August 20, 2019

Dear Parents,

To support a safe school with communication and shared accountability, please read, initial, and sign this page and return it with all forms that are indicated in section "A" to the ADVISORY teacher by August 23, 2019. All documents are available in the LAUSD PARENT PORTAL and a handbook will be sent home when they are delivered to the school. For more details of LAUSD policies and guidelines please go to the Parent Student Handbook Link:


(A) Return these 3 or 4 forms completed & signed:
1. This page with required signature & and initials
2. Emergency Card
3. Parent/Guardian Publicity Authorization
4. Homeless Education (if necessary)
5. Rules concerning Use of Loaned Computing Devices
6. Responsible and Acceptable Use Policy for Technology

(B) Student and Parent/Guardian, please read and initial each of the following statements:
- I have read, understand, and will abide by the Attendance Policy. The District goal for each student is 96% or better attendance, which is 7 or fewer absences.
- I have read, understand, and will abide by the Metal Detection Policy. To ensure an effective learning environment by maintaining a safe and secure campus, secondary schools are authorized to implement random metal detector searches.
- Lockers are a privilege and not a requirement of enrollment. I have read, understand, and will abide by the Locker Policy (Bulletin 5424.2). A minimum of ten (ERHS) lockers are searched daily to maintain a safe campus.
- I have read, understand, and will abide by LAUSD's Dress Code, "All students shall be required to show proper attention to personal cleanliness, health, neatness, safety, appearance and suitability of clothing for school activities".
- I have read, understand, and will abide by the School Wide Positive Behavior Support & Intervention Plan, wherein, "The Los Angeles Unified School District is committed to providing safe and healthy school environments that support all students in every aspect of their well-being".
- I have read, understand, and will abide by the Family Educational Rights and Privacy Act; "The general rule is that Confidential Student Information may not be released without written consent from a parent or legal guardian".
- I have read and understand the Grade Change Appeals Process.

Acknowledgement of Submission of Items in Section A and understanding of Section B:
Our family registered in LAUSD PARENT PORTAL. Yes ___ No ___
Our family submitted the Lunch Application. Yes ___ No ___ Confirmation # __________

Student Name (print) ___________________________ Grade __________ SSID __________

Student (signature) ___________________________ Date __________

Parent / Guardian (print) ______________________

Parent / Guardian (signature) ____________________ Date __________

*Homeroom Teachers- Please submit all of your student's required forms with this page to the Attendance Office on August 23rd.
Agosto 20, 2019

Estimados Padres,

Para tener una escuela segura con comunicación y contabilidad compartida por favor lea, inicie y firme esta página y regrese con todas las formas que son indicadas en la sección “A” a la maestra/o de la clase del “advisory” antes del 22 de agosto del 2019. Todos los documentos están disponibles en “PARENT PORTAL” dentro de LAUSD y el manual de los estudiantes será mandado a casa cuando estén disponibles. Para más detalles sobre las pólizas escolares por favor valla al “Parent Student Handbook Link”: https://achiever.lausd.net/cms/lib/CA01000064/Centricity/Domain/3171/24359_OSO_Prmi3I3n1Hn3dk1816_eng.pdf

(A) Regrese estas 304 formas completas y firmadas:
1. Esta forma requiere iniciales y firmas
2. Tarjeta de Emergencia
3. Forma de autorización de Publicidad
4. Cuestionario Sobre la Residencia Estudiantil (si es necesario)
5. Reglas sobre el uso de computadoras
6. Póliza de Uso Responsable y aceptable de tecnología.

(B) Estudiantes y padres/ Guardianes, por favor lean y pongan sus iniciales las siguientes oraciones:
- He leído, entiendo y seguiré la póliza de asistencia. La meta del distrito para cada estudiante es del 96% o mejor de asistencia que significa 7 o menos ausencias.
- He leído, entiendo y seguiré la póliza de Detección de Metales. Para mantener un plantel libre y seguro para un aprendizaje efectivo. Las escuelas secundarias están autorizadas para implementar revisión al azar de metales.
- Los “lockers” son un privilegio y no un requerimiento al registrarse. He leído, entiendo y seguiré la póliza de “lockers”. (Boletín 5424.2). Por lo menos 10 “lockers” en [ERHS] “lockers” son revisados todos los días para mantener una escuela segura.
- He leído, entiendo y seguiré el código vestir. Todos los estudiantes serán requeridos de mostrar atención a su cuidado personal, salud, seguridad, apariencia y vestuario apropiado para las actividades escolares.
- He leído, entiendo y seguiré el código de disciplina. El Distrito Unificado de Los Ángeles está comprometido a proveer un medioambiente seguro y saludable que apoye a todos los estudiantes en todos los aspectos de su bien estar.
- He leído, entiendo y seguiré la póliza de derechos y privacidad familiar. La regla general es que información confidencial del estudiante no será dado a nadie sin el consentimiento por escrito de los padres o guardianes.

Entregamos y entendemos todos los documentos en la sección A y B:

Nuestra familia se registró en LAUSD “PARENT PORTAL”. Sí ___ No ___
Nuestra familia entregó la solicitud del almuerzo. Sí ___ No ___

Nombre del Estudiante (molde) __________________________________________________________________________Grado ______ SSID __________

Estudiante (firma) ________________________________________________________________________________ Fecha ______________

Padres / Guardián (en molde) __________________________________________________________________________

Padre / Guardián (firma) ________________________________________________________________________

*Homeroom Teachers- Please submit all of your student’s required forms with this page to the Attendance Office on August 23rd.
**Los Angeles Unified School District**

**Student Emergency Information Form**

**2019-2020**

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.

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First Name</th>
<th>M.L.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Male</th>
<th>Female</th>
<th>Grade</th>
<th>Home Language</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student's Home Address -- Number</th>
<th>Street</th>
<th>APT #</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address -- Number (If Different From Above)</th>
<th>Street</th>
<th>APT #</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent's / Legal Guardian's Last Name</th>
<th>First Name</th>
<th>Relationship To Student</th>
<th>Lives With?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work Address -- Number</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Numbers</th>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
<th>Text</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Indicate which phone to call for each message type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work Address -- Number</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
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</table>

<table>
<thead>
<tr>
<th>Contact Numbers</th>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
<th>Text</th>
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</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Indicate which phone to call for each message type:</th>
</tr>
</thead>
</table>

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:

**List any other family members attending this school:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Home Room</th>
<th>Grade</th>
<th>Relationship</th>
</tr>
</thead>
</table>

**Military Connected Family:** In efforts to provide resources and support to military connected students and their families, please respond to the following:

<table>
<thead>
<tr>
<th>Immediate Family Member in the Military (Active Duty, Guard, Reserve, or Veteran):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Deployed:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Military Branch:</td>
<td>Active Duty, Guard, Reserve, Veteran, Deceased</td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td>Active Duty, Guard, Reserve, Veteran, Deceased</td>
<td></td>
</tr>
</tbody>
</table>

**Authorization for Emergency Medical Treatment:**

The undersigned, as parent/legal guardian of

(Print name of the student here)

hereby authorize(s) (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 treatment, of 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 49047 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 or medical care, hospitalization, and any transportation, X-ray, or treatment provided in connection to this authorization shall be my sole responsibility as the student's parent/guardian.

**Health Alerts:** List any medical condition which restricts physical activity or requires special attention, include conditions such as asthma and allergies such as peanut and tree stings. If none, please indicate "none".

**Does the Student Have Health Insurance?** (Check One) [ ] Yes [ ] No* If "Yes": [ ] Private Health Insurance [ ] Medi-Cal [ ] Healthy Families

**Medical / Healthy Families ID Number:**

1. Private Health Insurance Name | Group No. |
----------------------------------|----------|
2. Private Health Insurance Name (If covered under more than one plan) | Group No. |

**Name of Doctor / Medical Office:**

<table>
<thead>
<tr>
<th>Phone Number of Doctor / Medical Office</th>
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</table>

*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 (866) 442-2273.

**My Child is Allergic to the Following Medications:**

**My Child Currently Takes the Following Medications:**

I certify that I have read and understood this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.

X Date

Signature of: [ ] Parent [ ] Legal Guardian [ ] Caregiver (Affidavit)

*Selected telephone number must be a direct dial number (no extensions).
### Formulario Estudiantil de Información para Emergencias

**Distrito Escolar Unificado de Los Ángeles**

**2019-2020**

**Español**

**Información para Padres:** Favor de llenar este formulario por completo y firmarlo en la sección indicada. En caso de una emergencia grave, las normas del distrito escolar requieren mantener a los alumnos en la escuela por su seguridad. El personal escolar será esta formulario cuando los alumnos sean permitidos volver a casa. Favor de llenar electrónicamente o con letra de mano clara y entregar el formulario completo a la escuela.

<table>
<thead>
<tr>
<th>APELLIDO DEL ALUMNO</th>
<th>NOMBRE</th>
<th>FECHA DE NACIMIENTO</th>
<th>GRADO</th>
<th>IDIOMA QUE SE HABLA EN CASA</th>
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<thead>
<tr>
<th>DOMICILIO DEL ALUMNO</th>
<th>NÚMERO</th>
<th>CALLE</th>
<th>APT #</th>
<th>CIUDAD</th>
<th>CÓDIGO POSTAL</th>
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<table>
<thead>
<tr>
<th>APELLIDO DEL PADRE/TUTOR LEGAL</th>
<th>NOMBRE</th>
<th>PARENTESCO AL ALUMNO</th>
<th>VIVE CON EL ALUMNO</th>
</tr>
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<table>
<thead>
<tr>
<th>DIRECCIÓN DEL TRABAJO</th>
<th>CALLE</th>
<th>CIUDAD</th>
<th>CÓDIGO POSTAL</th>
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**Números telefónicos de contacto:** Indicar a qué número llamar para cada tipo de mensaje.

<table>
<thead>
<tr>
<th>NÚMERO</th>
<th>TIPO</th>
<th>CORREO ELECTRÓNICO</th>
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</table>

**Director:** En caso de no localizarme durante una emergencia, le autorizo a contactar y, de ser necesario, entregarle a mi niño a cualquiera de las siguientes personas:

<table>
<thead>
<tr>
<th>NOMBRE</th>
<th>PARENTESCO</th>
<th>TEL. DEL HOGAR</th>
<th>TEL. DE CELULAR</th>
<th>TEL. DEL TRABAJO</th>
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<th>TEL. DE CELULAR</th>
<th>TEL. DEL TRABAJO</th>
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**FAMILIA CON NEXOS MILITARES:** A fin de proporcionar recursos y apoyo a alumnos y a sus familias con nexos militares, favor de contestar las siguientes secciones.

<table>
<thead>
<tr>
<th>APELLIDO</th>
<th>NOMBRE</th>
<th>SALÓN PRINCIPAL</th>
<th>GRADO ESCOLAR</th>
<th>PARENTESCO</th>
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**AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA**

El abajo firmante, como padrino/tutor legal de:

<table>
<thead>
<tr>
<th>NOMBRE</th>
<th>SALÓN PRINCIPAL</th>
<th>GRADO ESCOLAR</th>
<th>PARENTESCO</th>
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por medio de presente autoriza al director o persona designada, habilitándose encomendando el cuidado del alumno, a acceder a cualquier análisis con radiografía, anestesia, diagnóstico médico o quirúrgico, tratamiento y/o atención en el hospital para el alumno, según lo especifique un médico acreditado y/o dentista. Estoy al tanto de que esta autorización se extiende antes de cualquier diagnóstico, tratamiento o atención en el hospital necesaria y durante la autoridad y facultad al Distrito Escolar Unificado de Los Ángeles ("Distrito") de dar consentimiento a todo y cualquier diagnóstico, tratamiento, o atención en hospital con un médico acreditado o diente conforme su determinación. Esta autorización se extiende de acuerdo con el Artículo 49182 del Código de Educación de California, y seguido en vigencia hasta que se renueve por escrito y dicha revocación se entregue al Distrito. Entiendo que el Distrito, sus funcionarios y empleados no asumen responsabilidad de cualquier índole en relación con el tratamiento del alumno. También estás al tanto de que el costo de transporte de parámetros, hospitalización, análisis, radiografías, o tratamiento que se proporcione en esta autorización será responsabilidad exclusivamente mía, con el padrino/tutor del alumno.

**ALERTA DE SALUD:** Incluir cualquier condición médica del alumno que limite actividad física o requiera atención especial. Incluir condiciones tales como asma e alergias (por ejemplo: al avena, a nicaragua, a picaduras de abejas). Si el alumno no presenta ninguna condición indicar "ninguna".

<table>
<thead>
<tr>
<th>INDICAR SI EL ALUMNO TIENE SEGURIDAD MÉDICO (Márcar uno)</th>
<th>Sí</th>
<th>No</th>
<th>Si respondió &quot;Sí&quot; Indique:</th>
<th>Seguro médico Particular</th>
<th>Medi-Cal</th>
<th>Healthy Families</th>
</tr>
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<tbody>
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<tr>
<th>NOMBRE DEL DOCTOR/CLÍNICA</th>
<th>GRUPO #</th>
<th>NOMBRE DEL DOCTOR/CLÍNICA</th>
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**NÚMERO DEL DOCTOR/CLÍNICA:**

<table>
<thead>
<tr>
<th>NOMBRE DEL DOCTOR/CLÍNICA</th>
<th>GRUPO #</th>
<th>NOMBRE DEL DOCTOR/CLÍNICA</th>
</tr>
</thead>
<tbody>
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**Indicar cualquier otro miembro de la familia que asista a esta escuela:**

<table>
<thead>
<tr>
<th>APELLIDO</th>
<th>NOMBRE</th>
<th>SALÓN PRINCIPAL</th>
<th>GRADO ESCOLAR</th>
<th>PARENTESCO</th>
</tr>
</thead>
<tbody>
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<th>GRADO ESCOLAR</th>
<th>PARENTESCO</th>
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</tbody>
</table>

**MÍ HIJO ES ALÉRGICO A LOS SIGUIENTES MEDICAMENTOS:**

<table>
<thead>
<tr>
<th>MÍ HIJO ACTUALMENTE TOMA LOS SIGUIENTES MEDICAMENTOS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| HAGO CONSTAR QUE LEY Y ENTENDÍ ESTE FORMULARIO Y OTORGÓ MI AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA, Y QUE TODA LA INFORMACIÓN QUE PROPORCIONE EN ESTE FORMULARIO ES VERDAD Y CORRECTA. |

<table>
<thead>
<tr>
<th>X</th>
<th>FECHA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*El número telefónico seleccionado debe ser de línea de marcado directo (no extensiones)*

**Firma de:** (MARCAR UNO) | [ ] PADRE | [ ] TUTOR LEGAL | PERSONA A CARGO DEL CUIDADO (DECLARACIÓN JURADA)

**Fecha:**

**Garega mayo 2014**

---

**Nota:**

- El número telefónico seleccionado debe ser de línea de marcado directo (no extensiones).
- La firma de la persona a cargo del cuidado debe ser escrita de manera clara y legible.
- La fecha debe ser registrada correctamente.
- La información sobre el tratamiento médico y alergias debe ser detallada y precisa.
- La autorización debe ser completada por el padre o tutor legal del alumno.
Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as “Recordings”), for the purposes stated or related to the above.

b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil’s parent or guardian.

c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

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

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

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

11. Principal

12. School

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

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications and Media Relations.
Estimado(a) padre, madre, tutor o tutora:

El Distrito Escolar Unificado de Los Ángeles requiere de su permiso para reproducir por medios impresos, auditivos, visuales o electrónicos las actividades en las cuales su hijo(a) ha participado dentro de su programa educativo. Su autorización nos permitirá usar materiales especialmente preparados para: (1) preparar maestros y/o (2) aumentar la diseminación de información al público y promover la continuación y mejoramiento de los programas educativos mediante el uso de los medios masivos de comunicación, exhibidores, folletos, páginas web, redes sociales, foros web de diálogo (blogs) y publicaciones relacionadas con el distrito.

1. **Nombre y apellido del (de la) estudiante** (escriba por favor en letra de molde)

2. **Fecha de nacimiento** (escriba por favor en letra de molde)

3. **Nombre y apellido del padre o la madre** (escriba por favor en letra de molde)

a. Yo, como padre, madre, tutor o tutora del (de la) alumno(a) antes mencionado(a) doy mi autorización plena y concédola a Distrito Escolar Unificado de Los Ángeles y a sus representantes autorizados el derecho para imprimir, fotografiar, grabar y editar - según lo desee - la información biográfica, el nombre y apellido, las imágenes, las similídues, o la voz del (de la) alumno(a) antes mencionado(a), en forma auditiva, en videoconferencias, en filmes, en diapositivas, en cualquier otra forma electrónica o en formatos impresos que actualmente se desarrollan (se les conoce como “Grabaciones”), para los propósitos antes mencionados y declarados.

b. Entiendo y estoy de acuerdo en que el uso de tales Grabaciones se dará sin compensación alguna para los estudiantes, sus padres o sus tutores.

c. Entiendo y estoy de acuerdo en que el Distrito Escolar Unificado de Los Ángeles o sus representantes autorizados tendrán el derecho exclusivo, el título, el interés e inclusive el derecho de autor de las Grabaciones.

d. Entiendo y estoy de acuerdo en que el Distrito Escolar Unificado de Los Ángeles o sus representantes autorizados tendrán el derecho ilimitado y el de utilizar la información para cualesquier de sus objetivos declarados o relacionados con lo antes mencionado.

e. Por la presente exonero de toda responsabilidad civil al Distrito Escolar Unificado de Los Ángeles y a sus representantes autorizados por la totalidad y cada una de las demandas, reclamos, daños y perjuicios, costos o gastos, incluso los honorarios de los abogados, que presenten los alumnos, sus padres o sus tutores en lo relacionado a lo que se haya suscitado o pudiera surgir por cualquier uso de estas Grabaciones, conforme se especificó antes.

Mi firma muestra que he leído y que entiendo esta exoneración de toda responsabilidad civil, y estoy de acuerdo en aceptar sus disposiciones.

4. **Firma del padre, la madre, el tutor o la tutora**

5. **Fecha en que se firmó**

6. **Domicilio (Número de la calle, calle, número de apartamento)**

7. **Ciudad**

8. **Estado**

9. **Código postal**

10. **Teléfono**

El conceder su permiso es de carácter voluntario. Sirvase devolver a la escuela el formulario lleno.

11. **Director(a)**

12. **Escuela**

129359mv. Translated by the LAUSD Translations Unit (Spanish)
STUDENT RESIDENCY QUESTIONNAIRE

The McKinney-Vento Homeless Assistance Act, part of Every Student Succeeds Act (ESSA), entitles all homeless school-aged children access to the same free, appropriate public education that is provided to non-homeless youth. Schools are required to remove barriers to the enrollment, attendance, and success of homeless students in school. To determine eligibility please complete this form. For additional information, please contact the Homeless Education Program at (213) 202-7581.

School: ____________________________________________ Local District: ____________________________________________
Student First Name: ___________________________ M.I.: _______ Last Name: ___________________________ D.O.B.: _______
□ Male □ Female
Grade: ___________________ STUDENT DISTRICT ID NUMBER __________________________
Address: __________________________________ Apt #: _______ City: __________________________ Zip Code: _______ —________
Parent/Guardian Name: ___________________________________________ Contact Number: __________________________

□ Yes □ No Is the student a teen parent? □ Yes □ No Is the student an unaccompanied youth? □ Yes □ No Is the student a runaway?

Has the student transferred schools any time after completing the second year of High School? □ Yes □ No
If Yes, forward copy of SRQ to academic counselor for AB1806 eligibility.

CHECK THE ONE OPTION THAT BEST DESCRIBES YOUR NIGHT TIME RESIDENCE:

□ In a shelter (name of shelter) ____________________________________________
□ In a motel or hotel (name of motel/hotel) ____________________________________________
□ In a transitional housing program (name of program) __________________________
□ In a car, trailer or campsite, temporarily due to inadequate housing ____________________________________________
□ In a trailer/motor home on private property ____________________________________________
□ In a garage due to loss of housing ____________________________________________
□ Temporarily in another family’s house or apartment due to loss of housing, due to financial problems (e.g. loss of job, eviction, or natural disaster) ____________________________________________
□ Temporarily with an adult that is not the parent/legal guardian due to loss of housing ____________________________________________
□ Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (explain): ____________________________________________

□ NONE OF THE ABOVE APPLY – NO FURTHER INFORMATION REQUIRED AT THIS TIME.
*If your housing situation changes, please notify your child’s school.

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: ___________________________

UPON RECEIPT, FAX BOTH SIDES TO HOMELESS EDUCATION PROGRAM 213-580-6551

****COMPLETE REVERSE SIDE****
All school aged siblings must have a separate SRQ and be identified in MISIS to receive services. List all siblings between the ages of birth and 22 years old.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
</table>

Please check areas of need, if any (homeless school site liaison may be able to facilitate referral to some of these resources):
- Backpack/School Supplies
- Clothing Assistance (Shoes, Clothing, Uniforms)
- Tutoring
- Transportation Assistance
- Hygiene Kits
- Assistance for a Homeless Teen Parent
- No Services Requested

***IF YOU ARE REQUESTING TRANSPORTATION ASSISTANCE, 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.

Parent/Guardian’s Signature: ___________________________ Date: __________

ATTENTION SCHOOL SITE HOMELESS LIAISON

The School Site Homeless Liaison shall provide needed referrals for school clothing/uniforms, tutoring, counseling, medical/dental/health, and food pantries. If you need assistance with referrals, please refer to the Homeless Liaison Training Manual. The liaison is responsible for arranging the pick up of resources provided for homeless students by the Homeless Education Program. For additional assistance and resources such as temporary housing, families can be referred to 211 which is accessible 24 hours a day in all languages.

The Homeless Liaison Training Manual and other resources can be found at: http://homelesseducation.lausd.net

School Site Homeless Liaison:

Name: ____________________ Title: ______ Phone: _______ E-mail: _______

SCHOOLS PLEASE NOTE:

✓ The Student Residency Questionnaire (SRQ) must be kept in a confidential file, which is separate from the Permanent Student Record (DO NOT PLACE THIS FORM IN CUMULATIVE FILE).

✓ For any choices except none of the above applies, please fax this form (both sides) to the Homeless Education Program at (213) 580-6551.

(For Homeless Education Program Use Only)

1. Student is living within his/her school’s residence boundaries? □ NO □ YES - If yes, student does not qualify for transportation assistance.

2. Student is eligible for transportation? □ NO □ YES

Transportation Request Processed by __________________ Date __________

If transportation is denied, a denial letter will be sent to the School-Site Homeless Liaison. Parent/guardian can appeal.

BUL-6718.0
Student Health and Human Services

Page 1 of 2

August 8, 2016
PARENT and STUDENT NOTIFICATION

Rules Concerning Use of Loaned Computing Devices (i.e., Tablets, Laptops) and Related Accessories Assigned to Students

Student Last Name (PRINT)    Student First Name (PRINT)    Grade    Student ID Number    Date

Parent/Guardian Last Name (PRINT)    Parent/Guardian First Name (PRINT)

I am being issued a Los Angeles Unified School District (LAUSD) computing Device and related accessories. I agree to keep it safe and well maintained. I will follow the guidelines for care of the Device as explained below.

SECURITY
1. I will know where my assigned Device is at all times.
2. I will never leave my assigned Device unattended.
3. I will secure my assigned Device when I am participating in PE by putting it in my locker or other secure location, unless instructed to bring the Device to PE class by the teacher.
4. I will never loan my assigned Device to anyone.
5. I will realize that security devices have been installed on the assigned Device that permit tracking and that usage will be monitored.
6. I will, at all times, keep myself safe and will use the Device only in areas where I can keep myself and the Device safe.

(Student and Parent initial here)

CARE
7. I understand that the Device assigned may include a protective case that is to remain on the Device at all times. This case may not be removed or replaced.
8. I will protect the screen from scratches.
9. I will keep food and beverages away from my assigned Device since they may cause damage to it.
10. I will not mark, draw, write or place unapproved stickers on the Device or case.
11. I will not disassemble or attempt any repairs on any part of my assigned Device. Doing so will void the Device's warranty.
12. If damage occurs, including, but not limited to, scratches, cracks or dents, I will report the damage to the school administration within 24 hours or as soon as possible thereafter.
13. In the case of theft or vandalism, I will file a police report and notify school administration within 24 hours or as soon as possible thereafter.

(Student and Parent initial here)

USAGE
14. I will follow the LAUSD Responsible Use Policy (RUP) for use of LAUSD computers and network systems.
15. I will not reformat the Device, tamper with its security settings, or change its operating system (e.g., iOS for Apple Devices).
16. I will adhere to all applicable copyright and software license agreements that forbid downloading of media and software that has not been legally acquired.
17. I will not engage in any harassment or acts of intimidation (cyber-bullying) in an attempt to harm other people using my assigned Device or any other electronic device.

(Student and Parent initial here)

RESPONSIBILITY
18. I understand that my assigned Device is subject to inspection by any staff member, teacher or administrator at the school, at any time and without notice. I further understand that the Device remains the property of LAUSD.
19. I agree to return the Device, related accessories and Device case in good working condition (with the exception of normal wear and tear) immediately upon request by LAUSD.
20. I will return the assigned Device to my school administrator (or designee) at the end of each school year. If I withdraw, am expelled, or terminate enrollment at my school for any reason, I will return the assigned Device and accessories on the date of termination to the school's administrator.
21. I have completed the Digital Citizenship lessons.

(Student and Parent initial here)

ITI 2019-01-05
PARENT/GUARDIAN ACKNOWLEDGEMENT  
(Devices Stay at Schools)  
Responsibility for Loaned Computing Devices Assigned to Students

This document informs you of your legal responsibility with regard to the device and its related accessories, which may include case, keyboard cable and battery charger ("Loaned Equipment") described below, that the Los Angeles Unified School District ("LAUSD") is loaning to your child.

LAUSD may hold liable a parent or guardian of any minor who willfully cuts, defaces, or otherwise injures any property of LAUSD, or fails to return any property of LAUSD upon demand of LAUSD, for all damages caused by the minor. (See, District Bulletin BUL-5509.2, Restitution Procedures for the Loss or Damage of School Property, dated March 7, 2017 California Education Code §48904.) LAUSD property includes the Loaned Equipment, which may have a value of up to $700 for tablets and $1,300 for laptops.

* I agree to the Security, Care, Usage and Responsibility conditions listed in the “Rules Concerning Use of Loaned Devices (i.e., Tablets or Laptops) Assigned to Students” ("Rules"), on the previous page. My child’s failure to abide by the Rules, thereby resulting in damage to or loss of the Device, may be considered a willful act for which I am liable, subject to the following due process procedures set forth in Bulletin BUL-5509.2:

  1. LAUSD shall inform parent or guardian immediately in writing after any alleged loss which gives rise to an obligation under Section 48904 of the Education Code.
  2. The parent or guardian may present information on behalf of the student during a conference at the school as to the reasons why a fee should not be imposed.
  3. The principal/designee shall, after reviewing any information presented during this meeting, decide whether or not to withhold the marks, diploma, or transcripts and/or impose the fee for damages. The parent/guardian and student shall be notified in writing of the decision. The decision of the principal is final, and there is no appeal beyond the school level.
  4. Upon receiving notification of the school’s decision, the parent or guardian may, if necessary, pay the outstanding obligation, or the student may complete a voluntary work assignment determined by the school.

* The Loaned Equipment is, and will remain, the property of the Los Angeles Unified School District with the sole intended use by the student to whom it has been assigned.

* I further agree to abide by LAUSD’s Responsible Use Policy (RUP) for use of loaned equipment and LAUSD’s computer network (see attached).

THE SCHOOL WILL NOT BE SENDING ANY DEVICES HOME AT THIS TIME.

The school has made the decision for devices to remain on campus and will be used throughout the instructional school day. I understand that should the device be needed to complete assignments outside of school, the school will provide hardcopy materials to my child to take home and/or may provide access to devices on campus outside of regular classroom hours.

Print Student Name (Last, First):_________________________ Date:____________________

Student Signature:________________________________________ Date:____________________

Print Parent (Guardian) Name:______________________________

Parent (Guardian) Signature:______________________________ Date:____________________
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.

BUL-999.13
Information Technology Division

Page 1 of 3

March 5, 2019
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.)
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.
Sample Notice of Grade Change Appeals Process

Under Education Code section 49066, parents have a right to request a change of a pupil’s grade on the following grounds:

Mistake    Fraud    Bad Faith    Incompetency

When grades are earned for any course of instruction taught in the public schools, the grade earned by each pupil shall be the grade determined by the teacher of the course. In the absence of any of the grounds listed above, the grade shall be final.

Any request for a grade change must start with the classroom teacher within 30 school days. The next step, if not resolved with the teacher, is a written request to the principal. If not resolved with the principal, the next request will go to the Local District Superintendent. The final step is a written request to the Chief Academic Officer in the Division of Instruction. At each step, the parent, teacher and student will have the right to present information in support of the request. If you would like additional information, please ask your principal or contact your Local District for a copy of Bul-1926.2: Requests to Change a Pupil Grade.

1. It is also important to note the marks for work habits and cooperation shall not be deemed grades for purposes of this bulletin.

2. No grade of a pupil participating in a physical education class may be adversely affected due to the fact that the pupil does not wear standardized physical education apparel when failure to wear such apparel arises from circumstances beyond the control of the pupil.

<table>
<thead>
<tr>
<th>Level of Request/Appeal/Review</th>
<th>Request/Appeal from parent to:</th>
<th>Review/Meeting</th>
<th>Decision</th>
<th>If grade will be changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>Within 30 days of the date grade report was mailed</td>
<td>N/A</td>
<td>Within 10 school days of receiving request</td>
<td>Within 10 school days of receiving request</td>
</tr>
<tr>
<td>Principal</td>
<td>Within 10 days of teacher response</td>
<td>Within 10 days of receiving appeal</td>
<td>Within 20 days of receiving appeal</td>
<td>Within 30 school days of receiving appeal</td>
</tr>
<tr>
<td>Local District Superintendent</td>
<td>Within 10 days of principal response</td>
<td>Within 10 days of receiving request for review</td>
<td>Within 20 days of receiving request for review</td>
<td>Within 30 days of receiving request for review</td>
</tr>
<tr>
<td>Chief Academic Officer</td>
<td>Within 10 days of Local District response</td>
<td>Within 10 days of receiving request for review</td>
<td>Within 20 days of receiving request for review</td>
<td>Within 30 days of receiving request for review</td>
</tr>
</tbody>
</table>

BUL-1926.2
Division of Instruction