

Woodlake Elementary Community Charter School

New Student Enrollment Checklist

Please complete **all** of the attached forms & provide:

- Proof of address – recent DWP or Gas Bill, Rental or Lease Agreement or Escrow Instructions
- Legal Birth Certificate, Passport, or Baptism Certificate
- Up-to-date immunization record
- Parent ID

Los Angeles Unified School District STUDENT ENROLLMENT FORM

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

Office Use Only	
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)	Date of Birth		
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	____/____/____ Month/Day/Year		
B. PARENT/LEGAL GUARDIAN/CAREGIVER						
Legal Name:						
Last	First	Middle				
Preferred Name (If Applicable):						
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address			
Home Correspondence Language: <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"/> 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"/> 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"/> 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"/> 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? 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? Yes No

Did this student have a current Individualized Education Program (IEP) at the previous school? Yes No

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

Did the student have a Section 504 Plan at their previous school? Yes No
 If yes, do you have a copy of the Section 504 Plan? Yes No

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

Is the student identified to receive gifted and talented educational services (GATE)? Yes No

Previous Schools

Has the student previously attended this school? Yes No If yes, when:

Has the student previously attended any other school or center in the LAUSD (e.g., early education center, state preschool, Head Start, or other preschool)? Yes No

If yes, list most recent LAUSD school/center attended:

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

* 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
STUDENT EMERGENCY INFORMATION FORM**

Attachment A

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		GRADE		HOME LANGUAGE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
STUDENT'S HOME ADDRESS -- NUMBER		STREET		APT # CITY ZIP CODE	
MAILING ADDRESS -- NUMBER <small>(IF DIFFERENT FROM ABOVE)</small>		STREET		APT # CITY ZIP CODE	
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK ADDRESS -- NUMBER		STREET		CITY ZIP CODE	
CONTACT NUMBERS		Indicate which phone to call for each message type:		EMAIL ADDRESS:	
HOME	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL	ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
WORK	GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
TEXT	<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.				
PARENT'S / LEGAL GUARDIAN'S LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK ADDRESS -- NUMBER		STREET		CITY ZIP CODE	
CONTACT NUMBERS		Indicate which phone to call for each message type:		EMAIL ADDRESS:	
HOME	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL	ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
WORK	GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
TEXT	<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.				
<i>To the principal: in case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i>					
NAME		RELATIONSHIP		HOME PHONE CELL PHONE WORK PHONE	
NAME		RELATIONSHIP		HOME PHONE CELL PHONE WORK PHONE	
NAME		RELATIONSHIP		HOME PHONE CELL PHONE WORK PHONE	
<i>List any other family members attending this school:</i>					
LAST NAME		FIRST NAME		HOME ROOM GRADE RELATIONSHIP	
LAST NAME		FIRST NAME		HOME ROOM GRADE RELATIONSHIP	
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:		Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO		Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Relationship to Student:		Military Branch: Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased	
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT					
The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small>					
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.					
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".					
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families					
MEDI-CAL / HEALTHY FAMILIES ID Number: _____					
1. PRIVATE HEALTH INSURANCE NAME		GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>	
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.					
SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN CAREGIVER (AFFIDAVIT)					DATE _____

STUDENT'S LAST NAME

FIRST NAME

MIDDLE INITIAL



NOTE: The most current version of this handout, in English and Spanish, is always available at:
<https://www.shotsforschool.org/>

**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.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

Address—Number, Street

City

Middle

ZIP code

SCHOOL

BIRTH DATE—Month/Day/Year

PART II TO BE FILLED OUT BY HEALTH EXAMINER

IMMUNIZATION RECORD

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 6 months of age.

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. Note to School: Please record immunization delay on the blue California School Immunization Record (PIM 286).

REQUIRED TEST/EVALUATIONS	DATE (month/day)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DIPHTHERIA (diphtheria, tetanus, and acellular pertussis) OR (tetanus and diphtheria only)					
MUMPS (mumps, mumps, and measles)					
H5N1 INFLUENZA (Influenza A)					
HEPATITIS B (Required for child care/residential only)					
VARICELLA (Chickenpox)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as indicated in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

- Exemption shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please specify)*

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

Signature of parent or guardian _____ Date _____
Name, address, and telephone number of health examiner _____ Date _____

Signature of health examiner _____

Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up you may sign the waiver form (PIM 277 B) found at your child's school.
CHDP website: www.dhs.ca.gov/ohr/vp/ncd/cd

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

ORAL HEALTH ASSESSMENT/WAIVER REQUEST FORM

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

SECTION 1: To be completed by the parent or guardian			
Student's First Name	Last 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: _____			

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

➤ _____
Signature of parent or guardian _____
Date

SECTION 2: Oral Health Data Collection			
To be completed by the dental professional conducting the assessment			
Assessment Date:	<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

SECTION 3: Waiver of Oral Health Assessment Requirement
To be completed by a parent or guardian requesting to be excused from this requirement
I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)
<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 _____
<input type="checkbox"/> I cannot afford an oral health assessment for my child.
<input type="checkbox"/> I do not wish my child to receive an oral health assessment.
Optional: Other reasons my child could not get an oral health assessment _____

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



STUDENT HOUSING QUESTIONNAIRE (SHQ)

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all school-aged children experiencing homelessness access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to enrollment, attendance, and academic success of students experiencing homelessness. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Office at (213) 202-7581.

Student First Name:		Student Last Name:		Date of Birth:	Gender:
Local District:	School:	Campus/Site:	Grade:	Student District ID:	
Address:		Apt#:	City:	Zip Code:	
Parent/Guardian Name:			Contact Number:		
Is the student: (check all that apply): <input type="checkbox"/> a parenting teen? <input type="checkbox"/> an unaccompanied youth? <input type="checkbox"/> a runaway?					
Has the student transferred schools any time after completing the second year of high school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.					

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

If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.

CHECK (✓) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:

Shelter (ex. Homeless, Domestic Violence...etc) Name:	Motel or Hotel Name:
Garage (unconverted)	Car, trailer, or campsite
Temporarily in another family's house or apartment	Temporarily with an adult that is not the parent or guardian
Transitional Housing Program Name:	Trailer/motor home on private property
Other places <u>NOT</u> designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____	

Is the student in need of services? YES NO
If yes, please check the services being requested.
 Backpack/School Supplies Hygiene Kits Transportation Assistance *

***If you are requesting transportation assistance, please read and sign the affidavit below:**
I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.
If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Guardian can appeal.

Parent/Guardian's Initials: _____ Date: _____

Is the student in need of a referral for additional resource(s)? YES NO
If yes, please check the referral(s) being requested.
 Clothing Assistance: Shoes, Clothing, Uniforms Tutoring Housing Referrals Assistance for a Parenting Teen
Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)

Your Designated School Site Homeless Liaison is:

Name	Title	Phone	E-mail
------	-------	-------	--------

Do you have other preschool and/or school aged children in the home? YES NO
If yes, please complete an additional SHQ. All sibling(s) must have an SHQ on file at their school site.

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

Signature of Parent/Legal Guardian/Caregiver: _____ Date: _____

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



**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.

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

4. Signature of Parent/Guardian 5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City 8. State 9. Zip Code

10. Telephone

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

11. Principal

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



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Title III Immigrant Education Program Questionnaire Form

ATTACHMENT A

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

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

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

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

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

Programa de Educación Inmigrante de Título III Forma de Cuestionario

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

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

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

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

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

Los Angeles Unified School District
Alberto Carvalho
Superintendent of Schools
David Baca, Interim Local District Northwest

Woodlake Elm. Community Charter
23231 Hatteras Street
Woodland Hills, CA 9136
Phone:(818)347-7097 Fax:(818) 883-3953
Amy Pedersen, Principal
Julie Vrdoljak, Assistant Principal, APEIS

August 8, 2022

Dear Parents/Guardians,

This letter is to inform you of your responsibility with regard to our school library media center home circulation policy.

For success in reading, students need many opportunities to interact with good books by reading them and by hearing them read aloud both at school and at home. It is for that reason that our school library media center policy permits students in 2nd to 5th grades to take their borrowed books home. **The first graders must keep their library books in the classroom only.**

We will discuss the meaning of responsibility with your child. We will need your help in making sure that the books are kept in good condition and are returned to the school library media center on time.

Parents will be expected to pay the replacement price for any lost or damaged books.

Please do not purchase a new or used book to replace the lost/damaged book. We need to purchase books that are "library bound" and labeled for library use.

(California Education Code section 48904)

Payment for lost or damaged books is \$25 per book, cash only.

If the book is found and returned in good condition within a reasonable time, the money will be refunded to you. The school is authorized to withhold report cards until the obligation is cleared.

The following are ways to help your son or daughter assume this responsibility:

1. Model careful handling of library books
2. Help your child to find a safe place to keep books during the borrowing period.
3. Help your child to remember to return the books on time.

While the books are in your home, we hope that you will:

1. Read them aloud to your child.
2. Have your child read them aloud to you.
3. Have your child read silently.

Giving students access to library media resources at school and at home is one way that we hope to improve your child's opportunity for academic success. We also encourage you to visit your local Los Angeles Public Libraries to access additional books. Thank you.

Lucie Leña-Dent
Library Aide

-----Tear Off/Cut Here-----

Please sign and return this bottom portion to your child's teacher:

I have read the letter describing the school policy on home book circulation. I have discussed this responsibility with my son/daughter.

Parent/Guardian's name (please print) _____ Signature _____

I promise to take good care of library books and to return them when they are due. Today's Date _____

Student's name (first & last, please print) _____ Room # _____

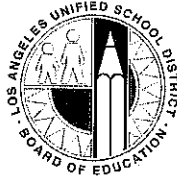
Student's signature _____ Phone Number () _____

Address (street, city, zip) _____

LIBRARY USE ONLY:

MEMBERS OF THE BOARD

DR. RICHARD A. VLADOVIC, PRESIDENT
MÓNICA GARCÍA
JACKIE GOLDBERG
KELLY GONEZ
DR. GEORGE J. MCKENNA III
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SCOTT M. SCHMERELSON



LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
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AUSTIN BEUTNER
Superintendent

ALISON YOSHIMOTO TOWERY
Chief Academic Officer

SOPHIA MENDOZA
Director, Instructional Technology Initiative

PARENT and STUDENT NOTIFICATION

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

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

Parent/Guardian Last Name (PRINT) Parent/Guardian First Name (PRINT) School Name

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

SECURITY

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

(Student and Parent initial here) _____

CARE

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

(Student and Parent initial here) _____

USAGE

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

(Student and Parent initial here) _____

RESPONSIBILITY

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

(Student and Parent initial here) _____

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

Responsibility for Loaned Computing Devices Assigned to Students

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

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

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

CHOOSE OPTION 1 or 2 BELOW BY CHECKING THE APPROPRIATE BOX

OPTION 1 – "OPTING IN" TO TAKING DEVICE HOME – Yes, I want my student to take the device home.

I have read and I understand the responsibilities described above and agree to comply with the "Rules." I give permission for my child to take the Device home. I agree to monitor and engage with my child when accessing online content away from school using the Device.

Acknowledgement of Inherent Risks of Internet Usage: I acknowledge that there are security, privacy and confidentiality risks inherent in Internet use and wireless communications. I understand that the District has taken those reasonable measures, including a web filtering solution, currently available to minimize such risks. However, I acknowledge that no filter or other technology currently available provides complete protection against such risks. I have determined that for my child the benefits of online activity and wireless communications outweigh the risks, and on my child's behalf, I will assume the risk associated with such activity. I agree that it is my responsibility to monitor and engage with my child concerning appropriate online usage.

OPTION 2 – "OPTING OUT" TO TAKING DEVICE HOME – No, I do NOT want my child to take the device home.

I have read and I understand the responsibilities described above and do not wish for my child to take the Device home. I further understand that should the Device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to Devices on campus outside of regular classroom hours.

Print Student Name (Last, First): _____

Student Signature: _____ Date: _____

Print Parent (Guardian) Name: _____

Parent (Guardian) Signature: _____ Date: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
WOODLAKE ELEMENTARY COMMUNITY CHARTER

Attendance Policy

LAUSD expects all students to maintain a 96% or better attendance rate which means missing fewer than seven days in one school year.

Perfect attendance will be awarded once a year. Perfect Attendance is defined as zero absences, zero tardies, and zero leave earlies.

Types of Absence

Excused Absences

California E.C. 48205 provides that a student shall be excused from school when the absence is due to:

- Illness absence with a doctor's note or authorization by school nurse or other authorized school official.
- Quarantine under the direction of a county or city health officer.
- Medical, dental, optometric, mental health services or chiropractic services; verified by a written note from a doctor.
- Attending the funeral of an immediate family member (e.g., mother, father, grandmother, grandfather, brother, sister, or any relative living in the immediate household of the student), 1 day within the state, 3 days outside the state.
- **Prior** principal approval (observance of religious holiday, religious retreat, funeral service, employment conference, etc.)

Unexcused Absences

Any absences for reasons other than those listed above are not excused, and will result in the student being "classified" as truant after the third occurrence.

Clearing Absences

All students who are absent must submit a note (parent/guardian or medical) to the teacher upon their return from an absence. The note must include the student's name, the date(s) of absence, and **the reason for the absence**, parent signature, and phone number.

Uncleared Absences

- A phone call home requesting clearing of absences.
- Uncleared Absence notices will be sent home with student requesting parents/guardians to clear absences **within 10 days.**

Attendance Intervention

Each day that a student is absent, an automated call will be made to their home. Furthermore, students who have:

- 3-5 absences will receive a phone call from their teacher.
- 5-7 absences will receive a phone call from the principal

Tardy and Leave Early Policy

Students are expected to be in their seat by 8:00 am or they will be marked "Tardy," and expect to remain in class until 2:23 every day except Tuesday which is 1:23 dismissal or they will be marked as a "Leave Early."

Each day that a student arrives late to class, an automated call will be made to their home. Additionally, students who have:

- 4-6 tardies/leave early will receive a phone call from the teacher.
- 6-8 tardies/leave early will receive a phone call from the principal.

I, _____, have read the Attendance Policy for Woodlake Elementary Community Charter for the academic Year 2019-2020. I understand that my child will not receive Perfect Attendance awards if he/she is absent, tardy, or leaves early from school. I also understand the above Attendance Policy that must be followed when my child is absent.

Parent Signature

Date

Student Name and Date of Birth

Teacher Name

Teacher Room #



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems Information for Parents/Guardians/Educational Rights Holders

Purpose

The purpose of the District's Responsible Use Policy ("RUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of, or access to, sensitive information, and to comply with legislation including, but not limited to, the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA), Family Educational Rights and Privacy Act (FERPA), and the California Electronic Communications Privacy Act (CalECPA). Furthermore, the RUP clarifies the educational purpose of District technology. As used in this policy, "user" includes anyone using computers, Internet, email, and all other forms of electronic communication or equipment provided by the District (the "network") regardless of the physical location of the user. The RUP applies even when District-provided equipment (laptops, tablets, etc.) is used off District property. Additionally, the RUP applies when non-District devices access the District network or sensitive information. "Parent" is defined as a biological or adoptive parent, legal guardian, or educational rights holder who has rights to access pupil record information. **Only parents of current students are authorized to use the Parent Portal and associated applications.**

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

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

Parent Responsibility

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

 I am responsible for practicing positive digital citizenship.

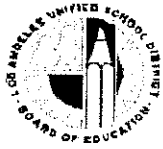
- I will practice positive digital citizenship, including appropriate behavior and contributions on websites, social media, discussion boards, media sharing sites, and all other electronic communications, including new technology.
- I will be honest in all digital communication.
- I understand that what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

 I am responsible for keeping personal information private.

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

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

- I will not share any school or District usernames and passwords with anyone or directly or indirectly allow another person to use them.



Los Angeles Unified School District
Responsible Use Policy (RUP) for District Computer Systems
Information for Parents/Guardians/Educational Rights Holders

- I will not access the account information of others.
- I will log out of unattended equipment and accounts in order to maintain privacy and security.
- I will be aware of privacy settings on websites that I visit.

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

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

I am responsible for treating others with respect and dignity.

- I will not send and/or distribute hateful, discriminatory, or harassing digital communications, or engage in sexting.
- I understand that bullying in any form, including cyberbullying, is unacceptable.
- If I become aware of bullying, I am strongly encouraged to report it to the school.

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

- I will not seek out, display, or circulate material that is hate speech, sexually explicit, or violent.
- I understand that the use of the District network for illegal, political, or commercial purposes is strictly forbidden.

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

- I will only use software and hardware that has been authorized by the District.
- I will not try to get around security settings and filters, including using proxy servers to access websites blocked by the District.
- I will not install or use illegal software or files, including copyright or trademark protected materials, unauthorized software, or apps on any District computers, tablets, smartphones, or other new technologies.
- I will not use the District network or equipment to obtain unauthorized information, attempt to access information protected by privacy laws, or impersonate other users.
- I will report system security weaknesses or security events to the school.

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

- I understand that vandalism in any form is prohibited.
- I will report any known or suspected acts of vandalism to the appropriate authority.
- I will respect my and others' use and access to District equipment.

I am responsible for respecting the works of others.

- I will follow all copyright (<http://copyright.gov/title17/>) guidelines.
- I will not download illegally obtained music, software, apps, and other works.

Consequences for Irresponsible Use

Misuse of District devices and networks may result in restricted access. Failure to uphold the responsibilities listed above is misuse. Such misuse may also lead to legal action.

Disclaimer

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



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems

Information for Parents/Guardians/Educational Rights Holders

Users are responsible for any charges incurred while using District devices and/or the network. The District also denies any liability for the accuracy or quality of the information obtained through user access. Any statement accessible online is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

Summary:

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

Instructions:

Read and initial each section above and sign below. Return to your school site.

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

Date: _____

School: _____

Student Name: _____

Parent/Legal
Guardian Name: _____

Parent/Legal
Guardian Signature: _____

Please return this form to the school where it will be kept on file. It is required for all parents that will be using a District network, applications, account, and/or Internet access.