Para Padres de Familia: Cómo llenar la solicitud de matriculación en línea

Un proceso paso-a-paso sobre cómo llenar la solicitud de matriculación en línea para estudiantes que se inscriben en LBUSD.

Actualizado en enero de 2025





MAIN MENU

Para empezar...

Paso 1: Visite su escuela de residencia para las instrucciones sobre su proceso de matriculación específico. Paso 2: Una vez que haya recibido las instrucciones de su escuela, vaya a Ibschools.net, seleccione el icono del edificio de laescuela para la matriculación en la página de inicio. Luego seleccione "Haga clic para Inscribirse Hoy" en la siguiente página.





Paso 3: Ingresar

Ingrese utilizando la cuenta ParentVUE con nombre de usuario y contraseña. Si <u>nunca</u> ha tenido un estudiante inscrito en LBUSD anteriormente, entonces haga clic en "Crear una cuenta nueva" (solamente para familias nuevas).

Si alguna vez ha tenido un	Login	
estudiante en el LBUSD (actual o anterior), usará su nombre de usuario de ParentVue asociado con <u>ese</u> estudiante. (Si no sabe ingresar la sesión de la cuenta, comuníquese con su escuela)	Long Beach Unified School District	
	Password: Este enlace es sola han tenido a un est Head Start, CDC, y	mente para los padres que nunca udiante en el LBUSD (incluyendo Educación Especial).
<u>'</u>	More Options A Create a New Account Forgot Password	Si los iconos no se ven, haga clic en "Más opciones" para extender la pantalla.



Paso 3: Ingresar, continuación

Si ha olvidado su nombre de usuario o contraseña de ParentVUE:

- 1. Haga clic en el icono de "contraseña olvidada".
- 2. Luego, ingrese el correo electrónico que utilizó para crear la cuenta de ParentVUE. Si no recuerda el correo electrónico que utilizó, o si ya no usa ese correo electrónico, comuníquese con su escuela de residencia para cambiarlo.



GOOG MOTHING,

Paso 4: Seleccionar la solicitud

Seleccione la solicitud deseada de los iconos disponibles.

Si no está seguro cuál solicitud seleccionar, haga clic en "Más información" para abrir una descripción de la solicitud antes de hacer su selección.

SELECT REGISTRATION TO BEGIN Please select the online packet you would like to begin 2023-2024 School Year R≣ िड्ड ≳≣ Annual Student CURRENT School of Choice-Verification **CDC/Head Start** Incoming 6th, 9th Grade Residents Kindergarten Registration More Info More Info More Info This application is for incoming 6th and 9th grade students who are LBUSD residents but currently attending a different district or private school and want to attend LBUSD for 6th or 9th grade.



Paso 5: Bienvenida

Lea la introducción y haga clic en "Continuar".

Welcome

Information

Welcome to the Parent/UE Registration System for families applying to LBUSD. You will need immunization records and emergency contacts to complete the registration process. You have the option to upload your child's birth verification (birth certificate, baptism certificate, or passport) and two documents that verify your home address (electricity, water, or gas bill; rental agreement or mortgage statement). Please note <u>some sites</u> may also require you to provide a hard copy of the documents.

Parents/guardians who enroll their children online during school closures must provide the following original documents to school staff once schools reopen:

- 1. Two proofs of residency
- 2. Immunization records
- 3. Permanent Health History Form
- 4. Official transcripts (middle & high school only)
- 5. Proof of age (i.e., birth certificate, baptismal certificate, etc..)
- 6. IEP or 504, if applicable
- 7. DCFS 1399 Form, if applicable
- 8. Court order, if applicable

Throughout the Online Registration process, you will be presented with a variety of information to enter. Many Steps will have required fields marked by an asterisk (*). You must enter information into these fields before you will be allowed to continue.





Paso 6: Resumen del estudiante

Si actual o previamente tuvo un estudiante en el LBUSD, la matriculación del estudiante aparecerá aquí.

Haga clic en "Guardar y Continuar".

e current, withdrawn	, or graduated students.	
e Grade Sch	ool Year School	Status
2020) Burcham Eler	mentary Student already has an active enrollment for this ye
n	ne Grade Schr 2020	ne Grade School Year School 2020 Burcham Ele



Paso 7: Firma

Escriba su nombre y apellido como su Firma Electrónica. Si está recibiendo un mensaje de error y no puede continuar, llame a su escuela de residencia y pídales que verifiquen cómo aparece su nombre en nuestro sistema.

Haga clic en "Guardar y Continuar".





Paso 8: Domicilio de la familia

Si actual o previamente tuvo un estudiante en el LBUSD, su información aparecerá automáticamente en el recuadro gris al pie de la página. Si desea realizar cambios, haga clic en la casilla de verificación para presentar los cambios.

Haga clic en "Guardar y Continuar" al terminar.

Home Address

Instructions

Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.

Check here if your address has changed.

Address as entered from above:

LONG BEACH, CA 90810	
	Save And Continue >

Paso 8: Domicilio de familia, continuación

Mensaje de error

Si el domicilio que tiene registrado está fuera de los límites de LBUSD, entonces tendrá que comunicarse con la escuela a la que está solicitando.

Si cree que el mensaje de error es una equivocación y que su domicilio pertenece a los límites de LBUSD, necesitará volver a enviar su domicilio para ser verificado. Para hacerlo, seleccione el botón "cambiar domicilio", luego seleccione la casilla "Marcar aquí..." y borre todas las áreas con información y vuelva a enviar su domicilio.

Home Address

▲ Home Address Is Out Of District Boundary

Online registration is only available for families within the Long Beach Unified School District boundaries. If you live outside the boundaries, please contact the school you are applying to ensure your application is reviewed.



Home Address

Instructions

Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.

LONG BEACH

Check here if your address has changed.

Address as entered from above:

LONG BEACH, CA 90810



Paso 8: Domicilio de la familia, continuación

Si tiene un estudiante que es nuevo al LBUSD, o si desea enviar actualizaciones de domicilios para estudiantes anteriores / actuales de LBUSD, asegúrese de utilizar el motor de búsqueda para agregar su dirección.

Esto automáticamente aparecerá en las áreas a continuación, pero asegúrese de revisarlo antes de hacer clic en "Guardar y Continuar".

Home Address

Instructions

Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.

LONG BEACH

Date of the address change MM/DD/YYYY Image: Comparison of the second s

Paso 9: Domicilio de la familia para la correspondencia

LONG BEACH

Si desea que su correo vaya a una dirección que no sea su casa, use el motor de búsqueda de direcciones para llenar esta sección.

Si desea que su correo de correspondencia y domicilio sean los mismos, marque la casilla.

Haga clic en "Guardar y Continuar" al terminar.



Paso 10: Padre de Familia/Tutor



Si actual o previamente tuvo un estudiante matriculado en el LBUSD, esta información aparecerá automáticamente.

Puede / editar, k borrar o agregar nuevos padres de familia/tutores al usar estas opciones en el lado izquierdo.

Haga clic en "Guardar y Continuar" al terminar.

		Last	mencio	nadas antes de pasar a siguiente página.
	First Name	Name	Gender	Status
💉 Edit			Female	Complete
💉 Edit			Mala	Not Completed
× Delete			wate	Not Completed
+ Add New	/ Parent/Guardia	เท		



Paso 11: Emergencia

Si actual o previamente tuvo un estudiante matriculado en el LBUSD, esta información aparecerá automáticamente.

Puede / editar, borrar o agregar nuevos contactos de emergencia al usar las opciones en el lado izquierdo. <u>Es necesario</u> agregar al menos 2 contactos de emergencia. Hay un límite de 6 contactos de emergencia.

Haga clic en "Guardar y Continuar" al terminar.

EMERGENCY

Please add at least 2 emergency contacts. If you already have an emergency contact, please verify by clicking on the Edit button.





Paso 12: Estudiantes

Hay 2 secciones en esta página: Matriculación de Estudiantes y Lista de Estudiantes.

Lista de Estudiantes = Cualquier estudiante que ya está matriculado en una escuela de LBUSD, **no es necesario volverlo a matricular**. Ellos automáticamente serán agregados al próximo ciclo escolar.

Los únicos estudiantes que deben estar en la sección de "Matriculación de Estudiantes" son los estudiantes nuevos o inactivos que regresarán al LBUSD.

Para los estudiantes que regresan, haga clic en
"Editar inf. estudiantil". Para los estudiantes nuevos que nunca han sido matriculados en LBUSD, haga clic en
"Agregar Estudiante Nuevo".

STUDENTS

For new students to LBUSD, please enroll online. More instructions can be obtained at your resident school. This application should only be used for new enrollments to LBUSD. All returning students will be automatically enrolled for the next school year. Only complete this application if you have a new student to LBUSD. El estado debe mostrar



Paso 13: Perfil del estudiante



Al agregar un nuevo estudiante, se le pedirá que ingrese la siguiente información:

- Datos demográficos (nombre legal completo, fecha de nacimiento, sexo, etc.)
- Contacto del estudiante (teléfono y correo electrónico del estudiante; NO es la información del adulto)
- Residencia del estudiante (dónde vive el estudiante y con quién)
- Lenguaje (qué idioma habló el estudiante por primera vez, qué idioma habla el estudiante en casa, qué idioma hablan el estudiante y los padres en casa y qué idioma hablan los adultos en casa)
- Etnicidad/Raza
- Salud (información de contacto del médico y dentista; opcional)
- Historial de salud permanente (condiciones de salud, limitaciones y medicamentos, si corresponde)
- Vacunas
- Escuela anterior
- Servicios especiales (si corresponde)
- Parentesco (indique la relación de los adultos enumerados con el estudiante)
- Actualización del Orden de Contactos de Emergencia (el orden indicará a quién se llama primero en caso de una emergencia)
- Contraseña de la solicitud (si la dirección de su casa está fuera de los límites del distrito, deberá presentar la solicitud con un código que le proporcionó la oficina del distrito).
- Revisión de las políticas
- Seguro médico estudiantil opcional
- Cuestionario opcional

Deberá llenar cada página antes de poder seleccionar "Guardar y Continuar". Proporcionaremos imágenes de las pantallas de cada página en las siguientes diapositivas, pero queríamos enumerarlas aquí para que sepa que esta será la parte más larga de la solicitud de matriculación en línea.

Datos demográficos e inf. del lenguaje

Demographics: Sample Student

Instructions

Please enter all legal student information below. If there is a student nickname desired, please inform the school site at a later date.

First Name *	Sample	
Middle Name *		
No Middle Name		
Last Name *	Student	
Suffix		
Gender *	Male	~
Birth Date *	12/20/2013	
What is the student's current level for 2022- 2023 school year? *	08	~
Primary Address *		~
Home Address	Mail Address	
LONG BEACH. CA 90	810 LONG BEACH. CA 90810	

The following information will be used to generate additional funding for the Long Beach Unified School District (i.e., Title III Immigrant Education Program funding). If LBUSD receives this funding, your child and you as the parent/guardian may be eligible to receive FREE supplemental educational and support services funded by the Title III Immigrant Education Program.

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These services may include: • After-School Tutoring • Saturday School • Summer School • Family Training • Parent/Family Outreach

The District does not collect information about citizenship, immigration status, or use this information to discriminate against children or families or bar them from enrolling in or attending school.

Birth City	
Birth Country *	✓
Date of First US School (K-12) *	MM/DD/YYYY 🗰
	< Previous (Save And Continue >)

Información de contacto del estudiante

Esta sección es para la información del estudiante, **no es la información del padre de familia**. Tenga en cuenta que es posible que tenga que desplazarse hacia la derecha para ver todas las áreas.

Si el estudiante no tiene su propio teléfono celular, marque la casilla "El estudiante no tiene un número de teléfono". Si el estudiante no tiene una dirección de correo electrónico, deje ese espacio en blanco.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

DE	EMC	DGR	APHIC	S				13%			
С	ont	act	Inform	ation: Sa	mple \$	Studer	nt				
6) Ir	nstru	uctions	;							
P	lease umbe	e enter er or e	the studer	nt's phone numb ss, check the bo	er and/or e x indicating	email addre g the inform	ss. This should ation is not availation	d be separate fr ailable. Do not e	om the parent enter in guardi	information. If the student an number or email address	does not have a phone s.
	Stu	Ident	has no ph	one numbers.							
PI	hon ¢	e Nu Line	mbers Primary	Туре	P	hone		Extension	Not Listed	Phone Communication	Text Communication
		1			~* ()	-	*		Yes ~	No ~
-	- Ad	ld Nev	/								
s	tude	nt Per	sonal Ema	ail		•	C Previous	ave And Contin	Je >		

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Inf. de residencia

Indique la situación actual de vivienda del estudiante. Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Presently, where is the student	living?	
Residence Type*	PERMANENT HOUSING	~
The student lives with:		
Family Code	Two adult family	~
	Previous Save And Con	tinue

Inf. del lenguaje y etnicidad/raza del estudiante

Indique la experiencia lingüística del estudiante. Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Indique la etnicidad y raza del estudiante. Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Which language did your child l	earn when he/she first began to talk?	
Language First Learn*	Spanish	~
Which language does your child	most frequently speak at home?	
Spoken by Student at Home*	English	~
Which language do you (the pa	ents or guardians) most frequently use whe	en speaking with your child?
Spoken to Student at Home	* English	~
Which language is most often s	poken by adults in the home? (Parents, gua	ardians, grandparents, or any other adults)
Spoken by Adults at Home	Spanish	~
Eth	< Previous Save A	And Continue
Select One *	Hispanic	~

LONG BEACH

Provide the following information about the student's race:

African American	Vhite
Filipino	American Indian or Alaska Native
Asian - Chinese	Asian - Japanese
Asian - Korean	Asian - Vietnamese
Asian - Indian	Asian - Laotian
Asian - Cambodian	Asian - Hmong
Asian - Other	Pacific Islander - Native Hawaiian
Pacific Islander - Guamanian	Pacific Islander - Samoan
Pacific Islander - Tahitian	Pacific Islander - Other
	< Previous Save And Continue >



Inf. de salud del estudiante

En esta página, puede proporcionar la información médica y del dentista. Es opcional, por lo tanto, se puede omitir si así lo desea.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

hysician	
Name	Doctor David
Phone Number	(555) 555 - 5555
Extension	
Preferred Hospital	Sample Hospital
entist	
Name	Dentist Donna
Phone Number	(777) 777 - 7777
Extension	
Office	Sample Dentist
	50 50

Historial de salud permanente (1 de 3)



Indicar el plan de seguro médico del estudiante es opcional, pero las condiciones de salud son áreas obligatorias. Llénelos como corresponde. Permanent Student Health History: Sample Student

Instructions

PERMANENT STUDENT HEALTH HISTORY

The following information is to be treated as confidential and will assist the School Nurse with the student's program. <u>Notes from physicans should be</u> taken to the School Nurse. If the student is taking medications for the following conditions, please indicate it in the **Medications** section.

Name of health insurance/plan:	
Medi-Cal?	
1. Allergies/Hay Fever *	×
2. Allergy to bee/insect sting st	✓
3. Asthma *	✓
. Childhood diseases:	
* Chicken Pox *	
* Scarlet Fever *	~
* Meningitis *	~
5. Colds/frequent sore throats *	~
6. Diabetes *	~ ~
* Tests blood *	~
* Takes insulin *	✓





Historial de salud permanente (2 de 3)

Condiciones de salud, continuación y limitaciones físicas

Llene las áreas obligatorias, como corresponde. No se requerirán fechas si la condición/limitación no corresponde al estudiante.

7. Epilepsy/convulsions/seizures *		~
Date of last seizure	MM/DD/YYYY	
8. Ear Infections *		~
* Hearing loss *		~
* Wears hearing aids *		~
9. Heart disease *		~
For physical limitations, enter "Yes" and	please indicate in #16, Special conc	erns.
* Physical limitations *		~
10. Speech problems *		~
11. Skull fracture or concussion *		~
* Concussion Date	MM/DD/YYYY	

11. Skull fracture or concussion *			~
* Concussion Date	MM/DD/YYYY	im	
12. Surgery *			~
* Surgery Date	MM/DD/YYYY		
* Reason for Surgery			
13. Tuberculosis *			~
* Tuberculosis in Family *			~
14. Wears glasses *			~
* Wears contact lenses *			

Historial de salud permanente (3 de 3)

Medicamentos

Si un estudiante está tomando algún medicamento, debe aparecer aquí al seleccionar cualquiera de los botones "agregar nuevo" en las secciones de medicamentos en la escuela o en el hogar.

Si un estudiante no está tomando ningún medicamento, entonces seleccione la casilla "El estudiante no tiene medicamentos".

Si anteriormente había indicado "sí" para limitaciones físicas (entre 9 y 10), entonces indique cualquier preocupación en el número 16. Si la respuesta es no, deje en blanco.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

If medication is taken daily, enter "Yes" and please indicate in "List of Medications." 15. Takes medication(s) daily V 16. Special concerns: Student has no medication - OR -List any medications that need to be taken by the student at school Medication Name Dose Frequency Reason Add New School Medication List any medications not listed above or provide additional comments about the medications to be taken at school List any medications taken by the student at home Medication Name Dose Reason Frequency Add New Home Medication List any medications not listed above or provide additional comments about the medications to be taken at home

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Vacunas del estudiante

Favor de agregar el registro completo de las vacunas de su estudiante aquí.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Immunization: Sample Student

Instructions

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment. If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a medical exemption for the missing shot(s), including the duration of the medical exemption. A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions not sone schools in California. For complete details, visit ShotsforSchool.org. You must also submit an immunization record for all required shots not exempted.

	Dose 1		Dose 2		Dose 3		Dose 4		Dose 5		Dose 6
Polio (OPV or IPV)	MM/DD/YYYY	i	MM/DD/YYYY		MM/DD/YYYY		MM/DD/YYYY		MM/DD/YYYY	Ħ	
DTP/DTaP/DT/Td	MM/DD/YYYY	#	MM/DD/YYYY	1	MM/DD/YYYY	=	MM/DD/YYYY		MM/DD/YYYY		MM/DD/Y
MMR	MM/DD/YYYY	Ħ	MM/DD/YYYY	i	MM/DD/YYYY	Ħ					
HIB Meningitis	MM/DD/YYYY	Ħ	MM/DD/YYYY	韴	MM/DD/YYYY		MM/DD/YYYY	#	MM/DD/YYYY		
Hepatitis B	MM/DD/YYYY	Ħ	MM/DD/YYYY	韴	MM/DD/YYYY	Ħ	MM/DD/YYYY				
Varicella	MM/DD/YYYY	#	MM/DD/YYYY	篇							
Tdap Booster	MM/DD/YYYY	1	MM/DD/YYYY	i							
Hepatitis A	MM/DD/YYYY		MM/DD/YYYY	Ħ							
Meningococcal	MM/DD/YYYY	韴									
COVID (comment type vaccine)	MM/DD/YYYY		MM/DD/YYYY		MM/DD/YYYY	Ħ					
			<	(Previo	Save And Cor	ntinue >					



Escuela anterior

En esta sección, agregue los nombres de las escuelas anteriores a las que ha asistido el estudiante. Tenga en cuenta que es posible que tenga que desplazarse hacia la derecha para ver todas las áreas.

Previous Schools Attended: Sample Student

B Instructions

Please provide the most recent schools attended. For Kindergarten registrations, please include Preschool enrollments. Notify the school site of any additional schools attended that do not fit in the space provided.

School Name	City	State	Country	Gra	ade Schoo	ol Year Attended	Phon	e	
				~	~	~	()]-
				~	~	~	()	-
				~	~	~	()]-
				~	~	~	()	<u>.</u>



Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.



Servicios especiales

En esta sección se pregunta sobre servicios especiales para el estudiante. Si su estudiante ha sido evaluado o ha participado en algún servicio / programa especial, cuando lo indique aquí, se le harán más preguntas. Responda las preguntas que correspondan para su estudiante y al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Special Services: Sample Student		Identify which of the following apply to the	is student:
Instructions	Si la	Extended Learning Program (ELP) / Gifted / GATE / Accelerated *	● No ○ Yes
Please provide the special services history for this student:		Speech Therapy*	● No ○ Yes
Has this student ever been tested for special services or programs? *	es si,	Does this student have a current 504 plan?*	● No ○ Yes
○ No	entonces	Special Education*	🔿 No 💿 Yes
Yes		Does the student have a current IEP?*	🔿 No 💿 Yes
Has this student ever participated in special services or programs? *		What is the approximate date of	MM/DD/YYYY
Vo Yes		What is the name of the school where signed?*	
Yrevious Save And Continue >			Previous Save And Continue



Parentesco del padre de familia / tutor

Indique el parentesco para cada padre de familia / tutor utilizando las listas desplegables y marque las casillas apropiadas para cada persona mencionada.

La casilla "PVUE" debe usarse solamente cuando hay padres de crianza que no cuentan con los Derechos Educativos.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

arent/Guardia	an Relatio	onships: S a	ample S	Studen	t					
Instructions	5									
Indicate the relationship	p each Parent/G	Guardian has with	the student:							
Relationship	First Name	Last Name Ger	Lives nder With	Contact Allowed	Ed Rights	Has Custody	PVUE (View Only Access)	Communications Allowed	Release To	Financ Resp
ÿ		Fen	nale 🔽		1	1				
- OR -	D	Mal	e							
Lives With: Indicate Contact Allowed: Ir communication. Ed. Rights: Indicate in the Synergy parer Has Custody: Indic ParentVUE: Indicate Mailings Allowed: I Release To: Indicate Financial Resp.: In	es the parent/gu andicates the parent/gu at the parent/gu at the parent/gu at the parent/gu indicates the parent/gu indicates the parent/gu dicates the parent/gu	ardian lives in the ent/guardian is all ardian has rights I guardian has lega ardian has acces rent/guardian may ay release the stu nt/guardian is fina	household w lowed contact to make decis al custody of t s to ParentVU r receive mail ident to the p ancially respo	ith the stude t with the stu- sions regard he student. JE for the sti ings regard arent/guard nsible for th	ent. udent and ling the st tudent. ing the stu ian. e student	will be inclu udent's edu udent.	uded in sch	pol to student	ormation	
		<	Previous	Save And C	ontinue >					

Parentesco de los contactos de emergencia

Indique el parentesco para cada persona en el contacto de emergencia que había presentado anteriormente utilizando las listas desplegables y marque la casilla "Entregar a" para cualquier persona que le gustaría que se le permitiera recoger a su estudiante de la escuela.

Tenga en cuenta que si selecciona la casilla "No hay parentesco" para cualquier persona mencionada en el contacto de emergencia, la casilla "Entregar a" será eliminada y no se le permitirá a dicha persona recoger al estudiante de la escuela. Pero, si existe un parentesco y no desea que se le permita recoger al estudiante, aún puede indicar un parentesco y dejar la casilla "Entregar a" sin marcar.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Emergency Contact Relationships: Sample Student



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Orden de contactos de emergencia

Coloque todos los contactos de emergencia arrastrando y soltando.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Emergency Contact Order: Sample Student

Instructions Drag and drop the contacts below in the order in which they should be contacted in the event of an emergency: (Mother) (Father) John Doe (Friend) Jane Doe (Relative)

Contraseña de la escuela



Si usted está solicitando con una dirección residencial que está fuera de los límites del distrito de LBUSD, tendrá que ingresar la contraseña que recibió de la Oficina del Distrito en esta pantalla.

Si esto se aplica a usted, ingrese la contraseña y luego seleccione "Guardar y continuar" para pasar a la siguiente página.

Password: New Student

The address entered at the beginning of this application is not within LBUSD district boundaries. If you believe this is an error, navigate back to the Family tab and type your address slowly into the search box.

If you live outside of LBUSD boundaries and were approved to attend a school in the district, enter the password code that was provided to you from the District Office.

Questions? Contact the Elementary Office at 562-997-8247, Middle School Office at 562-997-8100 or High School Office at 562997-8115.

Please enter the	
password you were	
given to register.	



Selección de escuela



Esto se basará en el domicilio del hogar y el nivel de grado escolar que se ingresó al empezar la solicitud y será la escuela de residencia. Todos los estudiantes deben estar matriculados primero en su escuela de residencia.

Para los estudiantes de nuevo ingreso del 6º o 9º grado escolar - Una vez que reciba el correo electrónico de confirmación que la matriculación ha sido procesada, cada padre de familia <u>deberá</u> presentar una solicitud de Elección de Escuela por separado en ParentVUE para seleccionar sus opciones.

Para todos los demás padres de familia (de KT a 4º, 6º y 7º, 9º a 11º grado escolar) - La Elección de Escuela es opcional. Después de recibir por correo electrónico su confirmación de matriculación, llene la Solicitud de Elección de Escuela en ParentVUE si desea que su hijo asista a otra escuela que no sea la escuela de residencia.

Para mayor información viste: https://www.lbschools.net/Departments/School_Choice

School Selection: Sample Student





Políticas

Revise nuestras políticas y seleccione lo que prefiera para cada una de ellas.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Release Information: New Student

Instructions

The annual parent notifications booklet is available for viewing on our website at LBUSD Parent Guidelines. It contains important information for you to review.

The annual parent notifications booklet, "Guidelines for Parents and Students," is available for viewing on our website at bischools.net under Families > Guidelines for Parents and Students (or click here to view). This booklet contains important information, and we encourage you to become familiar with its contents. If needed, you may request hand coupy of this booklet ary our students school.

I acknowledge receipt of this notice regarding the availability of the Guidelines for Parents and Students

School districts are required to release student directory information for military recruitment purposes unless parents request that Student Directory information be withheid. Information about your students that can be released to military, as well as other agencies listed below, includes name, address, terdiadare, dates, graduation, high school major, participation in officially incorporated and these address, the address, terdiadare, dates, graduation, high school major, participation in officially incorporated activities and soports, for an attitute term-weight and height, diploma and awards relevied. Agencies receive only the information directly related to their request. For example, a scholarship sponsor would receive dates of attendance, hornes and awards information but not weight and height.

Agencies requesting information: Governmental: The Armed Services, Probation Department, Department of Children's Services, jue enforcement in the ocurse of official divels, Social Security, Veterian's Administration, elected refiders. School-releater PTV, PS, school Integrator PTV, PS, sc

Do you consent to the release of your student's information to the	\checkmark
military? *	
Do you consent to the release of	~
information? *	

I hereby understand and acknowledge my child's participation in the LBUSD media publications (including but not limited to school/district videos, photos for display and/or other school/district publications). If you consent to this or would prefer to opt out of photo/media publications, please indicate below.

Do you consent to your student's	×	
participation in photo/media? *	•	

The California Healthy School Act of 2000 is a right-to-know law that allows parents/guardians/staff to request to be notified when pesticides are applied at public schools and child care centers. The law encourages the adoption of effective, lower risk pest management practices also known as Integrated Pest Management (IPM). If you which to be notified when pesticides are applied, please inducted below. This can be updated anytime through PVUE.

Do you wish to be notified when	×	
pesticides are applied? *		

The school district, in cooperation with the California Departments of Health Care Services and Education, participates in a program that allows the district to be rembursed with fielder Medicaid dotains for select health schools provide Medi-Cal students distribution. The school and guidelines, we are notifying you that some information may be released from your student's records to cur reimbursement recovery vendor, Paradigm Healthcare Services, LLC and to the Department of Health Care Services (DHCS) for calming purposes only (and you child's Medi-Cal benefits may be accessed). All formation that is shared is encrypted and transmitted securely to both our vendor and to DHCS. The education records that may be shared as a result of our participation in this program include:

Do you consent to bill Medi-Cai if any eligible services are provided? *	~
chnology	

Does your student have access to the Internet at home?*

Board Policy 6142.1 states that high school students will have anonymous access to free condoms. If you do or do not want your student to receive written or verbal instructions on the proper use of condoms, please indicate below. A response to this question is optional.

ave And Continue

Do you wish to opt your student	~
information?	



Políticas, continuación

Si está llenando la solicitud para un estudiante de 12vo grado (ambas preguntas) o estudiante de 6to-11vo grado (solo segunda pregunta), verá algunas preguntas adicionales sobre políticas. Revise nuestras políticas y seleccione lo que prefiera para cada una de ellas.

Cuando termine, seleccione "Guardar y continuar" para pasar a la siguiente página.

Cal Grant Release Information: New Student

Educational code (EC 69432.96, ch.679) mandates that all public high schools must electronically upload a GPA for all 12th-grade students to the California Student Aid Commission (CSAC). The benefit of having all GPAs uploaded to the California Student Aid Commission is that when you complete your Free Application for Federal Student Aid (FAFSA) by the deadline, your student will be considered for all Cal Grants and the Middle-Class Scholarship. Please indicate below if you consent to including your student's GPA in the upload to CSAC.

Do you consent to including your student's GPA in the upload to CSAC? *

A Previous
 Save And Continue
 Save And Continue

2

CCGI Release Information: New Student

Dear Parents/Guardians, Long Beach Unified School District has become a California College Guidance Initiative (CCGI) partner district, which gives your student access to valuable tools and resources to support his/her college and career planning that is only provided when transcript data is uploaded from the district's Student Information System. CCGI is a state-wide, equity-focused non-profit that manages the state of California's college and career planning platform, CaliforniaColleges.edu. In order to provide these valuable tools and resources to students, LBUSD will share student transcript data in accordance with all state and federal student privacy laws. Through this partnership, your student can:

1. Regularly use the CSU and UC Eligibility tools to view progress towards meeting the A-G course requirements (eligibility for 4-year universities), and quickly communicate with his/her counselor.

2. Apply to any CSU campus and his/her pre-verified courses automatically migrate to CalState.edu/Apply, reducing time spent on the application and decrease errors caused by discrepancies

3. Launch the CCC Apply application to CA community colleges.

4. Launch FAFSA. Parents/guardians can also create accounts to gain view-only access to students' progress, just as they do with their Parent/Student Vue accounts.

Please indicate below if you consent to including your student's transcript data in the CCGI partnership, in accordance with all state and federal student privacy laws.

Do you consent to including your student's transcript in the CCGI partnership? *

1

V

Yerevious Save And Continue
 Save

Seguro médico estudiantil opcional

Esta página proporciona información sobre el seguro médico para estudiantes que es completamente opcional. Si está interesado, preste atención al sitio web que aparece en la parte superior y la información de contacto que aparece en la parte inferior de esta página.

Al terminar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Optional Student Insurance: Sample Student

Parent notifications bookiet, "Guidelines for Parents and Students," is available for viewing on our website at http://www.ibschools.net/Departments/Parent_U/guidelines.cfm. It contains important information for you to review. BUSINESS DEPARTMENT- Financial Services Risk Management Branch 1515 Hughes Way, Long Beach, California 90810-1839 (962) 997-8193 Student Injuries and Insurance Offered by Myers-Stevens & Toohey 2023-2024 School Year Dear Parent/Legal Guardian:

UNIFIED · SCHOOL · DISTRICT Excellence @ Equity

The safety of our students is of critical importance to all of us and we want to protect them from injury. Even so, accidents do happen (at school and elsewhere) and required medical care can be expensive. Please know that your school does not assume responsibility for such costs but does offer you access to several student accident insurance plans for voluntary purchase. Details and enrollment information can be found at the MST website www.megrs-stevens.com

Options are available to cover your child 24/7, anywhere in the world or you can limit coverage to school-related injuries only. The plans <u>do not</u> restrict your choice of doctors or hospitals. However, you'll also have access to an extensive network of providers with discounted fees. Seeking care through contracted providers may further reduce your out-of-poolect costs, particularly if your child needs surgery or hospitalization.

Also offered is the pay-as-you-go Student Accident & Sickness Plan which covers sickness as well as injury, in and out of school. The Dental Accident plan can be of particular value with younger students as final treatment to injured teeth often needs to be deferred until after they mature.

Common emergency benefits – Regardless of the benefit level selected, all of the accident medical plans and the Student Accident & Sickness Plan will cover eligible charges for Ambulance, Emergency Room and Emergency Room Physician at 100% of Usual, Customary and Reasonable charges (UCR) up to plan limits.

Enhanced benefits for qualified concussions – If an insured student suffers a concussion while participating any covered activity and is consequently removed from play from his/her interscholastic sport per the school's formal concussion protocols, then any deductible or inside limit features of the plan are waived and eligible charges for the evaluation and treatment of the concussion are paid at 100% OCK subject to remaining policy terms and conditions.

Interscholastic Sports – Please know that all plans offered (other than the Dental Accident Plan) may be used to comply with applicable state and local insurance requirements for participation in interscholastic sports (coverage for high school tackle football is offered on a stand-alone basis).

You are strongly encouraged to carefully review the information provided. If your child already has health coverage, the student insurance plans offered can also be used to expand your choice of providers and help cover the high deductibles and 30% to 40% cost sharing obligations imposed by many health plans today.

While your child is eligible to enroll at any time, one-time-pay rates for the accident medical plans and Dental Accident Plan are the same regardless of enrollment date. As such, you are encouraged to consider renollment now in order to include coverage for this summer and the full 2023-2024 School Year. Once processing is completed, and IC and verifying coverage will be mailed home to you.

If you have any questions concerning the coverages available or need help with enrollment, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish. Again, the website is www.myers-stevens.com

Chief Business & Financial Officer

Financial Services Officer

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Regresar a la pantalla estudiantil

La siguiente pantalla lo regresará a la pantalla original de "Matriculación Estudiantil". Verifique que el nuevo estudiante se muestre como "Finalizado".

- Si hay otros hermanos que agregar a la matriculación, haga clic en "Editar Inf. del Estudiante" para estudiantes que regresan o "Agregar Estudiante Nuevo" para un estudiante que nunca ha sido matriculado antes en LBUSD.
- Si no hay otros estudiantes que necesiten ser matriculados,haga clic en "Guardar y Continuar".

Students registering										
				First Name	Middle Name	Last Name	Gender	Grade	Status	1
💉 Edit student info	✓ Click here to exc	clude student		0		01				
X Remove from application				Sample		Student	Male	08	Complete	
+ Add New Student										
Irrent LBUSD students	do not need to re-en	roll for the next scl	hool year. Stu	dents are a	utomatically	enrolled for th	e next scho	ol year.		
urrent LBUSD students	do not need to re-en	roll for the next scl	hool year. Stu	dents are a	utomatically	enrolled for th	e next scho	ol year.		
urrent LBUSD students tudent List First Name	do not need to re-en Middle Name	roll for the next scl Last Name	hool year. Stu Gender	dents are a Grade	utomatically Notes	enrolled for th	e next scho	ol year.		
urrent LBUSD students tudent List First Name	do not need to re-en Middle Name	roll for the next scl	hool year. Stu Gender Male	dents are a Grade	Notes Student al	enrolled for th	e next scho active enro	ol year. Ilment for	this year	-
urrent LBUSD students tudent List First Name	do not need to re-en Middle Name	roll for the next sci	hool year. Stu Gender Male	dents are a Grade	Notes	enrolled for th	e next scho active enro	ol year. Ilment for	this year	
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urrent LBUSD students tudent List First Name	do not need to re-en Middle Name	Last Name	Gender Male	dents are a Grade	Notes Student al	enrolled for th	e next scho active enro	ol year.	this year	

Paso 14: Documentos

Suba todos los documentos requeridos para su estudiante.

Nota: Aún si sube los documentos, la escuela todavía necesitará ver los documentos originales en una fecha posterior.





Paso 14: Documentos, continuación

Se debe hacer clic en el botón "Descargar todos los documentos" para continuar. Esto descargará las respuestas a la Encuesta sobre el idioma del hogar de su estudiante que se respondió anteriormente en la solicitud.

Después de descargar, seleccione "Guardar y Continuar" para pasar a la siguiente página.

Student	Document
Sample Student	Home Language Survey
	Permanent Health History
Download All Documents	< Previous Save And Continue >



Paso 15: Revisar y enviar

Revise toda la información que se envió en la solicitud y realice los cambios necesarios.

REVIEW/SUBMIT

🖍 Review	
----------	--

Review allows you to confirm all data entered during the Registration process to ensure accuracy. When complete, press Submit below:

Status	Student	Grade Level	School Selection
Ready To Submit	Sample Student	08	1. Stephens Middle School
	< Previous	Review	

Paso 15: Revisar y enviar, continuación



Cuando termine de revisar y realizar los cambios (si corresponde), desplácese hasta la parte inferior de la página para seleccionar la opción "He revisado…" y, a continuación, seleccione "Enviar".

Bownload All Documents

have reviewed all registration data and verified that it is correct. I understand that I will still need to contact my child's school site to schedule a time to deliver hard copies of my documents even if they were uploaded here) in order to fully complete the registration process.





Paso 15: Revisar y enviar, continuación

Después de seleccionar "Enviar", aparecerá una ventana emergente. Seleccione "OK" para confirmar la matriculación.

Confirm
Pressing OK will submit the student Registration information for the school year. From this point on you will not be able to make any further changes to the Registration information in this portal; however, you may return to School of Choice-Incoming 6th, 9th Grade Residents to check the status of your submission.
OK Cancel

Congratulations. vou're done!

Registration

Status

Thank you! Your registration for a the school year for your child is now complete. Your application has been sent to the school. To check the status of your application, please log into your account. As soon as a decision is made, your account will be updated automatically. If you have additional questions, please contact your school of residence. Please note, that if your child is currently enrolled in LBUSD, your application will be denied. This process is only for new students to LBUSD, not reenrollments (students returning from last year).

The status of your registration(s) that are in progress can be found on the status page



Cómo revisar el estado de su solicitud

Revise el estado de la solicitud en cualquier momento al ingresar de nuevo en su cuenta.

El estado aparecerá como "Esperando" hasta que la escuela procese la solicitud.

 Status of Recent Registration Activity

 Online Registration

 Review
 Submitted: 9/21/2020 12:57 PM

 Status
 Last Name
 First Name
 Grade
 School Name

 Status
 Last Name
 First Name
 Grade
 School Name

 Waiting
 Smith
 Saily
 05
 MacArthur Elementary: Waiting

 You will be entering information for
 Online Registration
 Begin New Registration

Una vez que la solicitud esté procesada, el estado cambiará a "Aceptado" y el estudiante deberá reportarse a la escuela el primer día de clases.





¿Preguntas?

Si aún tiene preguntas adicionales, comuníquese con su escuela de residencia.

Contactos adicionales:

Para apoyo técnico para ParentVUE - Correo electrónico solamente	ParentSupport@lbschools.net
Primaria y Escuelas K-8 - Oficina del Distrito	562-997-8247
Escuelas Intermedias - Oficina del Distrito	562-997-8100
Escuelas Preparatorias - Oficina del Distrito	562-997-8115
Oficina de Elección de Escuela - Para estudiantes de nuevo ingreso al 6º y 9º grado escolar	562-997-8306