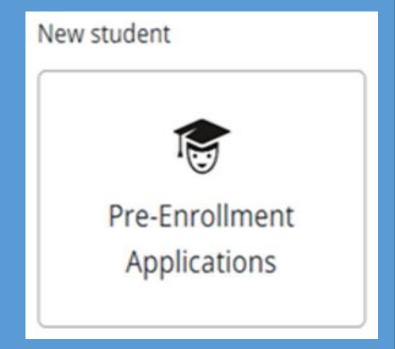


Parent Guide to:



The new student online pre-enrollment application is only for school of residence for new students entering

Transitional Kindergarten/Kindergarten through 12th grade.

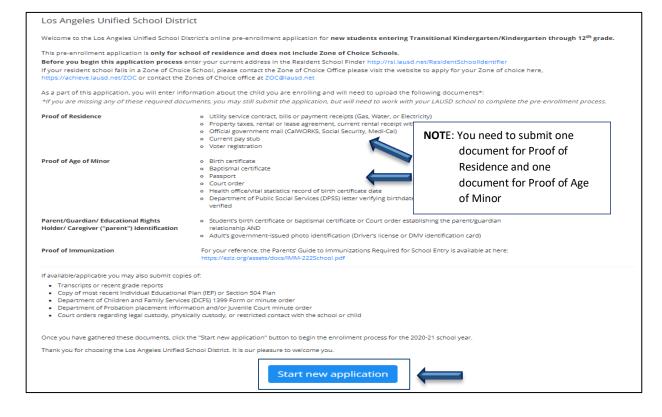
LOG IN

Log in to the Student Enrollment at https://enroll.lausd.net using your email user ID and password.

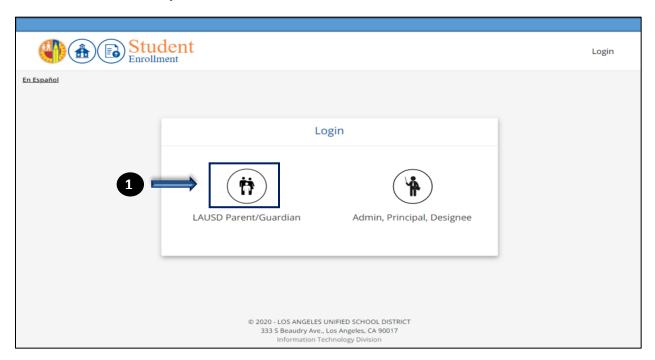
NOTE: Before you begin the online application process, click the Student Enrollment header for enrollment information. This online pre-enrollment application is for new students entering Transitional Kindergarten/Kindergarten through 12th grade for the school of residence and does not include Zone of Choice Schools

Once you've reviewed the enrollment information, return to the Student Enrollment Homepage by clicking the **Start new application** button at the end of the information or click the **Login** link located on the right top corner of the screen.

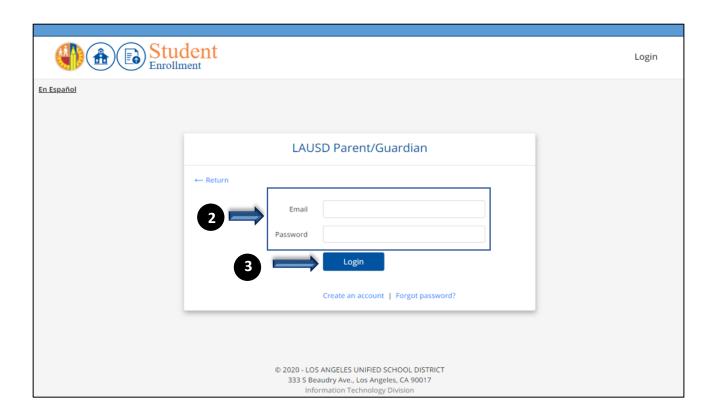




Step 1 Click the **LAUSD Parent/Guardian** icon.



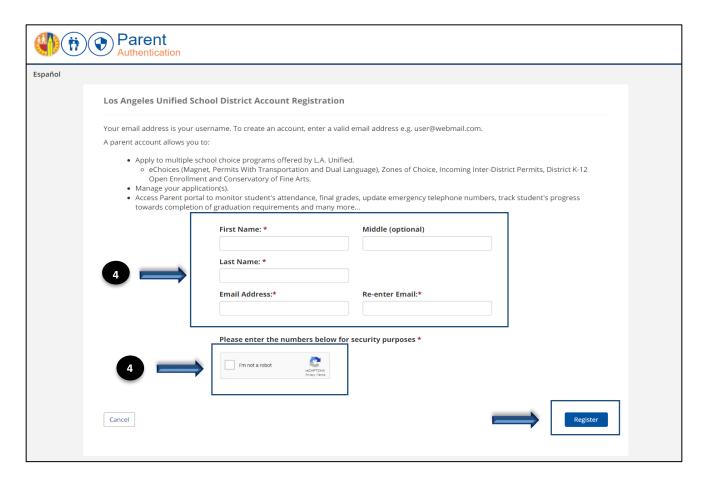
- **Step 2** Type your **email address** and **password** in the corresponding fields.
- **Step 3** Click the **Login** button to open the Student Enrollment Homepage.



NOTE: If you have a login account for the LAUSD Parent Portal or for Unified enrollment, you can use the same Email and Password, otherwise please click on **Create an Account.** If you need assistance with obtaining your password, please click on **Forgot Password.**

A Stuce Enrolling	dent	Login
En Español		
	LAUSD Parent/Guardian	
	← Return	
	Email	
	Password	
	Login	
	Create an account Forgot password?	
	© 2020 - LOS ANGELES UNIFIED SCHOOL DISTRICT	
	333 S Beaudry Ave., Los Angeles, CA 90017 Information Technology Division	

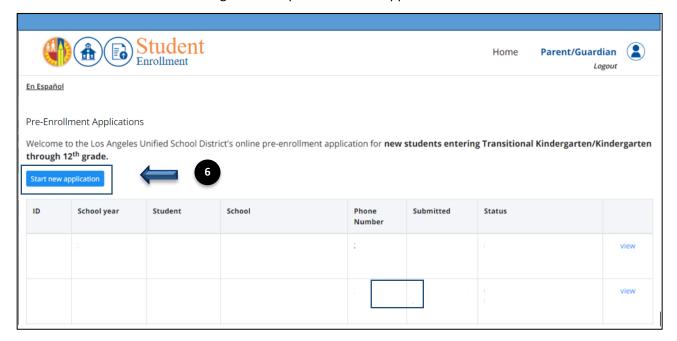
Step 4 Enter all the information in the fields marked with an asterisk (*) and then enter the security numbers that appear on the bottom to the right, **I'm not a robot**. Check the box, **I'm not a robot** and then click on **Register.**



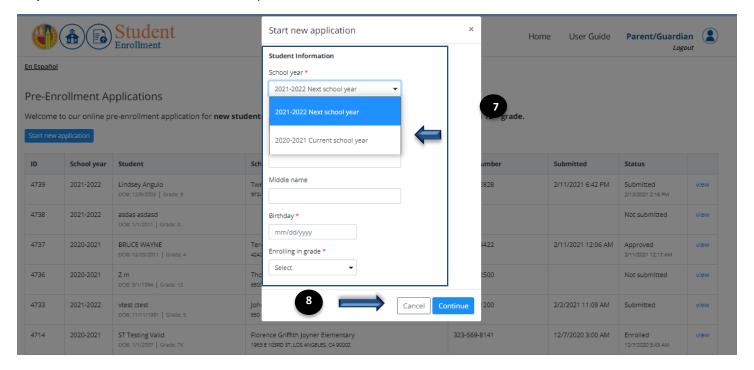
Step 5 Click the **Pre-Enrollment Applications** box to access the Pre-Enrollment Applications page.



Step 6 From the Pre-Enrollment Applications homepage, click the **Start new application** button to open a Student Information box to start creating an online pre-enrollment application.



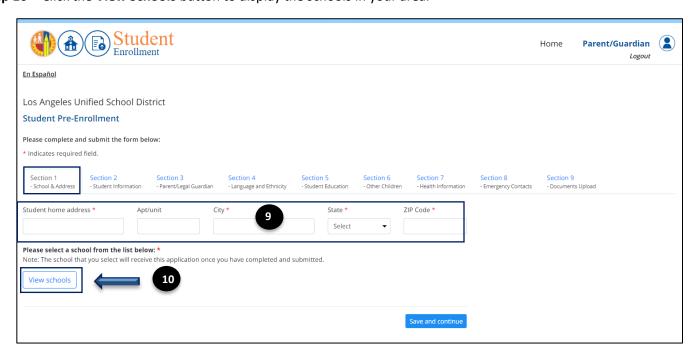
- Step 7 Select the School Year applying to (Current or Next) and complete the Student Information fields. Fields marked with a red asterisk (*) are required and must be completed.
- **Step 8** Click the **Continue** button to open the **Student Enrollment** screen.



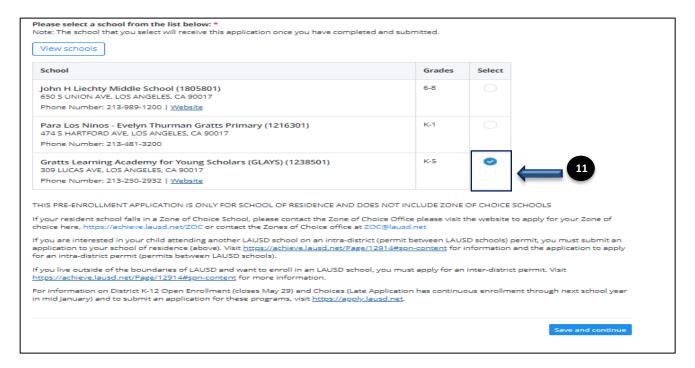
Note: Please remember to click **Save and continue** at the end of each page. This pre-enrollment application allows the ability for users to save any entered information and resume at a future date.

Section 1 - School & Address Tab

- **Step 9** Enter your full address.
- **Step 10** Click the **View Schools** button to display the schools in your area.

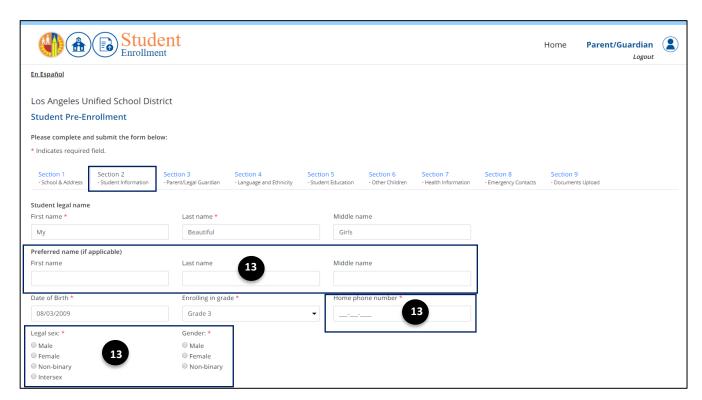


- **Step 11** Click the **radio button** next to the appropriate school grade level (the student will be attending 5th grade in this example; therefore, the **radio button** next to the elementary school was selected).
- **Step 12** Click the **Save and continue** button to save the answers and to access the next section tab.
- **NOTE:** The school that you select will receive this application once you have completed and submitted.

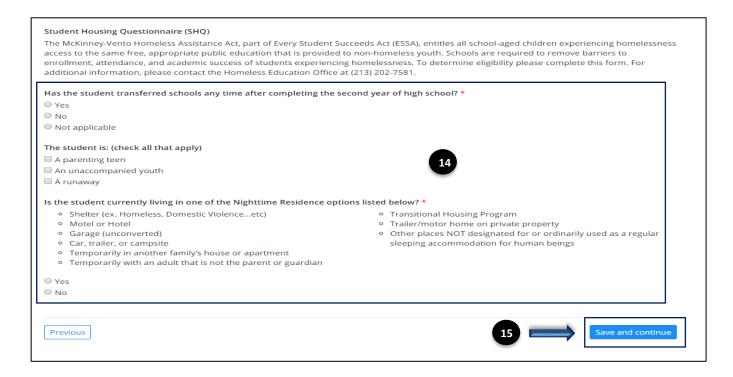


Section 2 - Student Information Tab

The student's **Legal name**, **Date of Birth and Enrolling Grade** will automatically transfer from the home page. If the student has a **preferred name**, enter in this section. **Enter a phone number**. Click the **radio button** for **legal sex** and **gender**. Remember any field marked with and asterisk (*) is required.



- **Step 14** The Student Housing Questionnaire information is required. Schools are required to remove barriers to enrollment, attendance, and academic success for students experiencing homelessness.
- Step 15 Once the Student Housing Questionnaire is completed, click Save and continue

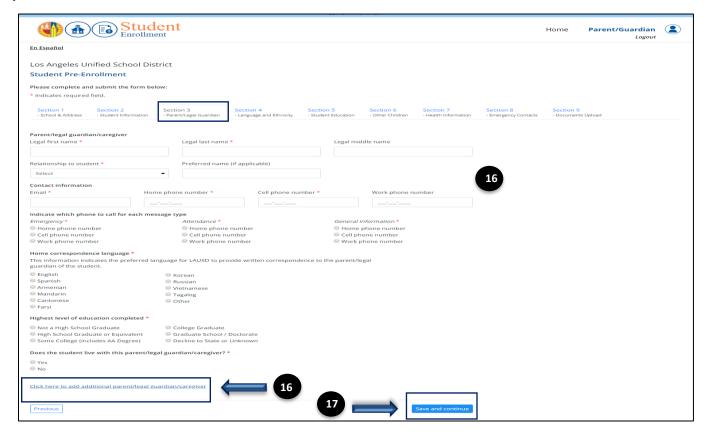


Section 3 - Parent/Legal Guardian tab

Step 16 Select/enter all applicable answers, especially in the required fields (*).

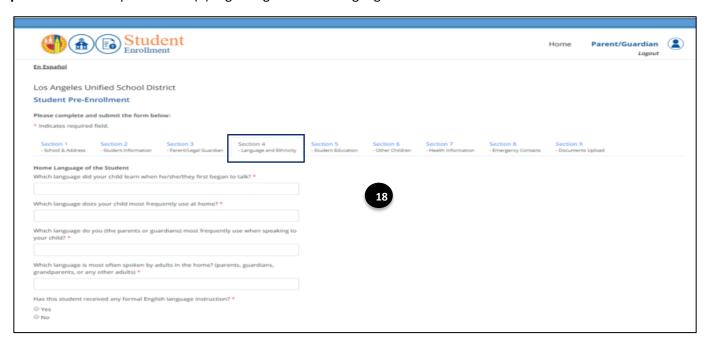
Click the link at the bottom of the page to enter additional parent/legal guardian/caregiver information.

Step 17 Click the **Save and continue** button.

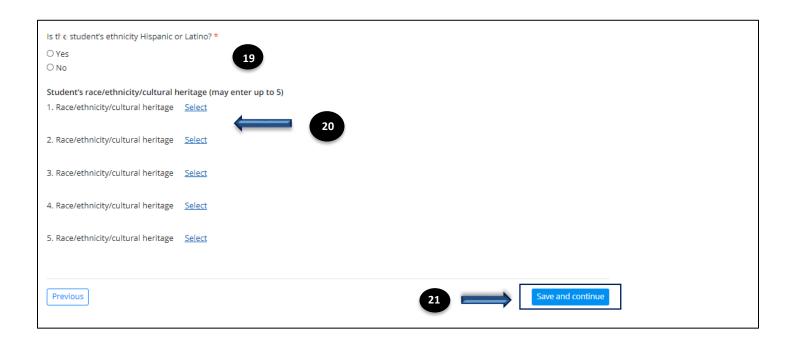


Section 4 – Home Language and Ethnicity tab

Step 18 Enter all required fields (*) regarding the home language of the student.



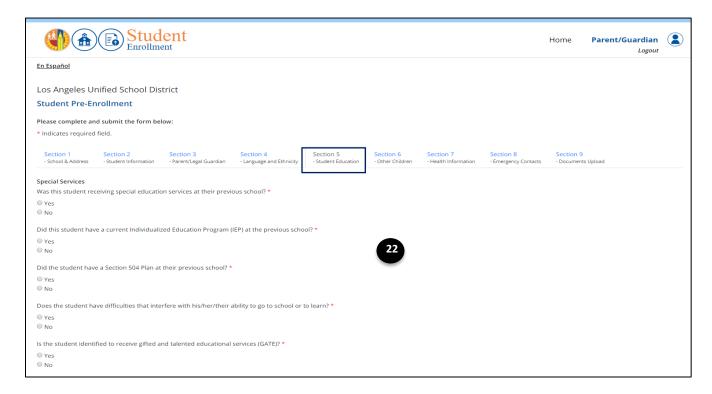
- **Step 19** Click the Yes or No radio button to answer if the **Student's Ethnicity is Hispanic or Latino** (required*).
- Step 20 Click the Select hyperlink to indicate the race/ethnicity/cultural heritage (may enter up to 5).
- **Step 21** Click the **Save and continue** button.



Section 5 - Student Education tab

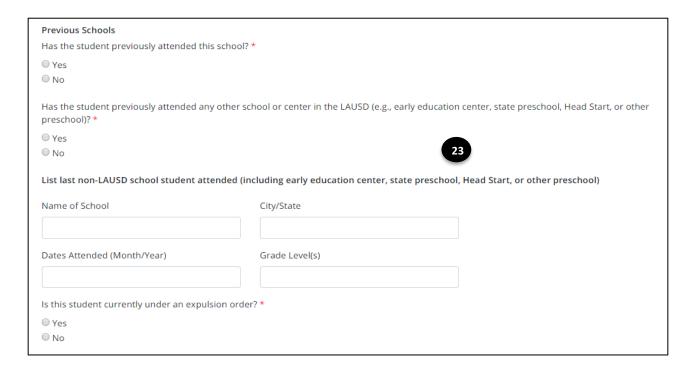
Step 22 Special Services - Select/enter all applicable answers, especially in the required fields (*).

The answers to some questions will open additional questions/selections when your answer is yes.



Step 23 Previous Schools - Select/enter all applicable answers, especially in the required fields (*).

The answers to some questions will open additional questions/selections when your answer is yes.



Step 24 Additional Student Information - Select/enter all applicable answers, especially in the required fields (*).

The answers to some questions will open additional questions/selections when your answer is yes

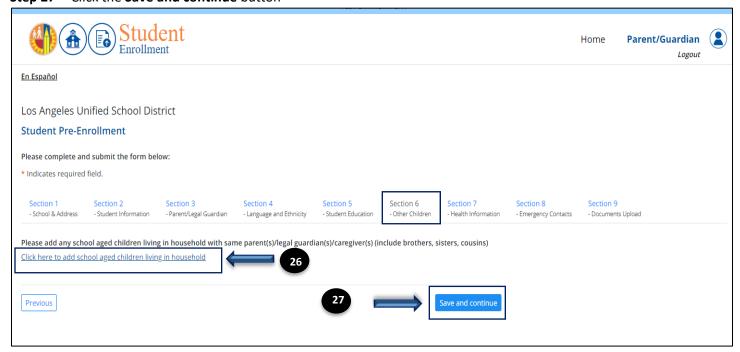
Step 25 Click the **Save and continue** button.

Additional Student Information
Are there any court orders regarding legal custody, physical custody, educational rights, or restricted contact with this child? If yes, a copy of the court order should be provided to the school. *
○ Yes
◎ No
Does the student have any relatives who are all or part American Indian or Alaskan Native? If yes, you will be contacted at home regarding the American Indian-Alaskan Native Program and whether your child may qualify for its free academic assistance and health benefits. *
♥ Yes♥ No 24
Has the student's parent or legal guardian worked in one or more of the following industries in the last three years (agriculture, dairy, fishery, food process/packing, or livestock)? If yes, you will be contacted at home regarding the Migrant Education Program and whether your child may qualify for its free academic assistance and health benefits. *
● Yes
◎ No
Military connected family: In efforts to provide resources and support to military connected students and their families, please respond to the following Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran)? * Yes No
Previous 25 Save and continue

Section 6 - Children Living in Household tab

Step 26 If applicable, click the link provided under this tab to access fields that will allow you to enter information for school-aged children living in the household.

Step 27 Click the Save and continue button

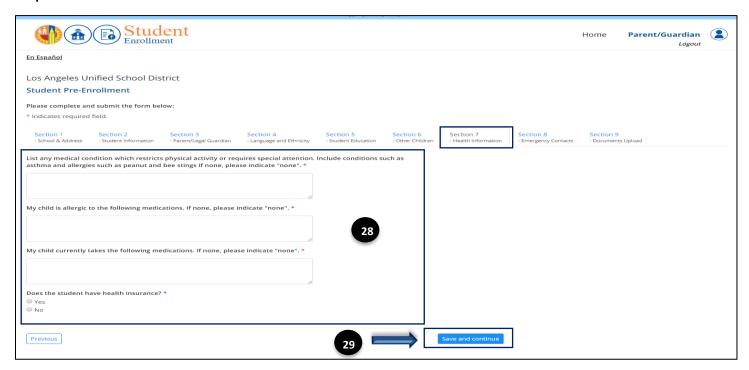


Section 7 - Health Information tab

Step 28 Select/enter all applicable answers, especially in the required fields (*).

The answers to some questions will open additional questions/selections.

Step 29 Click the Save and continue button.



Section 8 - Emergency Contacts tab

Step 30 In a major emergency, it is school district policy to retain students at school for their safety. In case the Principal or other staff member is unable to reach you during any emergency, you need to authorize to Contact and, if necessary, release your child to any person of your trust. Enter contact information, especially in the required fields (*).

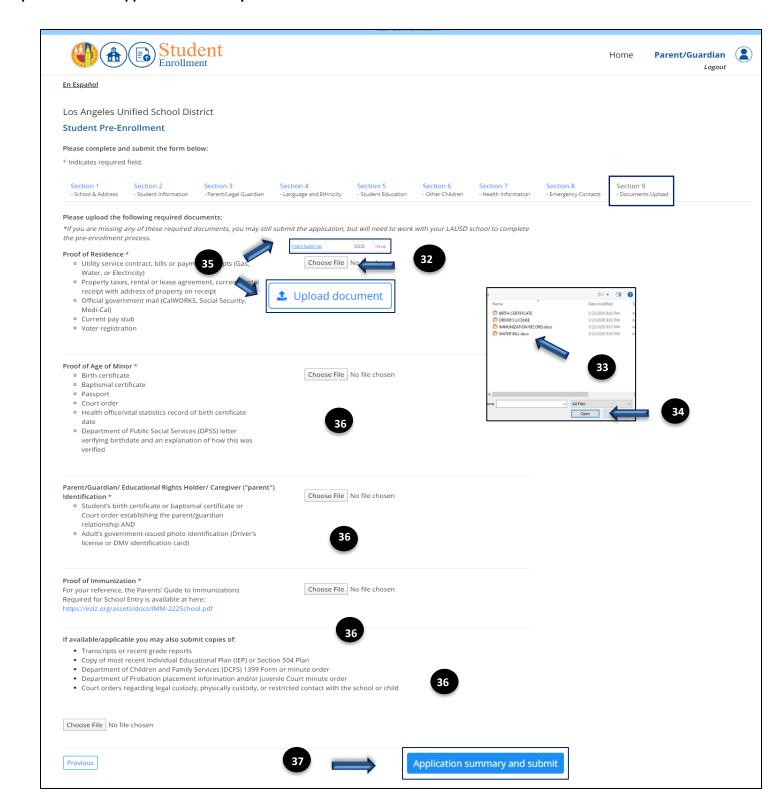
Click the link provided under this tab to add additional emergency contacts.

Step 31 Click the **Save and continue** button.

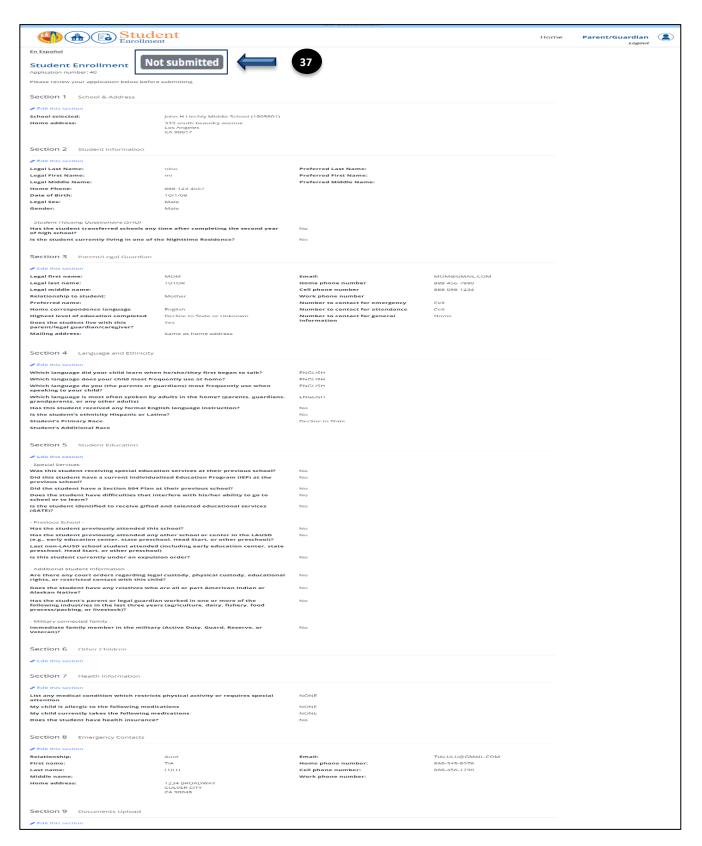
En Español Los Angeles Unif										
_										
	ned School Dist	trict								
Student Pre-Enro	ollment									
Please complete and s	submit the form belo	ow:								
* Indicates required fie	eld.								_	
	Section 2 - Student Information	Section 3 - Parent/Legal Guardian	Section 4 - Language and Ethnicity	Section 5 - Student Education	Section 6 - Other Childre	Section 7	rmation	Section 8 - Emergency Contacts	Section 9 - Documents	Upload
First name *		Last name *		Middle	name	Relationship *				
						Select	•			
Home address *		City *	30	State *		ZIP Code *				
				Selec	:t ▼					
Cell phone number *	Hom	e phone number	Work phone nu	ımber	Email					
	lonal amarganas can		30							
Click here to add additi		tact								
Click here to add additi										

Section 9 - Documents upload

- **Step 32** Click the **Choose File** button next to a requirement to open the File Upload window.
- **Step 33** Locate and click the **document to be uploaded**.
- **Step 34** Click the **Open** button of the File Upload window.
- Step 35 Click the **Upload document** button displaying on the screen. The system will generate a "File uploaded successfully" message.
- **Step 36** Repeat step 32 to step 35 to upload each required document.
- **Step 37** Click the **Application summary and submit** button.



- The summary screen will display **Not submitted** next to the Student Enrollment heading and your **Application number** will display underneath. Parent/Guardian/Caregiver will **Submit** after all information is reviewed.
- Review all your answers, click the **edit** link for any section you wish to make changes.



Step 38 Complete the required AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT by placing a **checkmark** in each of the three boxes, typing your full name and relationship to the student in the required fields.

Step 39 Click the **Submit** button.

	DICAL TREATMENT
ray examination, anesthetic, medical or It is understood that this authorization is School District ("District") to give specific authorization is given in accordance with understand that the District, its officers a paramedic transportation, hospitalization parent/guardian. I certify that I have read and understand the I have read and understand that I have read and understand the I have read and u	an of, mi nino a minor, hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-turgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I und its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of n, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's tood this form and do hereby give my authorization for emergency medical treatment. * determined school District reserves the right to verify the above listed residence information. *
Full name *	38
Relationship to student *	

The word **Submitted** will display next to Student Enrollment and the **submitted date and time** will display at the bottom of the screen. The pre-enrollment application is then sent electronically to the school selected at the beginning of the application process. You will receive an email confirmation at the email provided.

Click the **Return home page** link to start a new application or click the **Logou**t link to exit the portal.

Signature	
AUTHORIZATION FOR EMERGENCY MEDI	AL TREATMENT
to any X-ray examination, anesthetic, medi dentist. It is understood that this authoriza Unified School District ("District") to give sp authorization is given in accordance with S understand that the District, its officers and paramedic transportation, hospitalization, parent/guardian.	f, My Girls Beautiful a minor, hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent all or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or on is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles cific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This cition 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of an any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's
•	d this form and do hereby give my authorization for emergency medical treatment. *
 I verify that the information contained 	s true and correct to the best of my knowledge. *
I understand that the District reserves	he right to verify the above listed residence information. *
Full name:	me
Relationship to student:	me me
Submitted date:	5/24/20 12:24:25 PM
← Return to home page	



Home Parent/Guardian Logout

En Español

Home

Welcome to the Los Angeles Unified School District's online pre-enrollment application for **new students entering Transitional Kindergarten/Kindergarten through 12th grade.**



