |
|                                       |               | Country               |

**B. PARENT/LEGAL GUARDIAN WITH WHOM THE STUDENT LIVES**

*(LAUSD MAX: Caretaker Information)*

|                       |          |                                  |
|-----------------------|----------|----------------------------------|
| 1. _____              | 2. _____ | 3. _____                         |
| Legal Name: Last      | First    | Middle                           |
|                       |          | Other Names Used: Last           |
|                       |          | First                            |
|                       |          | Middle                           |
| Home Telephone Number | 4. _____ | 5. _____                         |
|                       |          | Cell/Pager Number                |
|                       |          | Work Telephone Number            |
|                       |          | <input type="checkbox"/> Day     |
|                       |          | <input type="checkbox"/> Evening |
|                       |          | 6. _____                         |
|                       |          | Email Address                    |

**Home Correspondence Language** Correspondence is provided in the following languages; select preferred language.  
 7. If **Other** is indicated, written correspondence will be in English.  
 English  Spanish  Armenian  Chinese  Farsi  Filipino  Korean  Russian  Vietnamese  Other: \_\_\_\_\_

8. **Highest Level of Education Completed**  
 Not a High School Graduate  High School Graduate or Equivalent  
 Some College (includes AA Degree)  College Graduate  Graduate School/Post Graduate Training  Decline to State or Unknown

9. **Does the student live with this parent/legal guardian?**  Yes  No      10. **Relationship to Student:** \_\_\_\_\_

**C. HOME LANGUAGE AND ETHNICITY INFORMATION**

1. **Home Language of the Student**

A. Which language did this student learn when he/she first began to talk? \_\_\_\_\_

B. Which language does this student most frequently use at home? \_\_\_\_\_

C. Which language do you use most frequently to speak to this student? \_\_\_\_\_

D. Which language is most often used by the adults at home? \_\_\_\_\_

E. Has this student received any formal English language instruction (listening, speaking, reading, or writing)?  Yes  No

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

3. **Student's Primary Race (Mark one choice)**

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

4. **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

**D. STUDENT EDUCATIONAL INFORMATION**

1. **Special Services**  
*If you have any questions regarding this section, please refer to the brochure entitled "Are You Puzzled By Your Child's Special Needs?"*

A. Was this student receiving special education services at his/her previous school?  Yes  No

B. 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 student's IEP with you?  Yes  No

C. Did this student have a Section 504 Plan at his/her previous school?  Yes  No  
 If **Yes**, do you have a copy of the student's Section 504 Plan with you?  Yes  No

D. Does the student have difficulties that interfere with his/her ability to go to school or to learn?  Yes  No

E. Has this student been identified for gifted and talented educational services (GATE)?  Yes  No

2. **Previous School Information**

A. Has this student previously attended this school?  Yes  No      If **Yes**, when? \_\_\_\_\_

B. Has this student previously attended any other school or center in the LAUSD (e.g., early education center, state preschool, SRLDP, Head Start, or other preschool)?  Yes  No      If **Yes**, list most recent school/center attended. \_\_\_\_\_

|   |            |                |                |
|---|------------|----------------|----------------|
| Name of School  | City/State | Dates Attended | Grade Level(s) |
| C. Please list last non-LAUSD school student attended (including early education center, state preschool, SRLDP, Head Start, faith based or other preschool): |            |                |                |
| Name of School  | City/State | Type of School | Dates Attended |
| Grade Level(s)  |            |                |                |

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

### D. STUDENT EDUCATIONAL INFORMATION (Continued)

|    |   |                          |
|----|---|--------------------------|
| D. | Did you attempt to enroll the child in a different school in Los Angeles County for the current or preceding year? <input type="checkbox"/> Yes <input type="checkbox"/> No       | <b>If No, skip to E.</b> |
| 1. | If <b>Yes</b> , what was the outcome? <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Wait Listed <input type="checkbox"/> Other _____ |                          |
| 2. | Please provide name of school: _____  |                          |
| E. | Is student currently under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          |
|    | If <b>Yes</b> , please list the name of the school district _____   |                          |
| F. | Date of first U.S. school enrollment excluding preschool (mm/dd/yy) _____   |                          |
| G. | Date of first California school enrollment excluding preschool (mm/dd/yy) _____   |                          |

### E. ADDITIONAL HOUSEHOLD INFORMATION

|   |   |
|---|---|
| 1. <b>Court Orders</b>  |   |
| A.  | Are there any court orders you wish to notify the school about regarding legal custody, physical custody or restricted contact with the school or child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, a copy of the court order must be provided to the school.</b>   |
| 2.  | <b>Student Lives with Foster Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes,</b> <input type="checkbox"/> Relative Caregiver _____<br>If <b>Yes</b> , please provide Notification of Placement Status Form <input type="checkbox"/> Non-Relative Caregiver Children's Social Worker (CSW) _____ Telephone Number (ext) _____   |
| 3. <b>Complete these three rows if student's address is a licensed children's institution/family foster agency/group home/adult residential facility.</b> |   |
| A.  | Facility Name _____   |
| B.  | Facility Type _____   |
| C.  | License Number _____  |
| D.  | Contact Person _____  |
| E.  | Facility Telephone Number _____   |
| F.  | Alternate Telephone Number _____  |
| G.  | Facility Street Address: Number _____ Street _____ Apt./Unit _____ City _____ Zip Code _____  |
| H.  | Children's Social Worker (CSW) _____  |
| I.  | Telephone Number & ext. _____   |
| 4.  | <b>Does the student have any relatives who are all or part American Indian or Alaska Native?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5.  | <b>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 processing/packing, or livestock)?</b> If you respond <b>Yes</b> , 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. <input type="checkbox"/> Yes <input type="checkbox"/> No |

### F. ADDITIONAL FAMILY INFORMATION

*(LAUSD MAX: Caretaker Information)*

|   |   |                                   |                              |                            |
|---|---|-----------------------------------|------------------------------|----------------------------|
| <b>PARENT/LEGAL GUARDIAN/CAREGIVER:</b>   |   |                                   |                              |                            |
| 1. _____<br>Legal Name: Last First Middle   | 2. _____<br>Other Names Used              |                                   |                              |                            |
| 3. _____<br>Home Address (if different than student's) Number Street Apt./Unit City Zip Code  |   |                                   |                              |                            |
| 4. _____<br>Home Telephone Number   | 5. _____<br>Cell/Pager Number             | 6. _____<br>Work Telephone Number | <input type="checkbox"/> Day | 7. _____<br>E-mail Address |
| 8. <b>Preferred Correspondence Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese                                      |   |                                   |                              |                            |
| 9. <b>Highest Level of Education Completed</b> <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent<br><input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown |   |                                   |                              |                            |
| 10. <b>Does the student live with this individual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | 11. <b>Relationship to Student:</b> _____ |                                   |                              |                            |

|   |   |                                   |                              |                            |
|---|---|-----------------------------------|------------------------------|----------------------------|
| <b>PARENT/LEGAL GUARDIAN/CAREGIVER:</b>   |   |                                   |                              |                            |
| 1. _____<br>Legal Name: Last First Middle   | 2. _____<br>Other Names Used              |                                   |                              |                            |
| 3. _____<br>Home Address (if different than student's) Number Street Apt./Unit City Zip Code  |   |                                   |                              |                            |
| 4. _____<br>Home Telephone Number   | 5. _____<br>Cell/Pager Number             | 6. _____<br>Work Telephone Number | <input type="checkbox"/> Day | 7. _____<br>E-mail Address |
| 8. <b>Preferred Correspondence Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese                                      |   |                                   |                              |                            |
| 9. <b>Highest Level of Education Completed</b> <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent<br><input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown |   |                                   |                              |                            |
| 10. <b>Does the student live with this individual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | 11. <b>Relationship to Student:</b> _____ |                                   |                              |                            |

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT ENROLLMENT FORM

### F. ADDITIONAL FAMILY INFORMATION (Continued)

*(LAUSD MAX: Caretaker Information)*

|  |  |                   |          |                       |      |                |
|--|--|-------------------|----------|-----------------------|------|----------------|
| <b>PARENT/LEGAL GUARDIAN/CAREGIVER:</b>  |  |                   |          |                       |      |                |
| 1. _____   |  |                   | 2. _____ |                       |      |                |
| Legal Name: Last   |  | First             | Middle   | Other Names Used      |      |                |
| 3. _____   |  |                   |          |                       |      |                |
| Home Address (if different than student's)   |  | Number            | Street   | Apt/Unit              | City | Zip Code       |
| 4. _____   |  | 5. _____          |          | 6. _____              |      | 7. _____       |
| Home Telephone Number  |  | Cell/Pager Number |          | Work Telephone Number |      | E-mail Address |
| 8. <b>Preferred Correspondence Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese |  |                   |          |                       |      |                |
| 9. <b>Highest Level of Education Completed</b> <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/Post Graduate Training <input type="checkbox"/> Decline to State or Unknown  |  |                   |          |                       |      |                |
| 10. <b>Does the student live with this individual?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    11. <b>Relationship to Student:</b>   |  |                   |          |                       |      |                |

|  |  |            |  |  |  |                          |
|--|--|------------|--|--|--|--------------------------|
| <b>ADDITIONAL SCHOOL AGE CHILDREN LIVING IN HOUSEHOLD WITH SAME PARENT(S)/LEGAL GUARDIAN(S)</b> (include brothers, sisters, and cousins) |  |            |  |  |  |                          |
| 1. _____   |  | _____      |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | _____                    |
| Last Name  |  | First Name |  | Birth Date   |  | Current school and track |
| 2. _____   |  | _____      |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | _____                    |
| Last Name  |  | First Name |  | Birth Date   |  | Current school and track |
| 3. _____   |  | _____      |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | _____                    |
| Last Name  |  | First Name |  | Birth Date   |  | Current school and track |
| 4. _____   |  | _____      |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | _____                    |
| Last Name  |  | First Name |  | Birth Date   |  | Current school and track |
| 5. _____   |  | _____      |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | _____                    |
| Last Name  |  | First Name |  | Birth Date   |  | Current school and track |
| 6. _____   |  | _____      |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | _____                    |
| Last Name  |  | First Name |  | Birth Date   |  | Current school and track |

### G. EMERGENCY CONTACT INFORMATION

|  |  |  |  |                       |  |                         |
|--|--|--|--|-----------------------|--|-------------------------|
| <b>EMERGENCY CONTACT</b> (other than parent(s)/legal guardian(s) above)  |  |  |  |                       |  |                         |
| 1. _____   |  | _____                                      |  | 2. _____              |  | 3. _____                |
| Last Name  |  | First Name                                 |  | Home Telephone Number |  | Cell/Pager Number       |
| 4. _____   |  | _____                                      |  |                       |  |                         |
| Relationship to student  |  | Home Address: Number Street Apartment/Unit |  | City                  |  | Zip Code                |
| <b>EMERGENCY CONTACT</b> (other than parent(s)/legal guardian(s) above)  |  |  |  |                       |  |                         |
| 1. _____   |  | _____                                      |  | 2. _____              |  | 3. _____                |
| Last Name  |  | First Name                                 |  | Home Telephone Number |  | Cell/Pager Number       |
| 4. _____   |  | _____                                      |  |                       |  |                         |
| Relationship to student  |  | Home Address: Number Street Apartment/Unit |  | City                  |  | Zip Code                |
| <b>THE SCHOOL IS AUTHORIZED TO RELEASE THIS STUDENT TO THE FOLLOWING PERSONS <u>IN NON-EMERGENCY SITUATIONS</u></b> (after verifying with parent, in addition to the emergency contacts above) |  |  |  |                       |  |                         |
| 1. _____   |  | _____                                      |  | _____                 |  | _____                   |
| Last Name  |  | First Name                                 |  | Home Telephone Number |  | Relationship to Student |
| Parent/legal guardian providing authorization  |  | _____                                      |  |                       |  |                         |
| 2. _____   |  | _____                                      |  | _____                 |  | _____                   |
| Last Name  |  | First Name                                 |  | Home Telephone Number |  | Relationship to Student |
| Parent/legal guardian providing authorization  |  | _____                                      |  |                       |  |                         |

### H. 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:     Parent     Legal Guardian     Other (Specify) \_\_\_\_\_



## 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<br><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?<br><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?<br><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  |   |                     |          |
| <b>MILITARY CONNECTED FAMILY:</b> 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 |       | Military Branch: _____<br>Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased |   |                     |          |
| <b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b>  |  |   |   |  |  |  |       |   |   |                     |          |
| The undersigned, as parent/legal guardian of, _____ a minor,<br><span style="display: block; text-align: center;"><small>(Print name of the student here)</small></span> 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. |  |   |   |  |  |  |       |   |   |                     |          |
| <b>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".</b>   |  |   |   |  |  |  |       |   |   |                     |          |
| 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<br><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 SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)  |  |   |   |  |  |  |       |   |   | DATE _____          |          |

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



### AFFIDAVIT FOR PROOF OF AGE OF MINOR

I, \_\_\_\_\_, declare:

I am the (check one)  parent  legal guardian  caregiver

of \_\_\_\_\_ and hereby affirm that he/she was born  
Name: First Middle Last

on \_\_\_\_\_ in \_\_\_\_\_  
Month/Day/Year City

\_\_\_\_\_, \_\_\_\_\_  
State Country

I further affirm that a certificate of birth is not available for said minor.

I declare under penalty of perjury under the laws of California that, of my own personal knowledge, the above is true and correct and that if called upon to testify, I would be competent to identify thereto.

\_\_\_\_\_  
Print Name of Parent/Legal Guardian/Caregiver

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver

\_\_\_\_\_  
Date