

Sign and Return to School

SIGNATURE PAGE - INFORMATION PACKET 2023-2024

Print Student's Name

Birthdate

Grade

I have read, understand, and and/or will adhere to the following school policies:

- Attendance Office – Absence and Re-admittance Procedures
- Senior Attendance Policy/Senior Attendance Requirements
- Attendance Update 2023-2024
- Tips to Improve Attendance
- Discipline Policy and Behavior Contract
- Dress Code
- Emergency Earthquake Bus Procedures
- Student-Parent Compact

Student Signature

Parent Signature

REQUIRED – The following signatures/forms must be submitted

- *Updated Emergency Card*
- *Household Income Form apply online for (HIF) at <https://hif.lausd.net>*
- *Publicity Authorization and Release*
- *Responsible Use Policy (RUP)*
- *Student Housing Questionnaire*

The following forms are OPTIONAL; if applicable.

- *HIV/AIDS Prevention*



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.									
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			MIDDLE INITIAL
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.									
NAME			RELATIONSHIP			HOME PHONE		CELL PHONE		WORK PHONE		DATE
NAME			RELATIONSHIP			HOME PHONE		CELL PHONE		WORK PHONE		
NAME			RELATIONSHIP			HOME PHONE		CELL PHONE		WORK PHONE		
List any other family members attending this school:												
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP		
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP		
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:			Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Relationship to Student: _____				Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased					
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT												
The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)												
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.												
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".												
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families												
MEDI-CAL / HEALTHY FAMILIES ID Number: _____												
1. PRIVATE HEALTH INSURANCE NAME				GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)				GROUP NO.		
NAME OF DOCTOR / MEDICAL OFFICE						PHONE NUMBER OF DOCTOR / MEDICAL OFFICE						
*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.												
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:												
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:												
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.												
X										DATE		
SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)												

* Selected telephone number must be a direct dial number (no extensions).

Revised January 2014



**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, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

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

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

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

11. Principal

**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), Family Educational Rights and Privacy Act (FERPA), and the California Electronic Communications Privacy Act (CalECPA). Furthermore, the RUP clarifies the educational purpose of District technology. As used in this policy, "user" includes anyone using computers, Internet, email, and all other forms of electronic communication or equipment provided by the District (the "network") regardless of the physical location of the user. The RUP applies even when District-provided equipment (laptops, tablets, etc.) is used off District property. Additionally, the RUP applies when non-District devices access the District network or sensitive information.

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. Users understand that the District has the right to take back possession of District equipment at any time.

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

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 communications.
- ☐ 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 or directly or indirectly allow another person to use them.
- ☐ I will not access the account information of others.
- ☐ I will log out of unattended equipment and accounts in order to maintain privacy and security.



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems

Information for Students and Families

_____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 only use software and hardware that has been authorized by the District.
- ☐ I will not try to get around security settings and filters, including using proxy servers to access websites blocked by the District.
- ☐ I will not install or use illegal software or files, including copyright 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-6399.1, Social Media Policy for Students](#).)



Los Angeles Unified School District

Responsible Use Policy (RUP) for District Computer Systems

Information for Students and Families

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.

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

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.



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? YES 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 Teen Parents

*****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
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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, scan and email SHQ to your corresponding Local District:

shqldc@lausd.net	shqldc@lausd.net	shqldne@lausd.net	shqldnw@lausd.net	shqlds@lausd.net	shqldw@lausd.net
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✓ 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).