

LOS ALAMITOS UNIFIED SCHOOL DISTRICT

STATEMENT OF RESIDENCE

California Education Code 48200 states that each person subject to compulsory education shall attend school in "the school district in which the residency of either the parent or legal guardian is located." There are a few exceptions to this general rule. An exception is made for a child who has been placed in a licensed children's institution, a licensed home, or a family home pursuant to a court order. A further exception is made for a child granted an interdistrict transfer in accordance with Education Code Section 48204, et seq. If any of these apply, additional documentation will be required.

TO THE BOARD OF EDUCATION:

I swear or certify under penalty of perjury that the information contained herein is true and correct and that I am a bona fide legal resident of the Los Alamitos Unified School District and offer the required proof.

That I, _____, and _____,
(parent/guardian) (minor's name) (grade)
_____ and _____
(minor's name) (grade) (minor's name) (grade)

will reside at the address stated below. My child will attend _____ School from the stated address. I understand that three (3) or more home visits may be made at the discretion of the school to verify residence. If my family is not found at the residence stated below, my child/children will be dis-enrolled and will return to their school of residence. _____

_____ (address) _____ (phone)

The parent/guardian of a student seeking to enroll in a school in the Los Alamitos Unified School District must present two of the following items verifying proof of residence.

- 1. Mortgage statement with name and address
2. Title/deed to a home
3. Escrow papers (opening and closing papers)
4. Tax receipt—property tax
5. Current rental agreement naming tenants
6. Utility bill (gas, electric, water/sewer)

In addition to the 6 items above, one of the following forms may be presented to verify proof of residence:

- 7. Current bank statement (account numbers removed)
8. Current payroll stub

I understand that verbal or written falsification of any information or documents, omission of material information, or failure to promptly file an updated version of this form upon a change of the above information relative to this verification procedure will result in revocation of enrollment.

_____ (parent/guardian) _____ (date)

LOS ALAMITOS UNIFIED

ELEMENTARY SCHOOL STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION

Grade: ___ Room: ___ Tchr: _____

NAME: _____ SEX: M ___ F ___
(Student) (Last) (First) (Middle initial)

ADDRESS: _____ BIRTHDATE: ___/___/___
(Number and Street) (Mo./Day/Year)

(City) (Zip Code) HOME PHONE: _____
Is this ___ land line or ___ cell phone

STUDENT IS LIVING WITH: ___ Father ___ Mother ___ Step-Father ___ Step-Mother ___ Other

PARENT/GUARDIAN #1

(Circle one) _____ CELL PHONE: _____
Father (Last Name) (First Name)

Mother Employer: _____

Other: _____ Work Phone _____

E-Mail address _____

Home Address if different than Student _____

PARENT/GUARDIAN #2

(Circle one) _____ CELL PHONE: _____
Father (Last Name) (First Name)

Mother Employer: _____

Other: _____ Work Phone _____

E-Mail address _____

Home Address if different than Student _____

Sitter/Day Care: _____ Phone () _____

Emergency Contact: Please list three relatives or neighbors for emergency contacts:

Name	Relationship	Home Phone	Cell Phone
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_____ Name	_____ Relationship	_____ Home Phone	_____ Cell Phone
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_____ Name	_____ Relationship	_____ Home Phone	_____ Cell Phone
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Where does your child go after school? ___ Home ___ LAUSD Extended Day ___ Takes Bus ___ Sitter ___ Youth Ctr
Is there a **court order** restricting which parent/guardian may pick up from school? ___ Yes ___ No

If yes, please attach a current copy.

SPECIAL SERVICES QUESTIONNAIRE

Students's Name _____

Grade _____

Has your child participated in any of the following services?
(Please circle yes or no)

Date Dismissed

GATE – Gifted & Talented Education Yes No _____

Reading Lab (Special Reading Teacher) Yes No _____

RSP – Resource Specialist Program (Partial-day program) Yes No _____

SDC – Special Day Class (All-day program) Yes No _____

Speech Therapy Yes No _____

ELL – English as a Second Language Yes No _____

Counseling Program Yes No _____

Has your child ever been retained (repeated a grade)? Yes No

Has your child ever had an Individual Education Plan (IEP),
or been tested by a school psychologist? Yes No

Does your child take any medication on a regular basis? Yes No

If yes, what medication _____

Does your child have any medical problems or conditions? Yes No

If yes, please explain _____

Are there any custody regulations regarding your child? Yes No

If yes, please explain _____

Is there other information the school should know? _____

Parent Signature _____

Date _____

LOS ALAMITOS UNIFIED SCHOOL DISTRICT

Enrollment Survey for New Students

Legal Name of Student _____
 Last First Middle Birth Date Age

School Grade Previous School, City, State, and District (if known)

Several reports to state, federal, and local governments require information regarding home language (ED Code 62002), parent education and primary ethnicity. Please assist us by providing the information requested below.

HOME LANGUAGE

1. Which language did your child learn when he/she began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language do you use most frequently to speak to your child? _____
4. What language is most often spoken by the adults at home? _____

PARENT/GUARDIAN EDUCATION

In order to provide the California Department of Education (CDE) with accurate “similar school characteristics,” please **circle** the highest level of education achieved in your immediate family:

not a high school graduate high school graduate some college/AA degree college graduate graduate school/post graduate training

MILITARY CONNECTED FAMILIES

In an effort to provide resources and support to military connected students and their families, please complete the following information:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Military Branch: _____ Military Branch: _____

Current Status

- ACTIVE DUTY-DEPLOYED RESERVE
 ACTIVE DUTY-FULLTIME RETIRED
 NATIONAL GUARD VETERAN

Current Status

- ACTIVE DUTY-DEPLOYED RESERVE
 ACTIVE DUTY-FULLTIME RETIRED
 NATIONAL GUARD VETERAN

PRIMARY ETHNICITY – please complete both sections of ethnicity and race

Ethnicity: Is this student Hispanic or Latino? (Select only one)
 No, not Hispanic or Latino Yes, Hispanic or Latino

Race: Please continue to answer the following by marking one or more of the boxes to indicate your student’s race.

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
| ___ African American (not Hispanic) | ___ Asian (Asian Indian) | ___ Pacific Islander (Hawaiian) |
| ___ American Indian/Alaskan Native | ___ Asian (Laotian) | ___ Pacific Islander (Guamanian) |
| ___ Asian (Chinese) | ___ Asian (Cambodian) | ___ Pacific Islander (Samoan) |
| ___ Asian (Japanese) | ___ Asian (Other) | ___ Pacific Islander (Tahitian) |
| ___ Asian (Korean) | ___ Filipino | ___ Pacific Islander (Other) |
| ___ Asian (Vietnamese) | ___ Hmong | ___ Caucasian/White |

Date

Parent/Guardian Signature

Los Alamitos Unified School District

10293 Bloomfield Street Los Alamitos, CA 90720 (562) 799-4700

OFFICIAL REQUEST FOR STUDENT RECORDS

The student listed below has enrolled in the Los Alamitos Unified School District.

Please send records to the following address:

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

In accordance with the Privacy Rights of Parents and Students and the Los Alamitos Unified School District Board Policy, I hereby authorize the release of all records regarding the following student including grades, health records, psychological, social, educational or developmental information to the above-named school.

Previous School Attended _____

School Address _____

City _____ State _____ Zip Code _____

School Phone # _____ School Fax # _____

Student's Full LEGAL Name Birthdate Grade

Parent/Guardian Signature Date