



## 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 <small>(IF DIFFERENT FROM ABOVE)</small>		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	
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		
WORK ADDRESS -- NUMBER		STREET				CITY				ZIP CODE		
CONTACT NUMBERS				Indicate which phone to call for each message type:*				EMAIL ADDRESS:				
HOME		EMERGENCY		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work								
CELL		ATTENDANCE		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work								
WORK		GENERAL INFO		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work								
TEXT		<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.										
<p><i>To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i></p>										FIRST NAME		
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE				
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE				
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE				
<p><i>List any other family members attending this school:</i></p>												
LAST NAME		FIRST NAME			HOME ROOM		GRADE	RELATIONSHIP				
LAST NAME		FIRST NAME			HOME ROOM		GRADE	RELATIONSHIP				
<p><b>MILITARY CONNECTED FAMILY:</b> In efforts to provide resources and support to military connected students and their families, please respond to the following:</p>				<p>Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Relationship to Student: _____</p>				<p>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</p>				
<p><b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b></p>												
<p>The undersigned, as parent/legal guardian of, _____ a minor, <span style="display: block; text-align: center; font-size: small;"><i>(Print name of the student here)</i></span></p> <p>hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.</p>												
<p><b>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".</b></p>												
<p>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p>												
<p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p>												
1. PRIVATE HEALTH INSURANCE NAME				GROUP NO.		2. PRIVATE HEALTH INSURANCE NAME <small>(If covered under more than one plan)</small>				GROUP NO.		
NAME OF DOCTOR / MEDICAL OFFICE						PHONE NUMBER OF DOCTOR / MEDICAL OFFICE						
<p><small>*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.</small></p>												
<p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p>												
<p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p>												
<p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p>												
<p>X SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN CAREGIVER (AFFIDAVIT)</p>									<p>DATE _____</p>			

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



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.

1. Name of Pupil (please print)

[Empty box for Name of Pupil]

2. Birthdate (please print)

[Empty box for Birthdate]

3. Name of Parent (please print)

[Empty box for Name of Parent]

- 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

[Empty box for Signature]

5. Date Signed

[Empty box for Date Signed]

6. Address (Number, Street, Apartment Number)

[Empty box for Address]

7. City

[Empty box for City]

8. State

[Empty box for State]

9. Zip Code

[Empty box for Zip Code]

10. Telephone

[Empty box for Telephone]

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

11. Principal

Ms. Judy Carrillo

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

12. School

ACADEMY FOR ENRICHED SCIENCES

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 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					
<i>If yes, forward a copy of SHQ to school's academic counselor for AB1806 eligibility.</i>					

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



YES  NO



*If you answered "NO" to this question, please STOP and sign below. If you answered "YES", complete the remainder of the form.*

**CHECK (✓) ONE OF THE NIGHTTIME RESIDENCE OPTIONS THAT BEST DESCRIBES YOUR CURRENT LIVING SITUATION DUE TO THE LOSS OF HOUSING:**

Shelter (ex. Homeless, Domestic Violence...etc) Name:	Motel or Hotel Name:
Garage (unconverted)	Car, trailer, or campsite
Temporarily in another family's house or apartment	Temporarily with an adult that is not the parent or guardian
Transitional Housing Program Name:	Trailer/motor home on private property
Other places <u>NOT</u> designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____	

**Is the student in need of services?  YES  NO**

If yes, please check the services being requested.

Backpack/School Supplies      Hygiene Kits      Transportation Assistance \*

**\*If you are requesting transportation assistance, please read and sign the affidavit below:**

I need assistance from LAUSD, as I have no alternate means to deliver my child to school. I agree to have my child attend school every day and on time. I also agree to notify the District if our situation changes or we no longer require this assistance. I understand that my child must meet the eligibility criteria for transportation assistance and I must comply with sign-in and supervision requirements.

**If transportation is denied, the School-Site Homeless Liaison will be notified. Parent/Guardian can appeal.**

Parent/Guardian's Initials:      Date: \_\_\_\_\_

**Is the student in need of a referral for additional resource(s)?  YES  NO**

If yes, please check the referral(s) being requested.

Clothing Assistance: Shoes, Clothing, Uniforms     Tutoring     Housing Referrals     Assistance for a Parenting Teen

**\*\*\*Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)\*\*\***

**Your Designated School Site Homeless Liaison is:**

Name	Title	Phone	E-mail
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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, please fax to (213) 580-6551 OR scan and email SHQ to your corresponding Local District: shqldc@lausd.net, shqldc@lausd.net, shqldne@lausd.net, shqldnw@lausd.net, shqlds@lausd.net, or shqldw@lausd.net
- ✓ **SHQ MUST** be kept in a **CONFIDENTIAL** file, which is separate from the permanent student record (this form must NOT be placed in the cumulative file).



# Los Angeles Unified School District

## Responsible Use Policy (RUP) for District Computer Systems

### Information for Students and Families

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#### **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

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**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

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**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.*



## **FINANCIAL RESPONSIBILITY FOR DAMAGED SCHOOL PROPERTY**

Dear Parents/Guardians:

This letter is to inform you of your legal responsibility regarding loss or damage of school property belonging to the Los Angeles Unified School District (District). California Education Code section 48904 states that the parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any real or personal property of the District or its employees shall be liable for all damages caused by the minor up to \$19,100, increased annually for inflation. District property includes, but is not limited to, buildings and grounds, as well as instructional materials, library books, computers, devices, shop materials, physical education clothes, and sports equipment. A parent or guardian is liable to the District for all District property loaned to a minor and not returned upon demand.

We will discuss the meaning of this responsibility with all students. We need your help to ensure that District property is kept in good condition and that loaned items are returned to school upon demand. Parents are expected to pay the replacement or repair cost for any lost or damaged District property due to the student's carelessness and negligence. The school is legally authorized to withhold the grades, diploma, and transcripts of students, or to deny participation in school activities that are deemed privileges (e.g. culmination/graduation ceremonies, dances, interscholastic sports, student body office, or other local school activities) until the obligation is cleared.

The following are ways to help your student understand this responsibility:

- Model careful handling of instructional materials, library books, devices, and other school property.
- Help students find a safe place to keep books during the borrowing period.
- Inform students that vandalism is not only a crime, but parents or guardians may be held financially responsible for the damage.

We look forward to a successful school year with your student.

Sincerely,

*Judy Carrillo*  
Principal

**THE ACADEMY FOR ENRICHED SCIENCES**

**STUDENT LIBRARY PERMISSION SLIP**

Dear Parents/Guardians,

Using our school library is a privilege that can be enjoyed by your child. However, there are a few important rules that must be followed. Please go over these rules with your child and return the signed tear-off to the office.

1. A limit of three (3) books may be checked out.
2. A book may be checked out for two (2) weeks. Books are to be returned on or before the due date.
3. Books may be renewed twice. Your child must bring the book to the library to renew it.
4. If there is an overdue book still outstanding, your child will not be able to check out another book until that overdue book is returned.
5. If a book is lost or damaged, you will be responsible for the cost of replacing the book. The replacement fee will be \$20 or higher.  
\*\*\*Please note that a purchased book cannot be accepted as a replacement due to LAUSD library book processing.
6. When a book is late, your child will receive an overdue notice as a reminder to return the book. A second *overdue* notice will be issued if the book is two weeks overdue. A letter will go home after the 2<sup>nd</sup> notice.

-----Tear-off-----

My child has my permission to be issued school library privileges. I understand that I am responsible for all books checked out to my child. We agree to pay for the cost of any books that are lost or damaged.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Room Number