



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

## ATTACHMENT A

### CONCURRENT STUDENT ENROLLMENT PERMIT

For Senior High School Students Attending Adult Schools or Employment Preparation Centers

1. **Student Information**  New Student  Continuing Student  Male  Female

Year   Semester  Trimester  Fall  Spring  Winter  Summer

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

I understand that attendance at a school for adults is an option that may be revoked by the Division of Adult and Career Education Principal should my attendance, class work, or conduct fall below standard. Enrollment in this class is voluntary.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

### 2. Parent Information

Enrollment in adult education programs of persons under 18 years of age who are attending high school is a voluntary education option. Students must conform to adult standards of behavior and work achievement. Regular attendance and satisfactory progress are required if credit is to be granted. Parent/Guardian assumes responsibility for this student's attendance and behavior. When necessary, it is the responsibility of the parent/guardian to provide student transportation.

Father's/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**TO THE PRINCIPAL:** In case you are unable to reach me during an emergency, you are authorized to contact and, if necessary, release my child to any person(s) name below:

Name of Relative \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Neighbor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned legal custodian of \_\_\_\_\_, hereby authorize the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advise or any licenses 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 aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist deems necessary.

This authorization is given pursuant to the provisions of section 6910 of the California Family Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Los Angeles Unified School District, its officers and employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization and any examination, x-rays, or treatment provided in relation to this authorization shall be borne by the legal custodian.

\_\_\_\_\_  
 Doctor Telephone Number Hospital Plan Group Number

Student is allergic to the following medication(s): \_\_\_\_\_

Medication(s) used: \_\_\_\_\_ Special medical needs: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



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3. Secondary - Home Senior High School Information

Van Nuys High School

School Now Attending Location Code Grade

Address (only of out of District) City Zip Code

Name of High School Grade Counselor Telephone Number Fax Number

Indicate specific course requested ("Elective" is not a sufficient course title.):

1st Choice Day Time

2nd Choice Day Time

NOTE: For academic classes, five (5) credits will be granted after all course work has been completed with an 80% level of competency.

Reason for referral to adult school program:

Academic remediation Identified high school credit deficiencies Personal necessity for flexible scheduling

Documentation that a counseling session involving the student, a certified representative of the high school and the student's parent/guardian has been conducted or attempted is on file.

Date face-to-face counseling conducted or attempted Date phone counseling conducted or attempted

E.C. 49079 File - "...Student who has caused or attempted to cause bodily injury..." For more information, see Deputy Superintendent, Operations Bulletin 38 (Rev) 1/3/94, "Mandated Reports of Certain Students Behavior."

Not Applicable Applicable (File exists and information is to be provided to the adult school counseling office)

Signature of High School Principal or Designee Date

4. Adult School, Employment Preparation Center Information

Course Title and Number Days Hour (s) Room

Date Started Date Completed Teacher

Grade

Principal or Designee