



Welcome to our school!

Please follow the steps below to begin pre-enrollment
for the 2021-2022 School Year

CITY OF ANGELS SCHOOL
221 S. EASTMAN AVE., LOS ANGELES, CA 90063
323-415-8350

STEP 1: COMPLETE YOUR 2021-2022 STUDENT PRE-ENROLLMENT PACKET

COMPLETE THE ENCLOSED FORMS:

- ☐ **LAUSD Student Enrollment Form**
- ☐ **LAUSD Student Emergency Information Form**
- ☐ **LAUSD Student Housing Questionnaire**

PROVIDE VERIFICATION DOCUMENTS FOR:

- ☐ **Proof of Residence**
Acceptable documents: utility service contract, property tax payment receipts, rental lease agreement, official government mail.
- ☐ **Proof of Student's Age**
Acceptable documents: birth certificate, baptismal certificate, passport, court order, health office/vital statistics record of birth certificate, dated Department of Public Social Services (DPSS) letter verifying birth-date and an explanation of how this was verified
- ☐ **Identity Verification of Parent/Guardian/Educational Rights Holder/Caregiver ("parent")**
Acceptable documents: student's birth certificate, baptismal certificate, adult's government-issued photo identification (driver's license, department of motor vehicle identification card)
- ☐ **Proof of Immunization**
Please find enclosed for your reference, the Parents' Guide to Immunizations Required for School Entry

PLEASE ALSO PROVIDE COPIES OF:

- ☐ **Transcripts or recent grade reports**
- ☐ **Copy of most recent Individual Educational Plan (IEP)* or Section 504 Plan, if applicable**
- ☐ **Department of Children and Family Services (DCFS) 1399 Form or minute order**

STEP 2: E-MAIL ALL COMPLETED STUDENT ENROLLMENT FORMS, VERIFICATION DOCUMENTS AND COPIES BACK TO THE TEACHER

If you are missing any documents or would like assistance, please **contact** <<INSERT TEACHERS NAME>>
<<INSERT PHONE NUMBER>> <<INSERT EMAIL>>.

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.



Los Angeles Unified School District
City of Angels School
221 S. Eastman Ave.
Los Angeles, California 90026
(323) 415-8350 Fax (323) 261-0618

Megan Reilly
Interim Superintendent

Dr. Vince Carbino
Principal

Notification of Tdap Immunization

Dear Parent or Guardian:

For the 2021-22, school year all students entering or advancing to 7th through 12th grade will need proof of a Tdap (tetanus, diphtheria, pertussis) booster shot before entering school.

Immunizations may be given by a private physician or are available without cost from the Los Angeles County Department of Health Services. For more information, please call: 1-800-427-8700 for the location of free immunization clinics.

You must present written evidence to the school from your physician or clinic that your child has received the Tdap booster **before the first day of the 2021-22 school year** or your child will be **excluded from school attendance**.

Take this notice and your child's immunization record to your physician or clinic.

PLEASE BRING PROOF OF IMMUNIZATION TO THE SCHOOL BEFORE THE FIRST DAY OF THE 2021-22 SCHOOL YEAR.

Aviso De Inmunización De Tdap

Estimados Padres/Tutor:

Para el año escolar 2021-22 todos los estudiantes ingresando o avanzando al 7 a 12 grado necesitaran prueba de una inyección de refuerzo de **Tdap** (Tétano, difteria, tos ferina) antes de entrar a la escuela.

Las vacunas pueden ser obtenidas de un doctor particular o pueden ser obtenidas sin costo alguno en el Departamento de Servicios de Salud del Condado de Los Ángeles. Para más información y localización de clínicas de inmunización gratis, por favor llame al 1-800-427-8700.

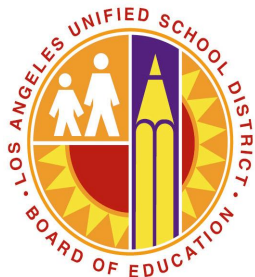
Usted debe presentar evidencia escrita por su doctor o clínica a la escuela de que su niño/a ha recibido el refuerzo de Tdap para **el primer día del año escolar del 2021-22** o su niño será **excluido de asistencia escolar**.

Lleve este aviso y registró de inmunización de su niño/a a su medico o clínica.

POR FAVOR TRAIGA PRUEBA DE LAS VACUNAS A LA ESCUELA ANTES DEL PRIMER DIA DEL AÑO ESCOLAR DEL 2021-22.

Principal/Director(a)

School Nurse/Enfermero (a) escolar



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IMPORTANT PARENT INFORMATION – PLEASE READ

City of Angels School (COAS) is the independent study school for Los Angeles Unified School District (LAUSD). Our highly qualified, credentialed staff provides a unique, supportive, alternative educational opportunity to students. Our curriculum is California standards-based instruction and A – G requirement approved. With the approval of his/her teacher, a student has the opportunity to concurrently enroll in community college. City of Angels High School (grades 9-12) is accredited by the Western Association of Schools (WASC). This means that student's coursework is accepted for credit within the University of California and California State Schools.

In order for each student to be successful in City of Angels, we have established some guidelines:

- Completion of ESL 4 in English Proficiency for students who are classified as English Learners.
- Students with special needs may be considered. (IEP's). Students must be referred by their LAUSD school of attendance as described in Bulletin-5413.
- All City of Angels students must be motivated and have the ability to work independently.
- **All students are required to complete at least thirty hours of school work per week to remain “on target” to finish the required number of classes for promotion to the next level. Since we are a voluntary educational option, if a student does not complete enough schoolwork and/or does not come to appointments, he/she may be sent back to his/her school of residence.**

Application Procedures and required documentation:

- Completed, signed and dated LAUSD enrollment form
- Copies of a cumulative record from the current or last school. This must include:
 - Test scores for CAT 6/CST and/or CAHSEE, if taken
 - Grades for completed courses
 - Unofficial school transcript
 - **If you are from out of the LAUSD district, we must also have a copy of immunizations, birth certificate and proof of address, and inter-district permit, if applicable.**
 - **All students must provide proof of Tdap booster after their 10th birthday.**

FAILURE TO SUBMIT THE REQUIRED DOCUMENTS WILL DELAY THE ENROLLMENT PROCESSING

PLEASE REMEMBER, APPLICATIONS MUST BE COMPLETED AND HAVE ALL REQUIRED DOCUMENTS BEFORE THEY CAN BE REVIEWED AND A DECISION CAN BE MADE.

Please know that completion of the application packet does not guarantee enrollment; this only begins the process of determining if City of Angels School is an appropriate educational placement; DO NOT check your child out of his/her current school until you have been notified that he/she is accepted at City of Angels School.

Please feel free to contact us at (323) 415-8350 with any questions you may have regarding our school or the application process.

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)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Date of Birth ____/____/____ <i>Month/Day/Year</i>
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"/> Not a High School Graduate		<input type="checkbox"/> High School Graduate or Equivalent		<input type="checkbox"/> Some College (includes AA Degree)		
<input type="checkbox"/> College Graduate		<input type="checkbox"/> Graduate School / 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"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / 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"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / 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"/> Not a High School Graduate <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College (includes AA Degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School / 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
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Primary Ethnicity				
Is the student's ethnicity Hispanic or Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Primary Race (Check One)				
<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> White	
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:			
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:			
<input type="checkbox"/> Decline to State				
Student's Additional Race (Optional)				
<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> White	
Asian:	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:			
Pacific Islander:	<input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander:			
<input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did this student have a current Individualized Education Program (IEP) at the previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you have a copy of the IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the student have a Section 504 Plan at their previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you have a copy of the Section 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student have difficulties that interfere with his/her ability to go to school or to learn?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the student identified to receive gifted and talented educational services (GATE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Schools				
Has the student previously attended this school? <input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list most recent LAUSD school/center attended:				
<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>	
List last non-LAUSD school student attended (including early education center, state preschool, Head Start, or other preschool):				
<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended (Month/Year)</i>	<i>Grade Level(s)</i>	

Is this student currently under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>(Please complete the American Indian-Alaskan Native Letter Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <i>(Please complete the Migrant Education Program, Family Work Questionnaire)</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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

MEMBERS OF THE BOARD

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



LOS ANGELES UNIFIED SCHOOL DISTRICT ADMINISTRATIVE OFFICES

333 South Beaudry Avenue, 25th Floor
Los Angeles, California 90017
Telephone: (213) 241-4822 | Fax: (213) 241-8977

MEGAN REILLY
Interim 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)

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:** _____



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City of Angels School

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Principal

TEXTBOOK AGREEMENT

California State Education Code 48904 states that the parent or guardian of a minor is liable to a school district for all property loaned to and failed to be returned, or willfully damaged by a minor. The liability shall not exceed \$7,500. In addition, it authorizes school districts, after due process procedures, to withhold grades, diploma, and transcripts, of students until the student or parent/guardian pays for the lost or damaged school property, i.e., textbooks, graffiti, computers, etc. It also provides for a program of voluntary work for the minor in lieu of the payment of monetary damages.

I acknowledge that:

- I have voluntarily placed my child at City of Angels School.
- City of Angels School has given my child the necessary textbooks for success in learning.
- As a parent/guardian, I acknowledge that I am responsible for these textbooks.
- I will return all textbooks in the same condition in which my child received them.
- If my child should leave City of Angels School, I will return all textbooks.
- I will take responsibility and pay for any missing textbooks.

I understand the above State Education Code authorizing our school to withhold grades, diplomas and transcripts until all fines are repaid and all debt is discharged.

Student Name _____ Signature _____

Parent Name _____ Signature _____

Date _____



**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 activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent of 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

**Approved as to form by the
Office of the General Counsel.**

12. School

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

Responsible Use Policy (RUP) for District Computer Systems

Information for Students and Families

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) and Family Educational Rights and Privacy Act (FERPA). 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.

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, and/or Internet access or files, including email.

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.

Student 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 not meet anyone in person that I have met only on the Internet.
- ☐ 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.
- ☐ I will not access the account information of others.



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems

Information for Students and Families

☐ I will log out of unattended equipment and accounts in order to maintain privacy and security.

___ 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, video conferencing, and artistic works.

___ 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.

___ I am responsible for accessing only educational 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 any exceptions must be approved by a teacher or administrator as part of a school assignment.

☐ 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 not try to get around security settings and filters, including through the use of proxy servers to access websites blocked by the District.

☐ I will not install or use illegal software or files, including copyright protected materials, unauthorized software, or apps on any District computers, tablets, smartphones, or other new technologies.

☐ I know that I am not to use the Internet using a personal data plan at school, including personal mobile hotspots that enable access on District equipment.

☐ 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 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 copy the work of another person and represent it as my own and I will properly cite all sources.

☐ 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 disciplinary and/or legal action against students, including suspension, expulsion, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation. (For more information, see BUL-6399.0, Social Media Policy for Students.)

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 Students and Families

Users are responsible for any charges incurred while using District devices and/or 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. Students under the age of 18 should only access District network accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use outside of school.

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. Be sure to review each section with a parent or guardian and get their signature below. Return to your teacher or other designated school site personnel.

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: _____

Student Signature: _____

Parent/Legal
Guardian Name: _____

Parent/Legal
Guardian Signature: _____

Teacher Name: _____

Room Number: _____

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

Student Success Library Card Program Opt-In Form

Dear Parents/Guardian:

The Los Angeles Unified School District, the Los Angeles Public Library (LAPL), and Mayor Garcetti's office have a district-wide partnership to offer the "***Student Success Library Card***" program as a new way for every LAUSD student to access the resources of the public library system.

The following are some of the LAPL services students can benefit from utilizing their "*Student Success Library Card*":

- Borrow up to 3 books from any LA Public Library at a time
- No overdue fines or other charges
- Use computers with internet access at any of the LA Public Library locations
- Receive free on-line homework tutoring services
- 24/7 access to downloadable e-books, music, magazines and other educational resources that can be accessed over the internet and at your local libraries

What student information will LAUSD share with the Los Angeles Public Library?

Student's name, school name, birth date, home address, parent's name, home phone number, grade level, parent's email address, and Student ID number. No other information will be shared.

Privacy: In order to accommodate families with privacy concerns, parents/guardians can complete the form below allowing LAUSD to share the above information with the Los Angeles Public Library **only**. This accommodation allows families the privacy requested, but enables enrollment in the "***Student Success Library Card***" program. To opt-in to program, please complete the information below.

Yes, LAUSD can share the above information with the LAPL allowing my child to participate in the "*Student Success Library Card*" program. I also understand that I am responsible for my child's use of all library materials and services, including the internet.

Child's Name (Print): _____ DOB: _____

Parent/Guardian Name (Print): _____

By signing this form, I understand my child will participate in the "***Student Success Library Card***" program.

Parent/Guardian Signature _____ Date _____



LOS ANGELES
PUBLIC LIBRARY





LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.		STUDENT'S LAST NAME																
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE																				
STUDENT'S HOME ADDRESS -- NUMBER		STREET				APT #		CITY			ZIP CODE															
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		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			FIRST NAME														
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.									MIDDLE INITIAL														
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.																							
<p><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></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> <tr> <td>NAME</td> <td>RELATIONSHIP</td> <td>HOME PHONE</td> <td>CELL PHONE</td> <td>WORK PHONE</td> </tr> </table>												NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																						
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																						
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE																						
<p>List any other family members attending this school:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>HOME ROOM</td> <td>GRADE</td> <td>RELATIONSHIP</td> </tr> </table>												LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP	LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP					
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																						
LAST NAME	FIRST NAME	HOME ROOM	GRADE	RELATIONSHIP																						
<p>MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Relationship to Student: _____</td> <td>Military Branch: _____</td> </tr> <tr> <td colspan="2">Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased</td> </tr> </table>												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										
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																										
<p>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</p>																										
<p>The undersigned, as parent/legal guardian of, _____ a minor,</p> <p style="text-align: center;">(Print name of the student here)</p> <p>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.</p>																										
<p>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".</p>																										
<p>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</p>																										
<p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p>																										
1. PRIVATE HEALTH INSURANCE NAME				GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)				GROUP NO.																
NAME OF DOCTOR / MEDICAL OFFICE						PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																				
<p>*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.</p>																										
<p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:</p>																										
<p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:</p>																										
<p>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.</p>																										
<p>X</p>										<p>DATE</p>																
<p>SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)</p>																										



LOS ANGELES UNIFIED SCHOOL DISTRICT

POLICY BULLETIN

ATTACHMENT

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.					



Is the student currently living in one of the Nighttime Residence options listed below?

☐ YES ☐ NO



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, shqlde@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

City of Angels School

221 S. Eastman Avenue, Los Angeles, CA 90063

Phone: (323) 415-8350 Fax: (323) 261-0618

Megan Reilly
Interim Superintendent

Vince Carbino
Principal

Parent Interest Survey

Welcome to City of Angels School!

We want to invite you to participate as partners in your child's education. Research shows that parent involvement IMPROVES student achievement. We offer a variety of opportunities to learn more about the path to graduation and beyond, to support school activities and programs, to connect with other parents and to participate in school decision-making committees.

Please check-off areas you have an interest in and return to the teacher.

_____ Attend Meetings (ELAC, SSC) _____ Attend Parent Classes/Lectures
(graduation, college admission, parenting, health, etc.)
_____ Assist with School Cultural & Social Events

_____ Fundraising _____ Graduation/Culmination

_____ Other Interests: (Please list): _____

Name: _____ Phone: _____

Address: _____

Student: _____ C.O.A.S. Site: _____

Please drop in to our Parent Centers or contact our Parent Community Representatives for more information and an updated calendar of events.

Mrs. Bertha Briseño – Sunrise Site
961 S. Euclid Avenue
Los Angeles, CA. 90023
(323) 605-7570

Mrs. Ana Bermudez – Norwood Site
855 W. 21st Street
Los Angeles, CA 90007
(213) 743-3965



**LOS ANGELES UNIFIED SCHOOL DISTRICT
SINGLE-TRACK INSTRUCTIONAL SCHOOL CALENDAR 2021-2022**

**Approved by the
Board of Education
5/4/2021**

JULY

MO	TU	WE	TH	FR
			1	2
5	6	7	8	8
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

AUGUST

MO	TU	WE	TH	FR
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

SEPTEMBER

MO	TU	WE	TH	FR
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

OCTOBER

MO	TU	WE	TH	FR
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

NOVEMBER

MO	TU	WE	TH	FR
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

DECEMBER

MO	TU	WE	TH	FR
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

JANUARY

MO	TU	WE	TH	FR
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

FEBRUARY

MO	TU	WE	TH	FR
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28				

MARCH

MO	TU	WE	TH	FR
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

APRIL

MO	TU	WE	TH	FR
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

MAY

MO	TU	WE	TH	FR
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

JUNE

MO	TU	WE	TH	FR
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

07/05/21 Independence Day
 08/16/21 First Day of Instruction
 09/03/21 Admission Day
 09/06/21 Labor Day
 11/11/21 Veterans Day
 11/25 - 11/26/21 Thanksgiving Holiday
 12/20/21 - 01/07/22 .. Winter Recess

01/11/22 Second Semester Begins
 01/17/22 Dr. Martin L. King Birthday
 02/21/22 Presidents' Day
 03/28/22 Cesar E. Chavez Birthday Observed
 04/11 - 04/15/22 Spring Recess
 05/30/22 Memorial Day
 06/10/22 Last Day of Instruction

LEGEND:

- First Day/Last Day of Instruction
- Legal/Local Holidays
- School Recess
- Unassigned Day (no school)
- Pupil Free Days *
- Second Semester Begins
- Instructional Days

Instructional Days

Fall Semester. 80
 Spring Semester. 100
 Total. 180

* Scheduled pupil free days are Friday, August 13, 2021, and Monday, January 10, 2022.

If a school selects Friday, June 10, 2022, as a pupil free day, then Monday, January 10, 2022, becomes an instructional day.