



LOS ANGELES UNIFIED SCHOOL DISTRICT

PARENT/STUDENT ACKNOWLEDGEMENT FORM 2023-2024 PARENT/STUDENT HANDBOOK

Dear Parent/Guardian:

Education Code 48980 (a) states that School Boards are required by law to notify parents/guardians of their rights to services and programs offered by their district school/schools. Parents/guardians must sign a notification form and return it to their children's school acknowledging that they have been informed of their rights.

Please sign and return to your child's school the below portion acknowledging receipt of the new Parent/Student Handbook.

Your signature does not constitute consent to take part in any particular program.

COMPLETE, SIGN, AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL



LOS ANGELES UNIFIED SCHOOL DISTRICT

PARENT/STUDENT ACKNOWLEDGEMENT FORM 2023-2024 PARENT/STUDENT HANDBOOK

I acknowledge, with my signature below, the receipt of the required annual notification of the parent/student rights on behalf of my son/daughter.

Please PRINT your child's name, birthdate, and grade.

Last Name

Middle Initial

First Name

Birthdate

Grade

Signature of Parent/Guardian

Date

Signature of Student (Grades 6-12)

Date



LOS ANGELES UNIFIED SCHOOL DISTRICT 2023-2024 PARENT/STUDENT HANDBOOK

INFORMATION RELEASE FORM

Parents of students 17 years or younger and adult students 18 years or older may request to limit the release of student directory information or to not release directory information at all. Pursuant to California Education Code Section 49073, the District has identified the following categories of information as student directory information that may be released to authorized individuals, organizations, and officials: *name, address, phone number, date of birth, current and most recent previous school(s), dates of attendance, and degrees, honors, and awards received*. The law also provides for 12th grade student names, contact information, student ID, graduation date, and GPAs to be shared for college financial aid applications.

The request to limit or withhold student directory information is applicable only to the current school year and must be submitted annually. If you wish to limit or prevent the release of student directory information, please complete and sign this form and return a copy to your school principal by **Friday, November 17**. If this form is not completed, signed, and returned to your school principal, your child's directory information may be released in accordance with Federal and State law.¹

SCHOOL NAME: _____

DATE: _____

Student Name (please print):	Date of Birth:	Grade:
Address:	City:	
Zip Code:	Telephone Number:	

1. I request to withhold directory information of the student named above according to the box(es) I check below:

For each authorized official or organization listed below, please place a check mark in the box if you do NOT want to release student directory information. <i>If you do not want any student directory information released to any authorized individual, organization, or official, then please skip to item 5 on this form.</i>	Do NOT Release ANY Student Directory Information	The District has identified the following as student directory information:
Elected Officials		Name, address, phone
L.A. County Department of Children and Family Services		number, date of birth,
L.A. County Department of Health Related Services		current and most recent
L.A. County Department of Mental Health		previous school(s),
L.A. County Department of Probation		dates of attendance,
L.A. Unified School-based Health Care Providers		and degrees, honors,
L.A. Trust for Children's Health		and awards received.
Parent Teacher Student Association (PTSA)		

2. The following applies to **1st grade students only**:

☐ I do **not** want to release the name, date of birth, address, phone number, or current school of the student named above to the L.A. City Housing + Community Investment Department (HCIDLA), which manages Opportunity L.A.'s Children's Savings Account initiative for establishing a **free** education savings account with an initial \$50 deposit for each enrolled LAUSD first-grade student.

3. The following applies to **11th and 12th grade students only**:

I do **not** want to release the name, address, or telephone number of the student named above to the agency or agencies I check below:

- ☐ United States Armed Forces (Military) Recruiting Agencies
- ☐ Colleges, Universities, or other Institutions of Higher Education

4. The following applies to **12th grade students only**:

☐ I do **not** want to release the name, date of birth, school, or degree of the student named above to the National Student Clearinghouse, which provides the District with college enrollment information of alumni so that the District can continue to improve college readiness of current LA Unified students.

5. The following applies to **ALL students**. Check this box if you do not want any directory information released:

☐ For the student named above, I do **not** wish to have **any** directory information released to **any** individual, organization, or official in any of the above categories.

Signature of Parent/Guardian (if student is under 18)

Signature of Student (if student is 18 or older)

¹ Under Federal and State law, school districts may share student directory information with authorized individuals, organizations, and/or officials.

**LOS ANGELES UNIFIED SCHOOL DISTRICT
2023-2024 ANNUAL PESTICIDE USE NOTIFICATION**

The District has adopted an Integrated Pest Management (IPM) policy. This policy includes notifying parents/guardians of pesticide use. During the school year, it may be necessary to apply pesticides at your child's school to avoid serious health problems posed by pests and/or maintain the integrity of a structure. However, should you feel that your child's or your (for school staff) health and/or behavior could be influenced by exposure to pesticide products, you are notified as follows:

- An application of products on the Approved List may be applied during the school year. (See attached list of pesticide products that have been approved for use at District sites).
- In the event the use of a product is required that is not on the Approved List, you will be notified 72 hours in advance. (Exception: Emergency circumstances that warrant an immediate response).
- Additional information regarding pesticide products, including those on the District's Approved List, is available online at: <https://www.cdpr.ca.gov/>.

Please complete, detach, and return the form below to the school's main office, indicating whether you wish to be pre-notified each time a pesticide is scheduled to be used at the school.

IF APPLICABLE, COMPLETE, SIGN, AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL



PARENT/GUARDIAN REQUEST FOR NOTIFICATION 2023-2024

- ☐ **I would like to be notified** every time a pesticide application is to take place at my child's school (i.e., in addition to annual notification). I understand that the notification will be sent home with my child or provided to me by a school staff member at least 72 hours before application. (Exception: Emergency circumstances that warrant an immediate response).
- ☐ **I do not need to be notified** every time a pesticide is to take place at the school. I understand that I will receive an annual notification in the Parent Student Handbook, or by other means of pesticides approved for use at schools.

Child's Name (print): _____ Grade: _____

School: _____ Room Number: _____

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____ Date: _____

Note to Site Administrator

File the original in the Main Office. If the above "I would like to be notified" box is checked, forward a copy of this notice via school mail to the IPM Program Coordinator.

**Maintenance and Operations Branch Office
333 South Beaudry Ave., 22nd Floor
Attn: Richard Avendano, IPM Program Coordinator**



ALBERTO M. CARVALHO
SUPERINTENDENT

PEDRO SALCIDO
DEPUTY SUPERINTENDENT

**LOS ANGELES UNIFIED SCHOOL DISTRICT
LOS ANGELES SCHOOL POLICE DEPARTMENT**

Office of the Chief
125 North Beaudry Avenue, Los Angeles, California 90012
Telephone: (213) 202-4508 – Fax: (213) 202-8676



STEVEN K. ZIPPERMAN
CHIEF OF POLICE

**RE: INFORMATION REGARDING PARENT/GUARDIAN LEGAL DUTIES CONCERNING SAFE
GUN STORAGE**

Dear Parent/Guardian:

Providing our students and staff with a safe educational environment remains one of our top priorities. We are all aware of incidents of gun violence in our surrounding communities, and across the nation. In California each year, an average of 27 children under the age of 18 have died by suicide with a gun that belonged to someone at home. In the majority of these gun-related incidents, the minor gained access to a lawfully purchased gun from their residence or the residence of a relative. LA Unified takes steps to ensure that campuses are safe from the threat of gun violence. Any student found in possession of a firearm on campus is subject to immediate arrest, suspension, and expulsion proceedings. To further our efforts to protect students against firearms, and as a courtesy to our families, we would like to bring to your attention the legal obligations to protect minors from negligent gun storage. Please see two of the gun storage laws summarized below:

Safe Storage of Handguns, Los Angeles Municipal Code section 55.21

This City of Los Angeles statute makes it a crime to have a handgun within a residence unless the handgun is stored in a locked container or disabled with a trigger lock approved by the California Department of Justice.

Criminal Storage of a Firearm, California Penal Code section 25100(A)

This State statute makes it a crime to store a loaded firearm on any premises under your control, knowing or reasonably should have known, a child is likely to gain access to the firearm, and the child gains access causing death or great bodily injury.

Feel free to retrieve the full text of the above laws for further details.

Very truly yours,

Steven K. Zipperman
Chief of Police

----- CUT HERE AND RETURN TO YOUR SCHOOL PRINCIPAL -----



SAFE GUN STORAGE – ACKNOWLEDGEMENT FORM 2023-2024

Please sign below acknowledging receipt of this information.

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

MEMBERS OF THE BOARD
JACKIE GOLDBERG, PRESIDENT
KELLY GONEZ
DR. GEORGE J. MCKENNA III
NICK MELVOIN
TANYA ORTIZ FRANKLIN
DR. ROCÍO RIVAS
SCOTT M. SCHMERELSON



LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
333 South Beaudry Avenue, 24th Floor
Los Angeles, California 90017
Telephone: (213) 241-7000 | Fax: (213) 241-8442
ALBERTO M. CARVALHO
Superintendent

Dear Parent/Legal Guardian/Educational Rights Holder (Parent) of a LAUSD student,

Your child's school may have the opportunity to host a free on-site **EYE EXAMINATION** by a licensed healthcare professional. The purpose of this screening event is to identify your child's vision needs, connect to care, and eliminate health barriers to learning. Note: Screening events are supplemental to, and do not replace, any legal requirements for vision health required by EC Section 49455. If your child is screened and found to have an urgent problem, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to an eyecare provider for an evaluation.

Participating in a school vision screening has many benefits:

- ✓ You do not need to take time off from work.
- ✓ No missed workdays for you or missed school days for your child(ren).
- ✓ **FREE** eye examination by a licensed professional.
- ✓ **FREE** prescription eyeglasses, if needed

For more information about the free on-site eye exams, please scan this QR code:
or visit: <http://achieve.lausd.net/visionscreening>



If you **want** your child to receive a free eye examination, **NO FURTHER ACTION IS NEEDED**. Your child's name, date of birth, grade, school name, and your name, phone number, and address will automatically be shared with the health professional(s) conducting the screening.

If you ***DO NOT*** want your child to receive a free eye examination, please complete the bottom portion of this letter and return it to your child's school **no later than Friday, October 6, 2023**. Forms received after this deadline may result in services being rendered.

Only complete and sign the Form directly below this line if you **do not** want your child to receive an eye examination.

Student's Name: _____

☐ I **DO NOT** wish to have my child participate in the school's free on-site vision screening.

*Parent Signature

Date

***For students experiencing homelessness, under California law, families must opt in to share information. If you would like your child to participate, you can authorize LAUSD to share information with the licensed healthcare professional by completing the info below and sending a copy of this form to your child's school **no later than Friday, October 6, 2023**.**

*Print Parent Name

*Parent Signature

Date

*Print Student Name and birthdate (mo./day/year) Name of School