



Current UTK Families  
**DO NOT** need to re-  
enroll as students  
automatically roll up  
at their current school.

# UTK/KINDERGARTEN ENROLLMENT

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**JANUARY 20 – JANUARY 30, 2026**

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Enrollment for  
New District Residents Only...

# SCHOOL OF RESIDENCE

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**Home address determines school placement.**

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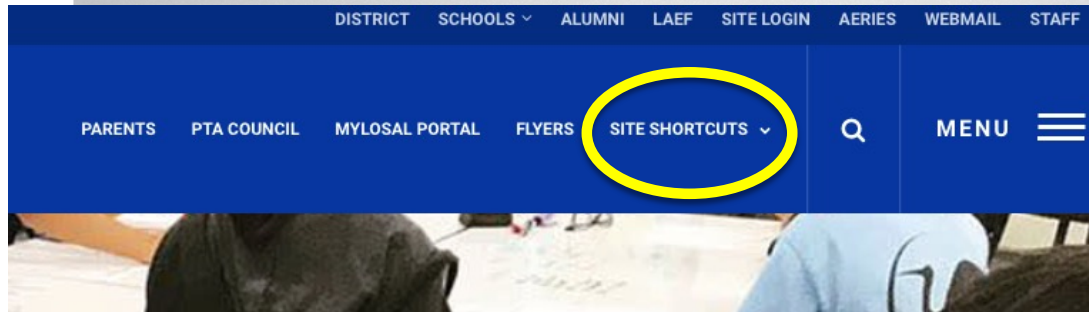
Traditional Calendar Schools (*August 12 – June 3*)  
**Hopkinson, LAE, Lee, McGaugh, Rossmoor**

Modified Calendar (*July 29 – June 3*)  
**Weaver Elementary School**  
(*Only Non-Boundary School*)



# SCHOOL LOCATOR

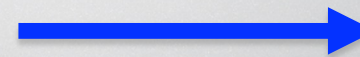
Home address determines school placement.



## Site Shortcuts

- [Board Agenda and Minutes](#)
- [Calendars](#)
- [District Priority Goals](#)
- [Enrollment](#)
- [Extended Day Care \(Before/After School Care\)](#)
- [Food Services and Breakfast/Lunch Menus](#)
- [Job Opportunities](#)
- [Mobile Device Policy](#)
- [Preschool/Child Development Center](#)
- [School Locator](#)
- [Transportation/Bus Application and Bus Routes](#)

Click here to locate your school of residence.



**WWW.LOSAL.ORG**

Enter your home address.



## Find Your School District and Nearby Schools

Enter an address to see district boundaries

[View legend](#)

Enter an address or click on the map to view your assigned districts, public schools, available private and charter schools.

Great Schools populates a list of schools that you may attend as a district resident. The schools are listed in *order* of your assigned location.

School rankings are not verified.



### Los Alamitos High School

10<sup>10</sup> GreatSchools Rating  
10 Test Score 10 College Readiness

High school Public district

This school supports strong academic outcomes for all students.

Assigned school in [Los Alamitos Unified School District](#)

Nearby homes at [Homes.com](#) [Show on Map](#)

### Sharon Christa McAuliffe Middle School

7<sup>10</sup> GreatSchools Rating  
6 Academic Progress 9 Test Score

Middle school Public district

This school supports strong academic outcomes for all students.

Assigned school in [Los Alamitos Unified School District](#)

Nearby homes at [Homes.com](#) [Show on Map](#)

### J. H. McGaugh Elementary School

7<sup>10</sup> GreatSchools Rating  
6 Academic Progress 9 Test Score

Elementary school Public district



# WHAT'S NEEDED TO ENROLL

- **Age Verification** (Copy of Birth Certificate/Record, Passport or Parent/Guardian Affidavit)
- **Photo Identification for Parent/Legal Guardian**
- **Up-to-Date Immunizations** (*Submit your current immunization record when you enroll; the full required kindergarten vaccines are not needed to initially enroll, but MUST be provided by May 30, 2026*)
  - Physical completed no earlier than February 2, 2026, for Weaver
  - Physical completed no earlier than February 16, 2026, for all other schools
- **Two forms of Verification of Proof of Residency:**
  - Mortgage Statement, Lease Agreement, Utility Bill
- **(2-3) Completed District Forms**



# STEPS FOR ENROLLMENT

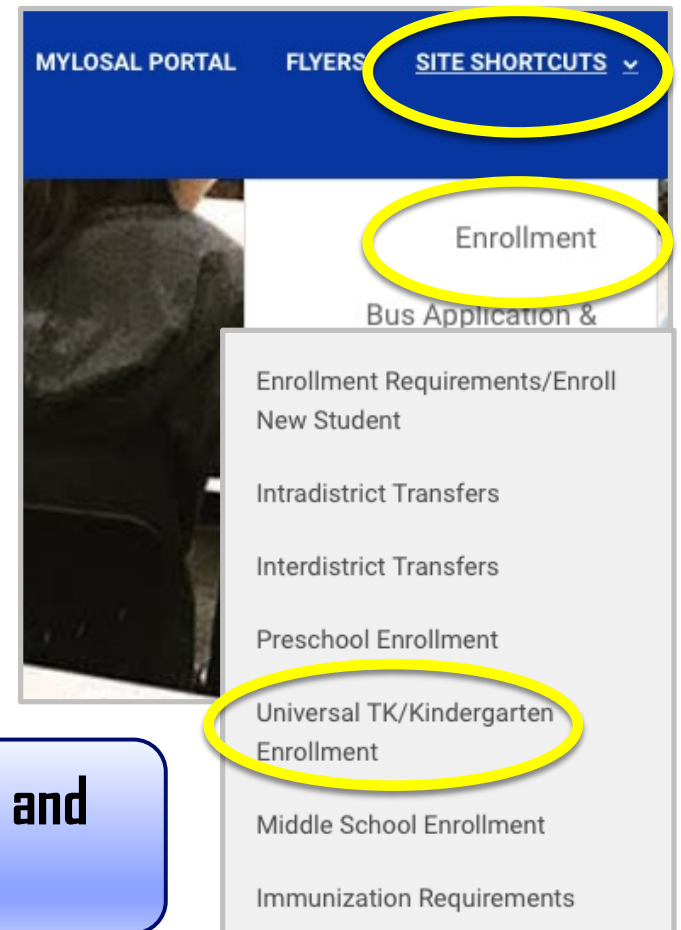
Log onto [www.losal.org](http://www.losal.org) and select the following to download and complete all forms:

1. Site Shortcuts
2. Enrollment
3. Universal TK/Kindergarten Enrollment

*(Hard copies available at school offices if needed.)*

- Oral Health Assessment Form
- Physical Health Assessment Form (Optional)
- Universal TK/Kindergarten Information Sheet

**The forms above must be printed, completed and submitted electronically.**





# ORAL HEALTH ASSESSMENT FORM

California Department of Public Health  
July 2022– Page 1 of 2

## Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31<sup>st</sup> of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

### Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP Code:	
School Name:	Teacher:	Grade:	Year child starts kindergarten:   Y   Y   Y   Y   Y
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Continued on Next Page



# PHYSICAL HEALTH ASSESSMENT FORM

- OPTIONAL -

State of California—Health and Human Services Agency Department of Health Care Services  
Child Health and Disability Prevention (CHDP) Program

### REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ BIRTH DATE—Month/Day/Year \_\_\_\_\_

ADDRESS—Number, Street \_\_\_\_\_ City \_\_\_\_\_ ZIP code \_\_\_\_\_ SCHOOL \_\_\_\_\_

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**  
NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**  
Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.  
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DT/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

**RESULTS AND RECOMMENDATIONS**  
Fill out if patient or guardian has signed the release of health information.

Examination shows no condition of concern to school program activities.

Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain) \_\_\_\_\_

**RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**  
I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_ Date \_\_\_\_\_

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.  
CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

PM 171 A (08/07) (8/11/14)



# UTK/KINDERGARTEN INFORMATION SHEET

Los Alamitos Unified School District  
**UNIVERSAL TRANSITIONAL KINDERGARTEN & KINDERGARTEN INFORMATION SHEET**

Dear Parent(s)/Guardian(s):

Your child will soon begin an exciting adventure in learning in Los Alamitos Unified School District. The Universal Transitional Kindergarten (UTK)/Kindergarten program will provide your child with many opportunities to develop social/emotional academic and physical skills. In order to design a program to meet your child's unique needs, we are asking for your help. Please take a few minutes to complete the following information:

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F  
(Please Print) First Last (Month/Day/Year)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

My child currently lives with: Mother  Father  Step Mother  Step Father  Other \_\_\_\_\_

1. What name do you want your child to be called at school? \_\_\_\_\_
2. Does your child prefer using right hand? \_\_\_\_\_ left hand? \_\_\_\_\_ or both? \_\_\_\_\_
3. What time does your child go to bed? \_\_\_\_\_ Arise? \_\_\_\_\_
4. Does your child dress himself/herself? \_\_\_\_\_
5. Has your child had frequent play experiences with other children? \_\_\_\_\_  
Same age \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_
6. What are your child's interests? (drawing, building, stories, music) \_\_\_\_\_  
\_\_\_\_\_
7. How would you describe your child's usual temperament at home? (e.g., happy, stubborn) \_\_\_\_\_  
\_\_\_\_\_
8. Names and ages of brothers and sisters. \_\_\_\_\_
9. List anything else about your child/family that would be beneficial to the teacher: \_\_\_\_\_  
\_\_\_\_\_
10. What was your child's first language? \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_
11. How does your child feel about coming to school? \_\_\_\_\_  
\_\_\_\_\_
12. Has your child attended preschool? \_\_\_\_\_ How many months? \_\_\_\_\_ How many hours weekly? \_\_\_\_\_  
Which preschool? \_\_\_\_\_
13. Does your child have any special health conditions? (e.g. vision, hearing, physical limitations, allergies, seizures, corrective shoes, medication, etc.) \_\_\_\_\_
14. Is there any other information that would help us better understand your child? \_\_\_\_\_  
\_\_\_\_\_
15. What do you hope your child will gain from this UTK/Kindergarten experience? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would be willing to volunteer in my child's classroom.  
\_\_\_\_\_ I would be willing to volunteer in my child's classroom and complete work at home.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# STEPS FOR ENROLLMENT

*- Continued -*

- Your home school will be assigned to you based on your address
- Complete all questions, upload documents, and submit
- Schools will contact families with next steps in Spring

Families interested in attending a school other than their home school, will need to follow additional steps to select an alternate school as their **"Preferred School"**. Since Weaver is a non-boundary school, all families interested in attending Weaver will need to select a "Preferred School".



# SELECTING A PREFERRED SCHOOL

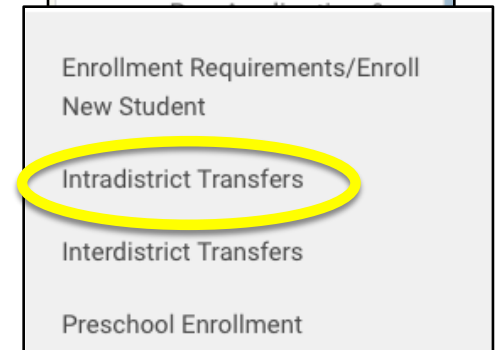
## *A School Other Than Your Home School*

**Step One:** Complete the home school enrollment process that was just reviewed

**Step Two:** Return to [losal.org](http://losal.org)

- **Site Shortcuts**
- **Enrollment**
- **Intradistrict Transfers**
- **Elementary Intradistrict Request Form**

- Complete all questions and submit before January 30, 2026
  - Transfers are accepted based on space availability
  - Parents will be contacted in March regarding status of transfer request



Intradistrict transfer requests that are received are considered until late July when enrollment is on a space availability basis. We cannot guarantee open enrollment requests.

[Elementary Intradistrict Request Form](#)

[Middle School Intradistrict Request Form](#)



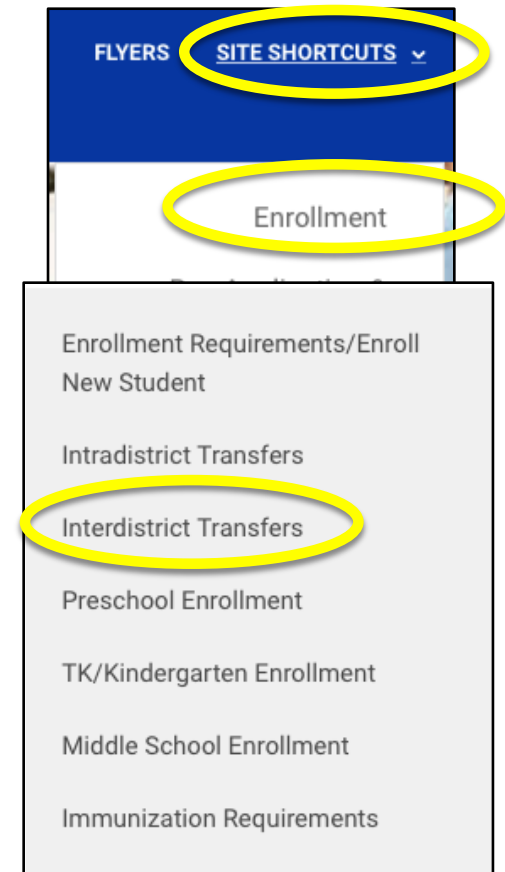
# INTERDISTRICT PERMIT PROCESS

**Step One:** Get released from your District of Residence

**Step Two:** Return to losal.org

- Site Shortcuts
- Enrollment
- Interdistrict Transfers

- Complete the online forms and submit remaining documents to [IDTRequest@losal.org](mailto:IDTRequest@losal.org)
- Parents/Guardians will be contacted in the Spring with an update on application status.
- Interdistrict transfer applications accepted beginning Monday, March 2, 2026





# INTERDISTRICT TRANSFER PROCESS

*for new students*

## **Step One:** Get released from your District of Residence

Returning students only need a renewal permit from home district when moving to 6th grade

- Contact your District of Residence

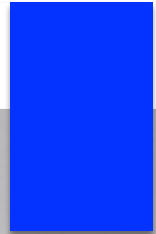
AND/OR

- Contact your School of Residence

(Admission to Los AI USD may be granted on a conditional basis, pending release from your district of residence)



# POSSIBLE "REASONS FOR REQUEST"



*Your request should be supported by a specific, distinguishing feature of Los Al USD.*

- Sibling currently attends Los Al school
- Continuing Enrollment (even from Preschool in Los Al)
- Childcare – compare hours and prices of home district
- Employment near Los Al schools
- Parent/Guardian is active Armed Forces
- STEM program with dedicated STEM teacher
- General music program TK-5
- Visual arts program TK-5
- LAEF Enrichment opportunities
- RULER: Social Emotional Learning program TK-5
- Wellness Counselors at every elementary site
- Unified school district that feeds to one high school



# INTERDISTRICT TRANSFER PROCESS



**Step Two:** Go to [losal.org](https://losal.org)

☐ Select “Transferring to Los Al USD”

- Complete the online forms and submit other documents via email to [IDTRequest@losal.org](mailto:IDTRequest@losal.org)



# INTERDISTRICT TRANSFER PROCESS

- Interdistrict transfer applications accepted beginning Monday, March 2, 2026
- Parents/Guardians will be contacted in late spring with an update on application status.



# INTERDISTRICT PERMIT WEBINAR

**LOS ALAMITOS UNIFIED SCHOOL DISTRICT**  
IGNITING UNLIMITED POSSIBILITIES  
ACADEMICS • ATHLETICS • ACTIVITIES • ARTS

**REGISTER NOW**  
[CLICK HERE](#)

**INTERDISTRICT TRANSFER INFORMATION WEBINAR**  
**JANUARY 29, 2026**

Discover why families choose Los Alamitos Unified School District. This Interdistrict Transfer Information Webinar offers an opportunity to explore our schools, learn about the transfer process, and hear directly from district staff. We look forward to welcoming your family and sharing how we prepare students for success.

**JANUARY 29, 2026** **6:00PM**

**REGISTER NOW** **WWW.LOSAL.ORG**

[www.losal.org](http://www.losal.org)