



# KINDERGARTEN INFORMATION PRESENTATION

Superintendent  
Dr. Andrew Pulver

Board of Education:  
Diana Hill, Chris Forehan, Marlys Davidson, Meg Cutuli, Scott Fayette

# Los Alamitos Unified Team

*Igniting Unlimited Possibilities*



Dr. Andrew Pulver  
SUPERINTENDENT



Mrs. Ondrea Reed  
DEPUTY SUPERINTENDENT  
EDUCATION SERVICES



Dr. Joe Fraser  
ASSISTANT SUPERINTENDENT  
HUMAN RESOURCES



Dr. Jerry Friedman  
DIRECTOR  
SAFETY & STUDENT SERVICES





# WELCOME

## *Thank You for Joining Us!*



- Welcome to Los Alamitos Unified
- Share District Highlights & Philosophy
- Overview of Kindergarten Program
- Universal Transitional Kindergarten vs. Regular Kindergarten
- Before & After-School Care Options (Kids Korner)
- Enrollment Process
- Q&A Sessions

# Los Alamitos Unified School District **WHAT WE'RE ABOUT**

*Igniting Unlimited Possibilities*

- **4 As: Academics, Athletics, Activities & the Arts**
- Strong school, community and parent partnerships
- Creating a culture where students love to come to school and love learning
- Opening unlimited doors for students and our graduates
- Creating connections for students
- Focus on results
- Focus on Innovation





# Los Alamitos Unified School District **DISTRICT AT-A-GLANCE**

*Igniting Unlimited Possibilities*

- **All Schools are California Distinguished Schools**
- State testing results among highest in California:
  - #1 in Orange County in ELA and #2 in Mathematics
- 92% Post-Secondary Enrollment Rate
- 78% CSU/UC A-G Completion
- One of only four districts in the United States named to College Board Honor Roll seven years in a row
- Award winning Athletics, Activities and Arts programs



*Better Together*  
**LOS ALAMITOS UNIFIED SCHOOL DISTRICT**







# Los Alamitos Unified School District

PK-12 Unified School District



**Los Alamitos High School**  
Home of the Griffins



**Oak Middle School**  
Home of the Lions

**McAuliffe Middle School**  
Home of the Eagles



**Hopkinson  
Elementary**

**Los Alamitos  
Elementary**

**Lee  
Elementary**

**Rossmoor  
Elementary**

**Weaver  
Elementary**

**McGaugh  
Elementary**



One High School  
Two Middle Schools  
Six Elementary Schools



# FRANCIS HOPKINSON ELEMENTARY

*Home of the Huskies*

12582 Kensington Road, Los Alamitos 90720



**Mr. Jason Farvour**  
PRINCIPAL





# LOS ALAMITOS ELEMENTARY

*Home of the Tigers*

10862 Bloomfield Street, Los Alamitos 90720



**Mr. Gary Willems**  
PRINCIPAL



**Mrs. Nadia Williams**  
ASSISTANT PRINCIPAL





# RICHARD HENRY LEE ELEMENTARY

*Home of the Leopards*

11481 Foster Road, Los Alamitos 90720



**Ms. Laura Trotter**  
INTERIM PRINCIPAL





# WEAVER ELEMENTARY

*Home of the Whales*

11872 Weatherby Road, Los Alamitos 90720



**#WeAreWeaver**



**Dr. Todd Schmidt**  
PRINCIPAL





# ROSSMOOR ELEMENTARY

*Home of the Knights*

3272 Shakespeare Drive, Los Alamitos 90720



**Mrs. Amy Coltey**  
PRINCIPAL





# McGAUGH ELEMENTARY

*Home of the Sea Lions*

1698 Bolsa Avenue, Los Alamitos 90720



**Mrs. Wendy Wood**  
PRINCIPAL



**Mr. Rick Larson**  
ASSISTANT PRINCIPAL





# UNIVERSAL TRANSITIONAL KINDERGARTEN VS. TRADITIONAL KINDERGARTEN

*What's the difference?*

## Universal Transitional Kindergarten (TK)

Child must turn five years old on or between  
**Sept. 2, 2023 – April 2, 2024**

- Steppingstone between preschool and kindergarten
- Students are actively engaged in play-based activities that are connected to theme-based, integrated curriculum
- Focus on TK Learning  
Domains: Social-emotional, English Language Arts, Mathematics and English Language Development

## Regular Kindergarten

Child must turn five years old on or before  
**September 1, 2023**

- 1-year Kindergarten program
- Students focus on mastery of ALL content standards and the program is designed to prepare students to enter first grade the following school year



# UTK vs. KINDERGARTEN

*Assembly Bill 130*

## UTK

**2023-2024**

Age 5 by April 2

**2024 - 2025**

Age 5 by June 2

**2025 - 2026**

Age 4 by Sept 1

- Age difference (4-5 years of age vs. 5-6 years of age)
- Focus of Curriculum
- Goal of school year
- Student matriculate to Kindergarten from UTK
- Enrollment based on birthdate

**More information on UTK program specifics directly following this presentation in the PAC. UTK students will enroll the same as a kindergarten student.**

# LOS ALAMITOS KINDERGARTEN PROGRAM

- Create a Love of School & Learning
- Promote Behaviors of a Learner
- Guide Social Emotional Health
- Focus on Academics
- Build Confidence
- Foster Friendships
- Partner with Parents



*Capable, Confident, Cared About*



# A Day in the Life of a **KINDERGARTEN STUDENT**

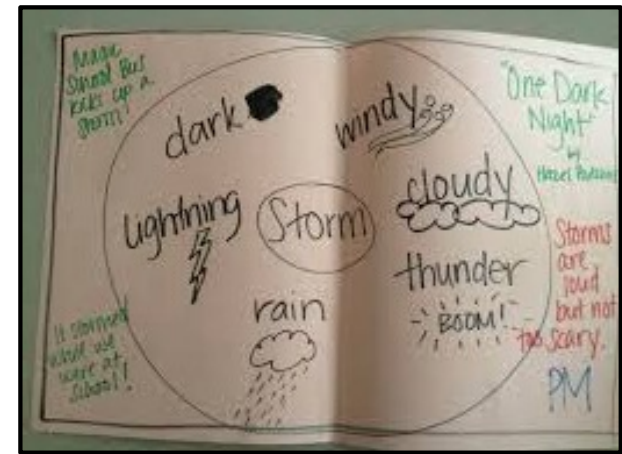
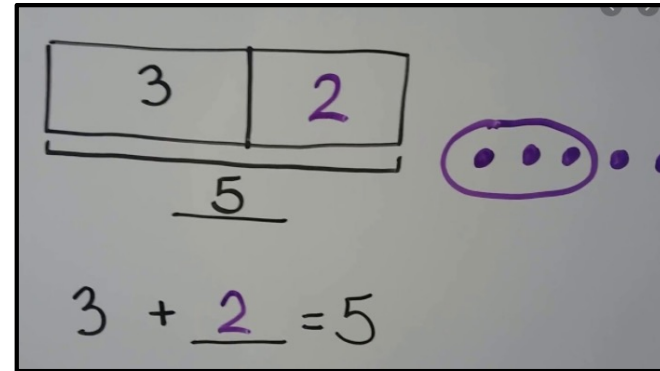
*In Kindergarten Your Child Will:*

- Learn how to make new friends and solve problems
- Be challenged at their ability level
- Learn about letters, sounds, words, and books
- Practice pre-reading skills (rhyming, blending, and using picture clues)
- Begin to learn how to read, spell, and write sentences
- Learn to work independently and work in small and large groups
- Learn about shapes, patterns, and sorting
- Learn about numbers (recognizing, ordering, adding, subtracting, writing, and counting to 100)
- Explore themes and projects that integrate reading, writing, mathematics and science



# Los Alamitos Unified *Signature Practices*

- Cognitively Guided Instruction (CGI)
- Thinking Maps
- Depth & Complexity
- Balanced Literacy
- Reader's Workshop
- Junior Great Books





# Typical Day in Kindergarten

8:00AM - 1:25PM



**8:00AM - 10:00AM**  
English Language Arts Block



**10:00AM - 10:15AM**  
RECESS (Snack/Play)



**10:15AM - 11:15AM**  
Math Block



**11:15AM - 12:00PM**  
LUNCH (Eat/Play)



**12:00PM - 1:25PM**  
Social Studies, Science, PE, Art



# INCOMING Kindergarten Students

*Come in with a wide range of abilities*

No Pre-School Experience

Some Letters and Sounds

Can Write Some Letters

Struggle Following Simple  
Directions from Adults

Can Count to 10



2+ Years of Pre-School

Beginning Reader

Can Write a Sentence

Easily Follow Multi-Step  
Directions from Adults

Can Count to 100



*We're prepared to meet the needs of all learners.*





# WELCOME BACK CONFERENCES

August 14: First Day of School (*Early Dismissal*)

August 15 - 18: Minimum Day Schedule

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## WELCOME BACK CONFERENCES\*

August 21 – September 1

Minimum Day Schedule

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September 5:

Regular Kindergarten Dismissal Begins

\*Weaver follows an alternate calendar.

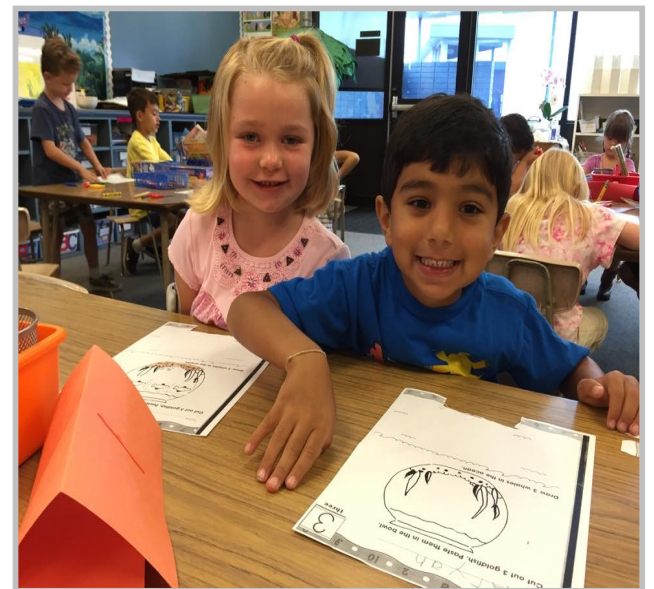
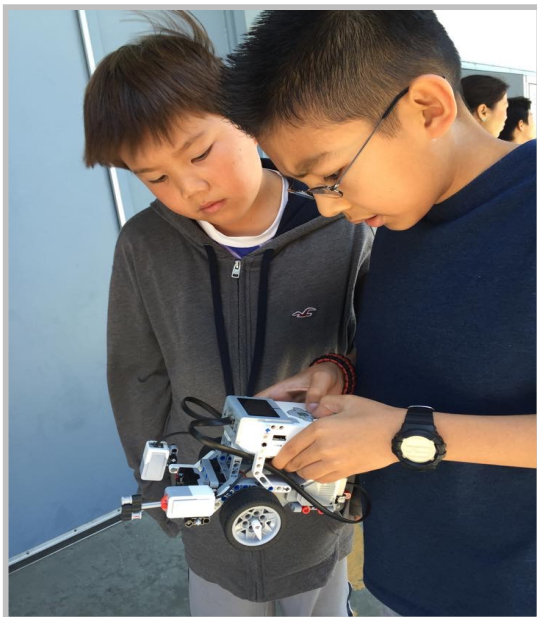
# After School & Summer Enrichment

*Extended Learning Opportunities On-Site at Los Al Schools*

[laef4.kids.org](http://laef4.kids.org)



LAEF offers a variety of afterschool and summer enrichment classes for all grade levels. Check out their website for summer program information and registration.





# LAUSD Extended Day Care

## Yolanda Mortensen, Program Supervisor



*Kids Korner Available  
at ALL Los Al Schools.*



PARENTS PTA COUNCIL MYLOSAL PORTAL FLYERS SITE SHORTCUTS ▾



MENU ≡

# FOR EXTENDED DAY CARE

## Information & Registration

# Losal.org

PARENTS

PTA COUNCIL

MYLOSAL PORTAL

FLYERS

SITE SHORTCUTS ▾



MENU



BOARD OF EDUCATION

DEPARTMENTS

PROGRAMS

ENROLLMENT

CALENDARS

BOARD OF EDUCATION

DEPARTMENTS

PROGRAMS

BYOD

6th Grade Summit

Emergency

Preparedness

English Learners

Extended Day Care

Gate Program

LosAl@Home

Health Services

Outdoor Science  
School

Preschool Child  
Development Center

Section 504

Summer Academy &  
Bridge

Wellness

Microsoft Student  
Advantage Program

**LOS ALAMITOS**  
UNIFIED SCHOOL DISTRICT  
Igniting Unlimited Possibilities

### Extended Day Care

The Program Mission of the Los Alamos Unified School District Extended Day Care Center (EDCC) program is to provide high quality care at affordable prices.

For more information regarding our program, please click on the images below:

**Extended Day Care**  
Academic School Year Information

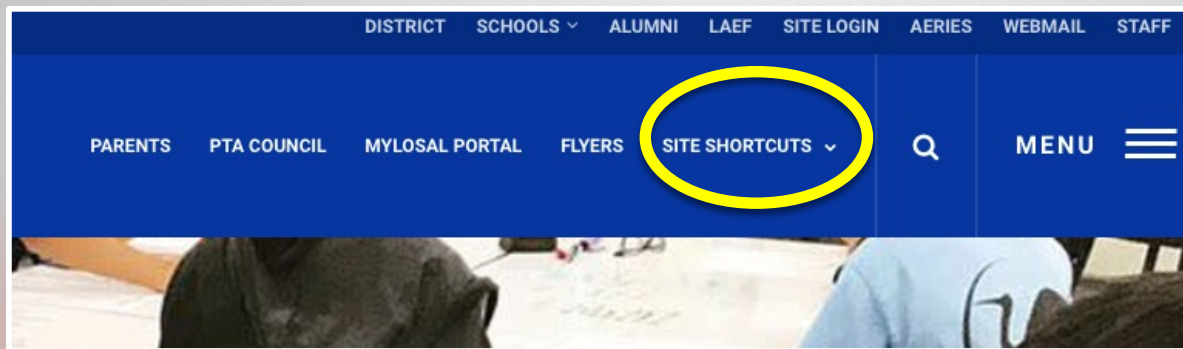
**Summer Program**  
(Camp Fun in the Sun)

- BYOD
- 6th Grade Summit
- Emergency Preparedness
- English Learners
- Extended Day Care
  - Extended Day Care Calendar
  - Academic School Year Information
  - Camp Fun in the Sun
- Gate Program
- LosAl@Home
- Health Services
- Outdoor Science School
- Preschool Child Development Center
- Section 504
- Summer Academy & Bridge



# TRANSPORTATION

Have your child take the bus to and from school.



Click here for  
busing information.

- Enrollment
- Bus Application & Routes
- Meals for Students
- Connect to BYOD Network
- Human Relations Advisory Council
- My School Locator
- Board Agenda & Minutes
- District Priority Goals
- Food Services
- Job Opportunities



# UTK/KINDERGARTEN ENROLLMENT

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**FEBRUARY 6 – FEBRUARY 10, 2023**

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Enrollment for  
District Residents Only



# SCHOOL OF RESIDENCE

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**Home address determines school placement.**

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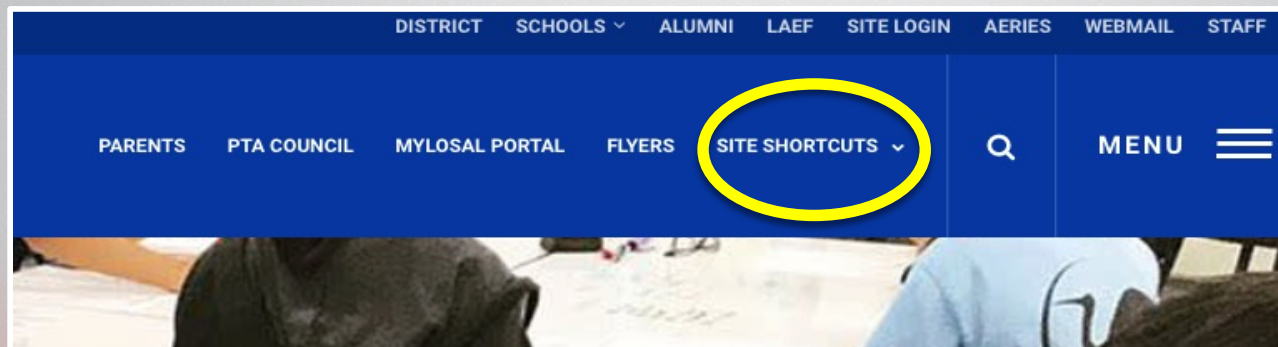
Traditional Calendar Schools (*August 14 – June 4*)  
**Hopkinson, LAE, Lee, McGaugh, Rossmoor**

Modified Calendar (*August 2 – June 6*)  
**Weaver Elementary School**  
(*Only Non-Boundary School*)



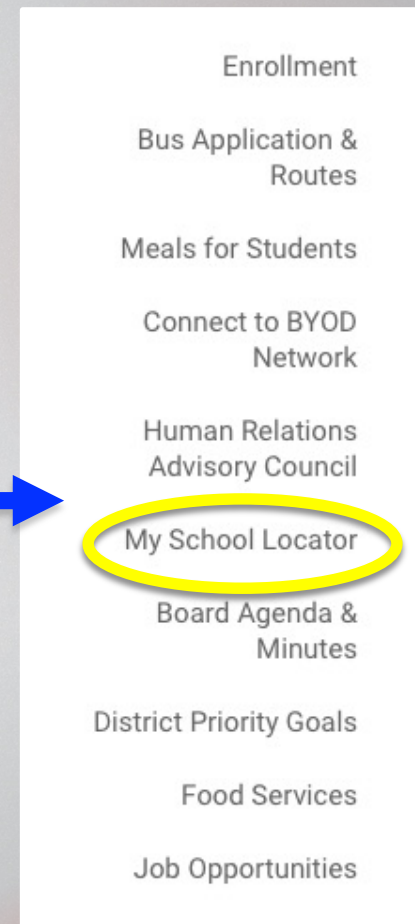
# SCHOOL LOCATOR

Home address determines school placement.



Click here to locate your school of residence.

LOSAL.ORG







# ENTER YOUR HOME ADDRESS

## Los Alamitos Unified School District

Enter Your Address Here

Select Language


**To Get Started:**

- Enter your address above.
- Or Use the button  to click on the map to tell us where you are.
- Or click  on the map to use your current location.

**Explore the map:**

- Click and drag to pan around.
- Double Click to zoom in.
- Click on a school view phone number, webpage, and directions.




**Top Left side Controls:**

- Change background using Map menu (Satellite, terrain, street, etc.).
- Zoom controls in (+) and out (-). (Alternatively: use scroll wheel)
- Use  to Use Your Current Location
- Measure distance
- Select a language preference

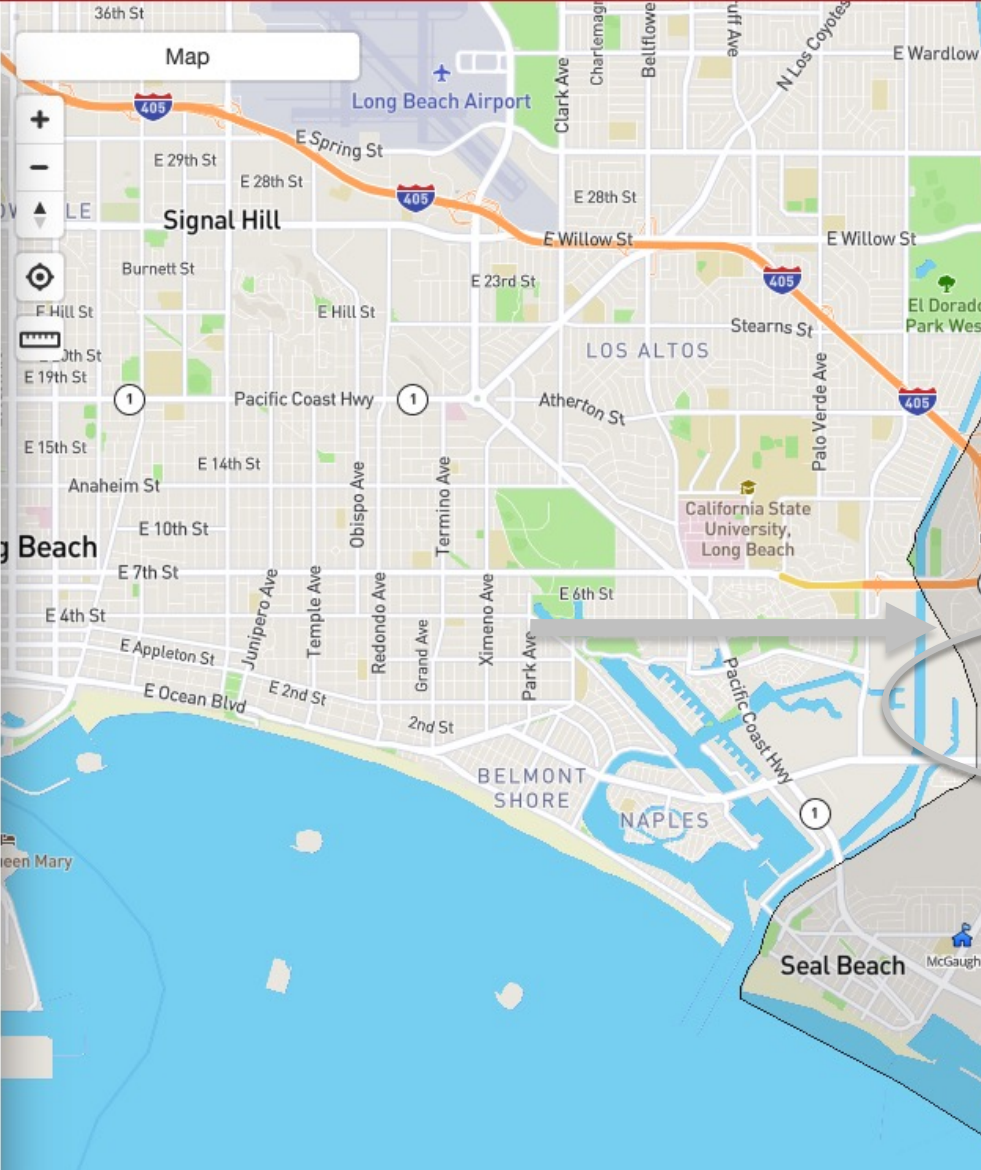
**Top Right side Controls:**

- Open the Map in Full Screen
- Select a Layer


**Legend:**

 Elementary  Middle  High

Map



**Showing Results for:**

 11612 Wallingsford Road, Los Alamitos, California 90720, United States


**Explore the map:**


**Top Left side Controls:**


**Top Right side Controls:**

**Browse assigned Schools:**

Click on a school below to popup info on the map

 **Rossmoor ES (K - 5)**  
3272 Shakespeare Dr  
Los Alamitos, CA 90720

 **Oak MS (6 - 8)**  
10821 Oak St  
Los Alamitos, CA 90720

 **Los Alamitos HS (9 - 12)**  
3591 Cerritos Ave  
Los Alamitos, CA 90720



# WHAT'S NEEDED TO ENROLL

- **Age Verification** (Copy of Birth Certificate/Record, Passport or Parent/Guardian Affidavit)
- **Photo Identification for Parent/Legal Guardian**
- **Up-to-Date Immunizations** *(Submit your current immunization record when you enroll; the full required kindergarten vaccines are not needed to initially enroll, but MUST be provided by June 15)*
  - On or after February 2, 2023, for Weaver (Earliest Possible)
  - On or after February 14, 2023, for all other schools (Earliest Possible)
- **Two forms of Verification of Proof of Residency:**
  - Mortgage Statement, Lease Agreement, Utility Bill
- **(4) Completed District Forms**





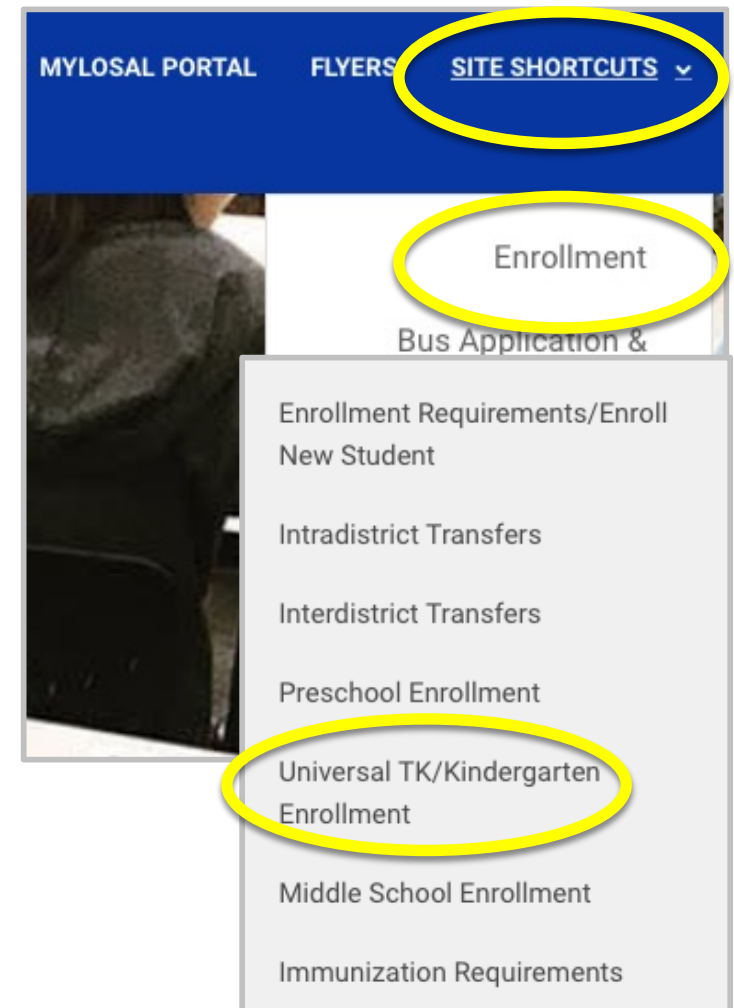
# STEPS FOR ENROLLMENT

Log onto **www.losal.org** and select the following to download and complete all forms:

1. Site Shortcuts
2. Enrollment
3. Universal TK/Kindergarten Enrollment

*(Hard copies available at school offices if needed.)*

- Student Health History Form
- Oral Health Assessment Form
- Physical Health Assessment Form
- Universal TK/Kindergarten Information Sheet





# STUDENT HEALTH HISTORY FORM

Name of Former School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Los Alamitos Unified School District  
**Student Health History**  
(To be completed upon first entry to district)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Last name, first name (nickname)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ years Male \_\_\_\_\_ Female \_\_\_\_\_ Allergies: \_\_\_\_\_

Does your child have: ☐ Medical Insurance ☐ Dental Insurance ☐ Vision Insurance

Approximate Date of Last: Doctor's visit \_\_\_\_\_ Dental exam \_\_\_\_\_ Eye exam \_\_\_\_\_

**General Medical History:**

List Medications taken regularly: \_\_\_\_\_

Has your child had any problems with: (please explain)

Problem	Current	Past	Explain:
Life Threatening Allergies (EpiPen? Yes - No)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-Life Threatening Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Check all that apply: (Insulin @ school? <input type="checkbox"/> - Insulin Pump? <input type="checkbox"/> - Insulin Pen? )
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Central line, Chemo, remission, cure)			
Chronic Cough (how long: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exposure to Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bones	<input type="checkbox"/>	<input type="checkbox"/>	_____
Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Stress	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADD/ADHD (circle one)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glasses/Contacts (circle one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Distance <input type="checkbox"/> Near _____
Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has your child had any serious medical condition not explained above: ☐ Yes ☐ No At what age? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





# ORAL HEALTH ASSESSMENT FORM

## Oral Health Assessment Form

California law (Education Code Section 49452.8) states your child must have a dental check-up in kindergarten or first grade, whichever is his/her first year of public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

### Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Licensed Dental Professional Signature _____ CA License Number _____ Date _____			

### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.  
 My child's dental insurance plan is:  
☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other \_\_\_\_\_ ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
 Signature of parent or guardian Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Original to be kept in child's school record.



# PHYSICAL HEALTH ASSESSMENT FORM

State of California—Health and Human Services Agency

Department of Health Care Services  
Child Health and Disability Prevention (CHDP) Program

## 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**

CHILD'S NAME—Last First Middle BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street City ZIP code SCHOOL

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**  
NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
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	/ /

**IMMUNIZATION RECORD**  
Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.  
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/dT/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

**RESULTS AND RECOMMENDATIONS**  
Fill out if patient or guardian has signed the release of health information.

☐ Examination 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 explain)

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

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

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

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 (PM 171 B) found at your child's school.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

PM 171 A (09/07) (Bilingual)





# UTK/KINDERGARTEN INFORMATION SHEET

## Los Alamitos Unified School District UNIVERSAL TRANSITIONAL KINDERGARTEN & KINDERGARTEN INFORMATION SHEET

Dear Parent(s)/Guardian(s):

Your child will soon begin an exciting adventure in learning in Los Alamitos Unified School District. The Universal Transitional Kindergarten (UTK)/Kindergarten program will provide your child with many opportunities to develop social/emotional academic and physical skills. In order to design a program to meet your child's unique needs, we are asking for your help. Please take a few minutes to complete the following information:

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex ☐ M ☐ F  
(Please Print) First Last (Month/Day/Year)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

My child currently lives with: Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Other ☐

1. What name do you want your child to be called at school? \_\_\_\_\_

2. Does your child prefer using right hand? \_\_\_\_\_ left hand? \_\_\_\_\_ or both? \_\_\_\_\_

3. What time does your child go to bed? \_\_\_\_\_ Arise? \_\_\_\_\_

4. Does your child dress himself/herself? \_\_\_\_\_

5. Has your child had frequent play experiences with other children? \_\_\_\_\_

Same age \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

6. What are your child's interests? (drawing, building, stories, music) \_\_\_\_\_

7. How would you describe your child's usual temperament at home? (e.g., happy, stubborn) \_\_\_\_\_

8. Names and ages of brothers and sisters. \_\_\_\_\_

9. List anything else about your child/family that would be beneficial to the teacher: \_\_\_\_\_

10. What was your child's first language? ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

11. How does your child feel about coming to school? \_\_\_\_\_

12. Has your child attended preschool? ☐ How many months? \_\_\_\_\_ How many hours weekly? \_\_\_\_\_

Which preschool? \_\_\_\_\_

13. Does your child have any special health conditions? (e.g. vision, hearing, physical limitations, allergies, seizures, corrective shoes, medication, etc.) \_\_\_\_\_

14. Is there any other information that would help us better understand your child? \_\_\_\_\_

15. What do you hope your child will gain from this UTK/Kindergarten experience? \_\_\_\_\_

\_\_\_\_\_ I would be willing to volunteer in my child's classroom.

\_\_\_\_\_ I would be willing to volunteer in my child's classroom and complete work at home.

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

Updated 1/26/22



# STEPS FOR ENROLLMENT

- Print and complete all required documents previously reviewed
- Visit losal.org
  - Site Shortcuts
  - Enrollment
  - Enrollment Requirements/Enroll New Student
- Scroll down the entire page and at the very bottom select **New Student**
- Follow the prompts to create an account

MYLOSAL PORTAL FLYERS **SITE SHORTCUTS** ▾

**Enrollment**

- Bus Application & Routes
- Meals for Students
- Connect to BYOD Network
- Human Relations Advisory Council

**Enrollment Requirements/Enroll New Student**

Intradistrict Transfers

You are strongly encouraged to have all the required documents ready to upload prior to beginning the enrollment process.

**Please Note:** Your child is not enrolled unless you have been contacted by the School Office Coordinator confirming that all required documents have been successfully submitted.

To begin the online process of enrolling a new student, please click the **New Student Enrollment Link**.

Immigration Requirements





# STEPS FOR ENROLLMENT

*- Continued -*

- Your home school will be assigned to you based on your address
- Complete all questions, upload documents, and submit
- Schools will contact families with next steps in Spring

Families interested in attending a school other than their home school, will need to follow additional steps to select an alternate school as their **"Preferred School"**. Since Weaver is a non-boundary school, all families interested in attending Weaver will need to select a "Preferred School".



# SELECTING A PREFERRED SCHOOL

## *A School Other Than Your Home School*

**Step One:** Complete the home school enrollment process that was just reviewed

**Step Two:** Return to losal.org

- Site Shortcuts
  - Enrollment
  - Intradistrict Transfers
  - Elementary Intradistrict Request Form
- Complete all questions and submit before February 10, 2023
    - Transfers are accepted based on space availability
    - Parents will be contacted by the end of February regarding status of transfer request

FLYERS SITE SHORTCUTS ▾

Enrollment

Enrollment Requirements/Enroll New Student

Intradistrict Transfers

Interdistrict Transfers

Preschool Enrollment

Intradistrict transfer requests that are received are considered until late July when enrollment is on an availability basis. We cannot guarantee open enrollment request.

[Elementary Intradistrict Request Form](#)

[Middle School Intradistrict Request Form](#)



# SCHOOL SITE MEET & GREETs

- Lee Elementary – May 24 at 5:00PM
- Hopkinson Elementary – May 16 at 5:00PM
- Los Alamitos Elementary – May 18 at 5:00PM
- McGaugh Elementary – May 17 at 5:00PM
- Weaver Elementary – May 23 at 5:00PM
- Rossmoor Elementary – May 25 at 5:00PM





THANK YOU FOR JOINING US  
*Welcome to the Los Al Family!*

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**GENERAL QUESTIONS**