REQUEST TO ADD A NON-LAUSD STUDENT RECORD TO WELLIGENT

Los Angeles Unified School District Office of Data Accountability

WELLIGENT SUPPORT SECTION

Support Help Desk: (213) 241-4174 ♦ FAX: (213) 241-8455

E-Mail: welligentsupport@lausd.net ♦ Live Chat: http://helpdesk.lausd.net

FAX FORM TO: (213) 241-8455

*From:

*School/Office:

To prevent duplication/multiple student IDs, please use due diligence in verifying that the student has never had a District ID number.

* Title:

* Phone #:

* ALL REQUIRED FIELDS MUST BE COMPLETED OR REQUEST CAN BE DELAYED

*Emp #:

* Fax #:

	*E-mail Add	Address:														
	Comments	ments/Reason for request:														
L	Note: If this student is attending a private school, complete the additional referral information at the bottom of this form.															
						ST	UDEI	NT INFO	RMATIO	N						
	SCHOOL ASSIGNMENT															
* FIRST NAME (Verify Birth Cert.)								М	* LAST (Verif Cert.)	y Birth						
*	DATE OF BIRT	Н						STUDENT ID#								
ADDRESS											APT#					
	CITY						ZIP			номе рно						
*	GENDER				*ETI	HNICITY					* PRIMARY LANGUAGE					
*	GRADE										TRACK					
PARENT /CONTACT INFORMATION																
Pa	rent/Guardiar	e						Last Name	<u>;</u>							
Re	elationship to s						Address same as Student?									
Address (If not same as student)														Apt#		
Ci	ty										Zip					
Home Phone			Cell Pho				ne	ne			Work Phone					
Parent/Guardian's First Na			ne			Last Name)							
Re	elationship to s						Addres	s same as S	Student?							
Address (If not same as student)														Apt #		
City											Zip					
Home Phone			Cell Pho				ne			١	Work Phone					
			(СОМР	LETE T	THIS SEC	TION	FOR O	UT-OF-DI	STRICT:	30 DAY IEP	'S				
Initial IEP date (best guess of when it occurred):																
COMPLETE THIS SECTION IF PRIVATE SCHOOL STUDENT																
	the Initial IEP fivate school st	If "Yes" complete the following Referral information below.														
Date of Request			Date Request				Received				Req	uest Rec'o	d By			
	ame of Reques							Title of R	equestor							
Reason for Referral										Prior In	terventions					
REFERRAL DECISION INFORMATION																
De	ecision		Decisio	on Date					n Reason							