

Robert Frost Middle School

Student Orientation Forms Checklist

Review and complete the attached orientation documents and return them to us at Orientation, held at Robert Frost Middle School August 5 - 6, 2025. Please visit frostmiddleschool.org for more information.

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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.

The RUP also applies to the use of artificial intelligence (AI), including, but not limited to, generative AI tools that can generate new content including text, images, video, audio, structures, computer code, synthetic data etc. in response to prompts generated by users.

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 such as generative artificial intelligence.
- ☐ I understand, acknowledge, and agree that if I am under 13 years old, I will not use social media or artificial intelligence tools.
- ☐ I will create and share images, recordings, videos, and statements that accurately represent information and aim to inform others positively.
- ☐ 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.

INITIAL EACH LINE AND CHECK EACH BOX

☒

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 include personal information about myself or others in prompts for AI, including generative AI, tools.
- ☐ 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.

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, generate 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.

INITIAL EACH LINE AND CHECK EACH BOX

____ 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 report a lost or stolen district device immediately to my school.
- ☐ I will respect my and others' use and access to District equipment.
- ☐ I acknowledge that I am obtaining and using a District owned device(s)

____ I am responsible for respecting the works of others.

- ☐ I will follow all copyright 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 properly cite all sources including when using AI, including generative AI.
- ☐ 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* [BUL 5688.2] *Social Media Policy for Employees and Associated Persons* and BUL-5509.3 *Restitution Policy*.)

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.



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

Dear Parent/Guardian,

As part of their education, students are provided with materials and equipment, including textbooks and devices, to assist with instruction. In order to ensure the Los Angeles Unified School District (District) maintains materials so all students have access, certain procedures are in place. Students should handle instructional materials, library books, devices, and other school property with care.

This is to inform you of your legal responsibility regarding the loss or willful damage of school property belonging to the District. California Education Code sections 48904 and 49014 state that the parent/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 \$23,900, 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, loaned physical education clothes, and sports equipment. A parent or guardian is liable to the District for all District property loaned to the student and not returned to the school/District.

We will discuss the meaning of this responsibility with all students. We need your help to ensure that the District property is kept in good condition, damaged items are reported as soon as possible, and that loaned items are returned to school when requested.

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, and parents or guardians shall be held financially responsible for the damage.
- Understand that the device assigned to them may include a protective case that is to always remain on the device.
- Protect the screen from scratches.
- Keep food and beverages away from the assigned device since it may cause damage to it.

- Do not disassemble or attempt any repairs on any part of the assigned device because this voids the device warranty.
- Damages may include, but are not limited to scratches, cracks, or dents. Please report the damage to the school's administrator within 24 hours or as soon as possible thereafter.

Parents are responsible for the payment of replacement or repair costs for any lost or willfully damaged District property. For this type of damage, the school is legally authorized to withhold the grades, diplomas, and transcripts of students, or to deny participation in school activities that are deemed privileges (e.g., interscholastic sports, dances, student body office, or other local school activities) until the obligation is cleared, except for students who are experiencing homelessness, in foster care or a former foster youth. If a student's device is damaged, the student will be provided a replacement upon return of the damaged property, to ensure access. When the school finds that its property is damaged because of willful acts, the school may:

1. Provide an itemized invoice for the amount owed by the parent.
2. A payment plan may be established, and a receipt will be provided after each payment.
3. The school may offer the student alternatives to repaying with money. These modes of repayment, if appropriate, given the student's age/grade level must be approved by the parent. Any services or work rendered in exchange for repayment shall comply with all provisions of the Labor Code, including those sections relating to youth employment. Examples of service or work in exchange for repayment may include library service, completing a service-learning project, assignment, or research report, to name a few.

In case of theft or vandalism, notify the Los Angeles School Police Department (LASPD) at (213) 625-6631 and obtain a case number, or file a report to any other law enforcement agency; obtain the agency's division and telephone number, name of the investigation officer, badge number and the police report number. Then, submit a report of the incident to the school administrator within 24 hours or as soon as possible thereafter.

We look forward to a productive school year with your students and want to ensure that they have access to all the materials they need to be successful.

Dr. Elmer Choe

We have reviewed, read, and discussed financial responsibility with my child. We have discussed the responsibility of students and parents to care for LAUSD property and will reimburse the school for the cost of any property if it is lost or abused.

Parent/Guardian's Name	Student's Name	Student's Homeroom
Parent/Guardian's Signature	Student's Signature	



Los Angeles Unified School District Field Trip Personal Health History Form

This form is to be completed by the parent/guardian for students attending a field trip.

A. STUDENT INFORMATION			
Student Name:	Date of Birth:	Gender:	Grade:
Teacher:	Field Trip Destination:		
B. PARENT/GUARDIAN/CAREGIVER INFORMATION			
Parent/Guardian Name:	Home Phone Number:	Cell Phone Number:	
Work Phone Number:	Email Address:		
C. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN/CAREGIVER)			
Emergency Contact Name:	Cell Phone Number:	Other Phone Number:	
Relationship:	Email Address:		
D. STUDENT EDUCATION INFORMATION			
Does the student have a current Individualized Education Program (IEP) at their school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a current Section 504 Plan at their school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. ALLERGIES (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Food Allergy (list/describe reaction): _____			
<input type="checkbox"/> Medication (list and describe reaction): _____			
<input type="checkbox"/> Insect Bites/Stings (list and describe reaction): _____			
<input type="checkbox"/> Seasonal (explain): _____			
<input type="checkbox"/> Other (explain): _____			
<input type="checkbox"/> Does your child take medication for allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If yes, list the name(s) of the medication taken/prescribed: _____			
<input type="checkbox"/> None			
F. STUDENT HEALTH INFORMATION			
Does the student have a current health condition? Check all that apply.			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Musculoskeletal disorder		
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Seizures		
<input type="checkbox"/> Constipation	<input type="checkbox"/> Wears glasses/contact lenses		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Emotional/Psychological Condition	<input type="checkbox"/> Specialized physical health care procedure. If checked, type of procedure: _____		
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> _____		
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> None		



Los Angeles Unified School District Field Trip Personal Health History Form

Explain health condition(s) checked above: _____

Does the student have any physical limitations? If yes, please explain: _____

Does the student have any dietary restrictions? If yes, please explain: _____

G. MEDICATION

Does the student need medication during the field trip? If "Yes", see numbers 1, 2 and 3 below.

☐ Yes^{1, 2, 3} ☐ No

1. To administer routine over-the-counter medications to be taken during an overnight field trip, parents/guardians must obtain a completed **Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips** form, which includes a parent/guardian signature consent and a written order from the health care provider.
2. To administer medication (prescription and over-the-counter medications not listed on the above referenced form in #1) on the field trip, parents/guardians must obtain a completed **Request for Medication to be Taken During School Hours** form, which includes parent/guardian signature consent and a written order from the health care provider.
3. The completed **Request for Medication to be Taken During School Hours** and/or **Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips** form(s) must be returned to the school **at least 7 days prior to departure** with parent/guardian and health care provider signatures

In the event of a medical emergency, 911/Emergency Medical Services will be called, and the student will be transferred to the nearest medical facility.

H. ADDITIONAL HEALTH INFORMATION

Please provide any additional health information about the student.

G. PARENT/GUARDIAN/CAREGIVER CONSENT

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____
Signature

Date

COMPLETED FORM TO BE GIVEN TO THE SCHOOL NURSE

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 any questions about these rights, please contact the Homeless Education Office or District Homeless Liaison at (213) 202-7581 or homelesseducation@lausd.net.**

REQUIRED

Student First Name:		Student Last Name:		Date of Birth:	Gender:
Region:	School:	Campus/Site	Grade	Student District ID:	
Address:		Apt#:	City:	Zip Code:	
Parent/Legal Guardian/Caregiver Name:			Contact Number:		
Is the student: (check all that apply): <input type="checkbox"/> unaccompanied <input type="checkbox"/> a runaway					
Has the student transferred schools any time after completing the second year of high school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, forward a copy of SHQ to the school's academic counselor for AB1806 eligibility.					

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 LOSS OF HOUSING, ECONOMIC HARDSHIP OR A SIMILAR REASON:

<input type="checkbox"/> Shelter (ex. Homeless, Domestic Violence...etc.) Name: _____ <input type="checkbox"/> Garage (unconverted) <input type="checkbox"/> Temporarily in another family's house or apartment <input type="checkbox"/> Transitional Housing Program Name: _____ <input type="checkbox"/> Other places NOT designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____	<input type="checkbox"/> Motel or Hotel Name: _____ <input type="checkbox"/> Car, trailer, or campsite <input type="checkbox"/> Temporarily with an adult that is not the parent or guardian <input type="checkbox"/> Trailer/motor home on private property (due to economic hardship or loss of housing) <input type="checkbox"/> Other places NOT designated for or ordinarily used as a regular sleeping accommodation for human beings Explain: _____
Is the student in need of services? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please check the service(s) requested.</i> <input type="checkbox"/> Backpack/School Supplies <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> 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/Legal Guardian/Caregiver can appeal.	
Parent/Legal Guardian/Caregiver's Initials: _____ Date: _____	
Is the student in need of a referral for additional resource(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please check the referral(s) requested.</i> <input type="checkbox"/> Clothing Assistance: Shoes, Clothing, Uniforms <input type="checkbox"/> Tutoring <input type="checkbox"/> Housing Referrals ***Designated School Site Homeless Liaison must conference with family to facilitate the requested referral(s)***	

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, email to your Region.

East: shqeast@lausd.net, North: shqnorth@lausd.net, South: shqsouth@lausd.net, West: shqwest@lausd.net

SHQ MUST be kept in a CONFIDENTIAL file, which is separate from the cumulative record folder.



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		CHOSEN OR PREFERRED NAME (if different)		M.I.		STUDENT'S LAST NAME	
BIRTH DATE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY		GRADE		HOME LANGUAGE			
STUDENT'S HOME ADDRESS -- NUMBER		STREET		APT #		CITY			ZIP CODE
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		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		FIRST NAME	
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.							
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:									
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE			WORK PHONE
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	MIDDLE INITIAL
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
List any other family members attending this school:									
LAST NAME		FIRST NAME		HOME ROOM		GRADE		RELATIONSHIP	
LAST NAME		FIRST NAME		HOME ROOM		GRADE		RELATIONSHIP	
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): <input type="checkbox"/> YES <input type="checkbox"/> NO		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 align="center">AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</p> <p>The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)</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>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".</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 (If covered under more than one plan)		GROUP NO.			
NAME OF DOCTOR / MEDICAL OFFICE		PHONE NUMBER OF DOCTOR / MEDICAL OFFICE							
<p>*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.</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>									
SIGNATURE OF: (CHECK ONE) <input checked="" type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)		DATE							

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

Revised February 2022



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Title III Immigrant Education Program *Questionnaire Form*

ATTACHMENT A

Your child and you as the parent/guardian may be eligible to receive *FREE* supplemental educational and support services funded by the Title III Immigrant Education Program. These services may include:

- | | |
|---|--|
| <ul style="list-style-type: none">• After-School Tutoring• Saturday School• Summer School | <ul style="list-style-type: none">• Family Literacy• Family Training• Parent/Family Outreach |
|---|--|

The purpose of the Title III Immigrant Education Program is to provide enhanced instructional opportunities to immigrant students and their families to support students in meeting the grade level and graduation standards.

Important: Proof of family income or immigration status is *NOT* required to receive services. Any student who was not born in the U.S. and has been attending U.S. schools for less than three school years may be eligible for these services. To determine eligibility for these services, please provide the following information to the school:

Student Name: _____	Grade: _____
Place of Birth (City, State/Province, and Country): _____	
Date of first U.S. school enrollment (mm/dd/yy): _____	

Programa de Educación Inmigrante de Título III *Forma de Cuestionario*

Sus hijos y usted como padre o guardián pueden ser elegibles para recibir servicios educativos y de apoyo *GRATUITOS*. Servicios pueden incluir:

- | | |
|--|--|
| <ul style="list-style-type: none">• Tutoría después de clases• Clases de sábado• Escuela de verano | <ul style="list-style-type: none">• Alfabetización para familias• Entrenamiento para familias• Alcance para padres/familia |
|--|--|

El propósito de Programas de Educación Inmigrante de Título III es de proveer oportunidades de instrucción mejoradas para los estudiantes inmigrantes y sus familias. Esto asegurará que estos estudiantes alcancen los estándares del nivel de grado y los estándares de graduación.

Importante: NO se requiere pruebas del ingreso familiar o documentos de inmigración para recibir estos servicios suplementarios. Cualquier estudiante que no haya nacido en los Estados Unidos y haya asistido a escuelas en los Estados Unidos durante menos de tres años escolares puede ser elegible para estos servicios suplementarios. Para determinar si su hijo/a califica para estos servicios, provee la siguiente información a su escuela:

Nombre del Estudiante: _____	Grado: _____
Lugar de Nacimiento (ciudad, estado y país): _____	
Fecha de primera inscripción en la escuela de los EE.UU. (mes, día, año): _____	

Los Angeles Unified School District
Migrant Education Program
Family Work Questionnaire

Your children may be eligible to receive **FREE** services such as

- After-School Tutoring
- Saturday School
- Preschool Programs
- Workshops for parents
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Referrals to services

Have you or any family member moved to work or seek work in agriculture within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No – If you answered YES, please answer the next question.			
Did your children move with you during the time you worked or went to seek work? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please check all the agriculture and fishing jobs, temporary and seasonal, that applies.)			
<input type="checkbox"/> Field Work/Agriculture Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)	<input type="checkbox"/> Orchard Examples: (pick, prune, sort fruit, nut trees, vines, etc.)	<input type="checkbox"/> Nursery Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)	<input type="checkbox"/> Fishing Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)
<input type="checkbox"/> Dairy/Farm/Ranch/Livestock Examples: (milking, cattle feeding, transporting animals; raising farm animals such as poultry, goats, pigs, etc.; and sale of its products such as milk, eggs, cheese, etc. for someone or for family support.)	<input type="checkbox"/> Packing Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)	<input type="checkbox"/> Food Processing Examples: (prepare, process foods like tomato sauce, fruit jellies, chili sauce; processing of wheat or flour for tortilla items, pack cut or pack an assortment of meats.)	<input type="checkbox"/> Forestry/Lumber Examples: (plant, grow, cultivate, harvest trees; thinning and vegetation control, etc.)



Important: Proof of family income or immigration status is **NOT** required to receive services.

Please provide the following information:

Date: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Telephone: _____

What is the best time to call you? ☐ 8am-12pm ☐ 12pm-6pm ☐ 6pm-8pm

Student's Name: _____

School Name: _____ Grade: _____

**For more information, call the Los Angeles Unified School District,
Migrant Education Program Office at (213) 241-0510**

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Program Office,
Beaudry Building, 18th Floor, within two weeks of student's enrollment.
Please call (213) 241-0510 for more information.



Alberto M. Carvalho
Superintendent

Members of the Board

Jackie Goldberg, President
Scott M. Schmerelson, Vice President
Dr. George J. McKenna III
Dr. Rocío Rivas
Nick Melvoin
Kelly Gonez
Tanya Ortiz Franklin

Los Angeles Unified School District

Anthony Aguilar, Chief of Special Education, Equity and
Specialized Programs
Lydia Acosta Stephens, Executive Director
Multilingual Multicultural Education Department
333 S. Beaudry Avenue, 25th Floor
Los Angeles, California 90017
August 8, 2023

Dear Parents of American Indian/Alaska Native students,

The Los Angeles Unified School District (LAUSD) will apply for Title VI Program funds to provide supplemental instructional services to American Indian/Alaska Native students. The following is a brief description of the **Title VI, American Indian Education Program** vision and purpose:

1. Meet the unique educational and culturally diverse academic needs of American Indian students.
2. Ensure that American Indian students gain knowledge and understanding of Native communities, languages, tribal histories, traditions, and cultures.
3. Ensure that teachers, principals, other school leaders, and other staff who serve American Indian students are equipped to provide culturally appropriate and effective instruction and support.

Your child might be eligible to receive services under the Title VI American Indian Education Program. Children are eligible to receive services if they meet the definition of "American Indian" as defined in section 6101 of *Every Student Succeeds Act (ESSA)* and have completed the ED 506 Indian Student Eligibility Certification Form. American Indian is defined in section 6151 of the ESSA as an individual who is:

1. A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides;
2. A descendant of a parent or grandparent who meets the requirements described in item (1) of this definition;
3. Considered by the Secretary of the Interior to be an American Indian for any purpose;
4. An Eskimo, Aleut, or other Alaska Native; or
5. A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

If your child meets any of the eligibility requirements above, please complete the enclosed ED 506 Indian Student Eligibility Certification Form and return to your child's school.

Parents are instrumental partners in supporting the vision and purpose of Title VI. We look forward to your child's participation in the Title VI American Indian/Alaskan Native Education Program. Please contact Karmin Mendoza Hidalgo, Title VI Coordinator, at karmin.mendoza@lausd.net, or 213-241-7067 if you have any questions.

Sincerely,

Lydia Acosta Stephens
Executive Director
Multilingual & Multicultural Education Department



Los Angeles Unified School District
American Indian/Alaska Native and Indigenous Family Questionnaire
For parents of American Indian/Alaska Native and Indigenous students

Please help us identify your child by completing this voluntary questionnaire. The purpose of this questionnaire is to identify American Indian/Alaska Native and Indigenous students in the district to better serve their needs. *Complete this questionnaire if you identify yourself or your child as American Indian/Alaska Native or are from an Indigenous Community including but not limited to Mexico, Central or South America.*

Examples of Tribal or Community affiliations include but are not limited to: Tongva, Tataviam, Navajo (Diné), Zapotec, Maya, Lenca, K'iche', First Nations, etc.

Please provide the following information:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? ☐ 8am-12pm ☐ 12pm-6pm ☐ 6pm-8pm

Student's name: _____ Birthdate: _____

School Name: _____ Grade: _____

My child is (check any that apply):

☐ **Enrolled** and a member of a federally or state recognized tribe, or the child or grandchild of a member of a federally or state recognized tribe. Complete the federal ED 506 Form included in the enrollment packet or visit the Title VI website to complete the ED 506 Form to ensure we provide Title VI services to eligible students.
<https://www.lausd.org/Page/18529>

☐ **Not Enrolled** but from a Native American/American Indian Tribe or Community

- Affiliation(s) _____

☐ **Indigenous from the Regions of Mexico, Central, or South America (including but not limited to)**

- Country: _____
- Indigenous Community, Pueblo, or Aldea _____

☐ **N/A-** Not applicable

Do you speak an American Indian/Alaska Native or Indigenous language in the home?

☐ Yes ☐ No

If you answered yes, which language(s)? _____

For information, call the Los Angeles Unified School District, Title VI American Indian/Alaska Native and Indigenous Education Office at 213-241-5582

****TO SCHOOL STAFF****

Please return this survey to the Multilingual Multicultural Education Department, **Att: Title VI American Indian/Alaska Native and Indigenous Education Program**, Beaudry Building, 25th floor, to ensure student identification for eligible families. Please call 213-241-5582 for more information.

Modified 07/09/2024

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

ATTACHMENT A



Los Angeles Unified School District Refugee Educational Support Program **Eligibility Questionnaire**

Your children may be eligible to receive **FREE** educational services.

Possible services may include:

- After-School Programs
- Saturday School
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp

Parents receive training on:

How to become involved in their children's schools, how to support their children's academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

You may be eligible for services if 1) your child arrived in the U.S. within the last 5 years, 2) is between the ages 5 - 18, and 3) has the following immigration status:

- | | | |
|---|--|---|
| <input type="checkbox"/> Paroled as a Refugee or Asylee | <input type="checkbox"/> Amerasians | <input type="checkbox"/> victims of severe forms of trafficking who receive certification or an eligibility letter from ORR |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Iraqi and Afghan Special Immigrants | |
| <input type="checkbox"/> Asylee | <input type="checkbox"/> Unaccompanied Refugee Minors | |
| <input type="checkbox"/> Cuban and Haitian Entrant | | |

For detailed documentation requirements please visit <http://bit.ly/ORRequirements>



Please provide the following information to your school:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? ☐ 8am-12pm ☐ 12pm-6pm ☐ 6pm-8pm

Student's Name: _____

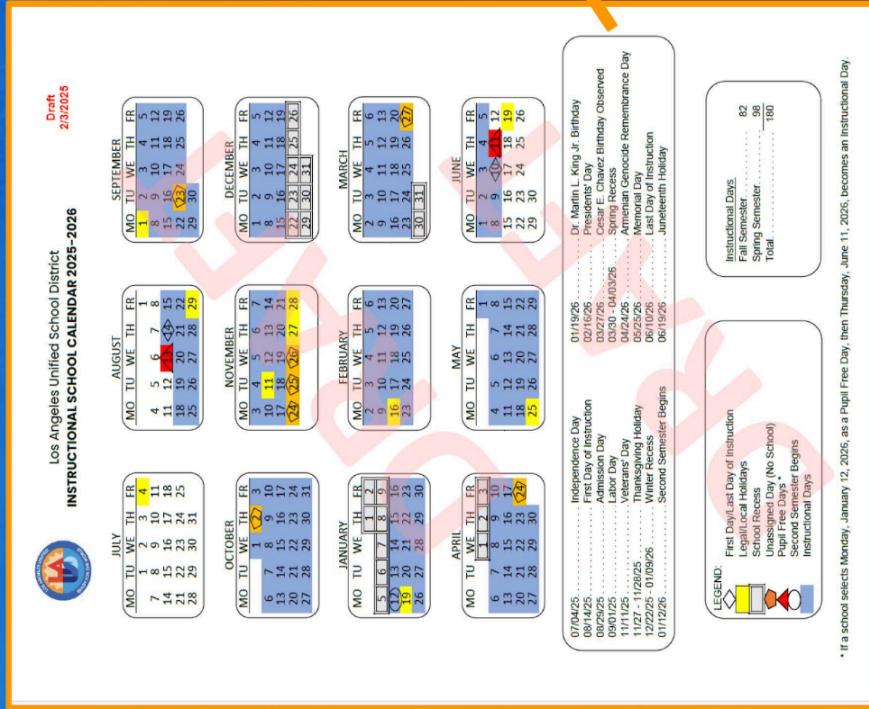
School Name: _____ Grade: _____

For more information, call the Los Angeles Unified School District, RESpite Office at: (213) 241-3107

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Refugee Educational Support Program office, Beaudry Building, 29TH Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-3107 for more information.

Draft 2025-26 Instructional Calendar



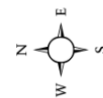
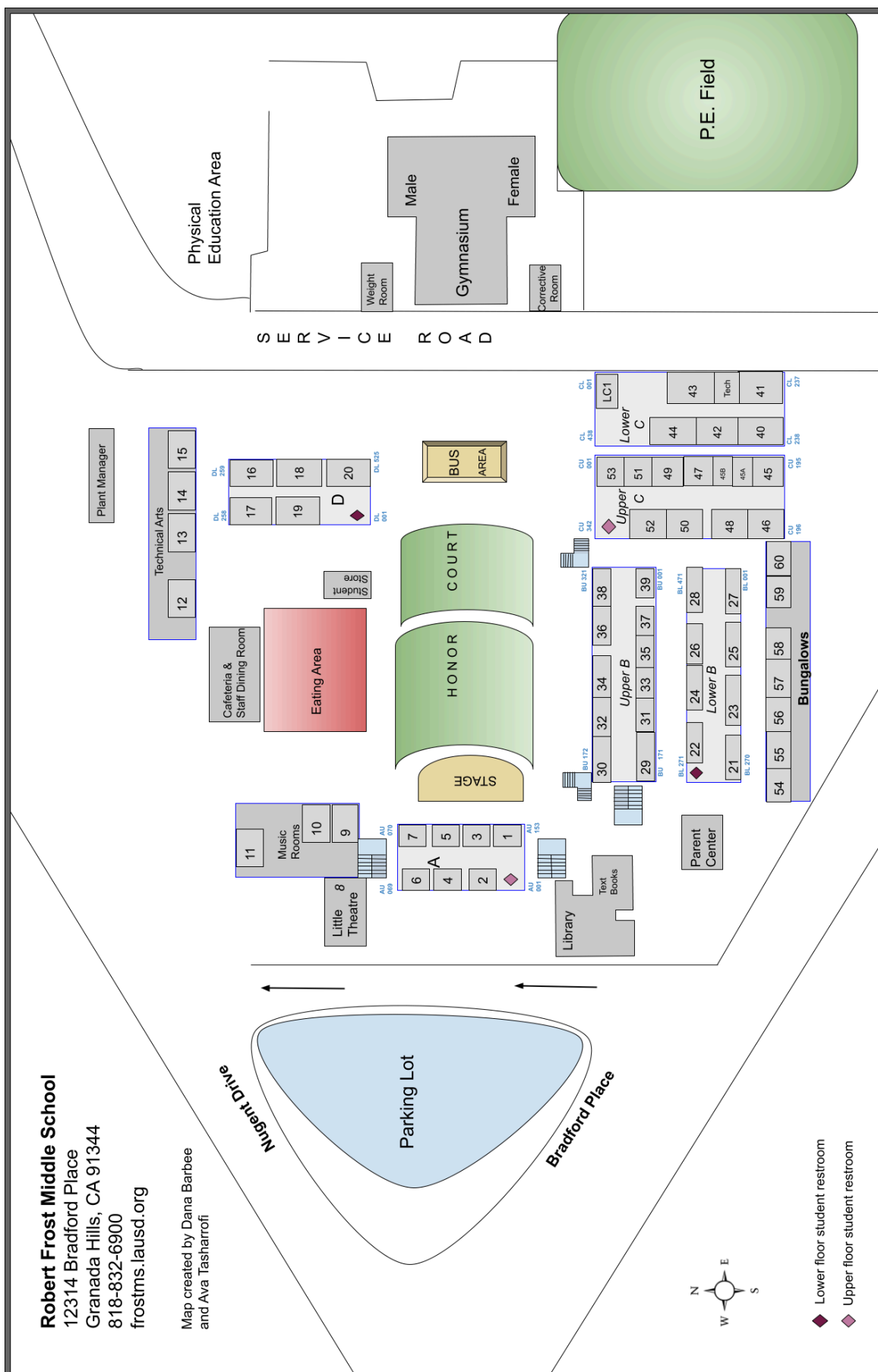
07/04/25	Independence Day	01/19/26	Dr. Martin L. King Jr. Birthday
08/14/25	First Day of Instruction	02/16/26	Presidents' Day
08/29/25	Admission Day	03/27/26	Cesar E. Chavez Birthday Observed
09/01/25	Labor Day	03/30 - 04/03/26	Spring Recess
11/11/25	Veterans' Day	04/24/26	American Genocide Remembrance Day
11/27 - 11/28/25	Thanksgiving Holiday	05/25/26	Memorial Day
12/22/25 - 01/09/26	Winter Recess	06/10/26	Last Day of Instruction
01/12/26	Second Semester Begins	06/19/26	Juneteenth Holiday

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11/27 - 11/28/25	Thanksgiving Holiday	05/25/26	Memorial Day
12/22/25 - 01/09/26	Winter Recess	06/10/26	Last Day of Instruction
01/12/26	Second Semester Begins	06/19/26	Juneteenth Holiday

Robert Frost Middle School
 12314 Bradford Place
 Granada Hills, CA 91344
 818-832-6900
frostmns.lausd.org

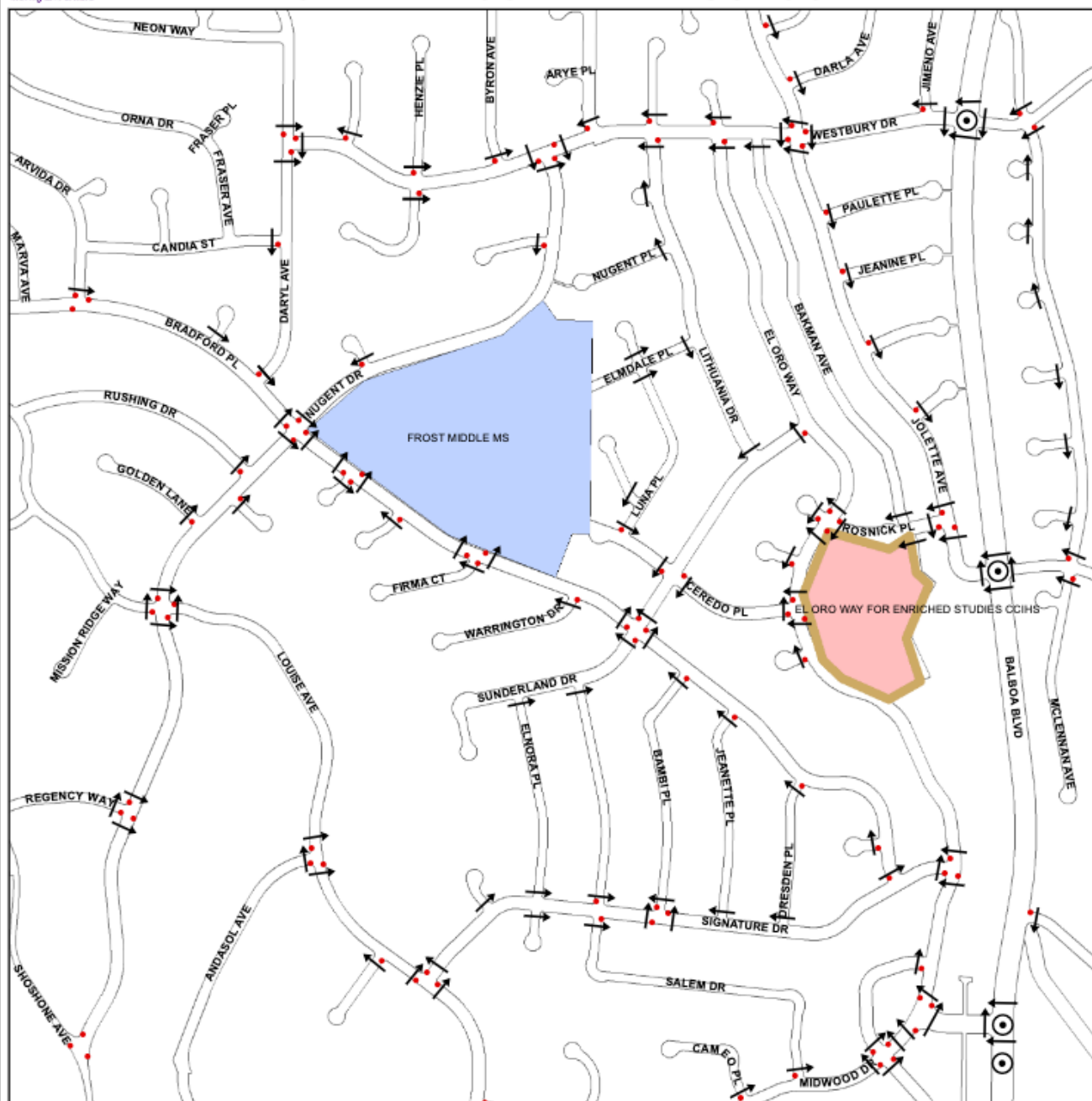
Map created by Dana Barbee
 and Ava Tasharofi



- ◆ Lower floor student restroom
- ◆ Upper floor student restroom



PEDESTRIAN ROUTES FOR ROBERT FROST MIDDLE SCHOOL

**Legend**

- Recommended Crossing
- Stop Sign
- ⦿ Traffic Signal
- ⊗ Crossing Guard
- ⚡ Flashing Warning Light
- XXXX Stairs or Walkway
- ⌢ Pedestrian Bridge
- ⌢ Pedestrian Tunnel
- ⊞ Parks



0 250 500
Feet

Parents:

This map shows the recommended crossings to be used from each block in your school attendance area. Following the arrows, select the best route from your home to the school and mark it with a colored pencil or crayon. This is the route your child should take. Instruct your child to use this route and to cross streets only at locations shown. You and your child should become familiar with the route by walking it together. Obey marked crosswalks, stop signs, traffic signals and other traffic controls. Crossing points have been located at these controls wherever possible, even though a longer walk may be necessary. Instruct your child to always look both ways before crossing the street. If no sidewalk exists, your child should walk facing traffic.

Estimados Padres:

Este mapa muestra los cruizados recomendados para los peatones de cada cuadra en la area de su escuela. Siguiendo las flechas en el mapa, seleccione la ruta mas segura de su casa a la Escuela y marquelo con un lapiz o tiza de color. Esta es la ruta que su hijo (a) debe de usar. Digale a su hijo (a) que use esta ruta y que cruce las calles solamente en los lugares indicados. Usted y su hijo (a) deberian de familiarizarse con esta ruta. Obedezcan los rotulos de peatones, de altos, semaforos y todos los señales de trafico. Puntos para cruzar estan localizados en areas controladas, aunque sea necesario de alargar el tiempo para cruzar. Instruye a su hijo (a) que siempre se fije de los dos lados antes de cruzar la calle. El estudiante debe de siempre caminar en la direccion opuesta del trafico si no existe una banqueta.

CALIFORNIA EDUCATION CODE (E.C.)

E.C. 48200 – COMPULSORY FULL-TIME EDUCATION

Each person between the ages of 6 and 18 years not exempted under the provision of this chapter is subject to compulsory full-time education. Each parent, guardian, or other person having control or charge of such pupil shall send the pupil to the public full-time day school or continuation school or classes for the full-time designated as the length of the school day.

E.C. 48260 – TRUANCY DEFINITION

Any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse three full days in one school year or tardy or absent for more than any 30 minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof, is a truant and shall be reported to the attendance supervisor or the superintendent of the school district.

E.C. 48260.5 – PARENT/GUARDIAN TRUANCY NOTIFICATION

Upon a pupil's initial classification as a truant, the school district shall notify the pupil's parent or guardian.

L.A. Unified central office mails Notification of Truancy Letters on a monthly basis, based on school records.

E.C. 48261 – TRUANT REPEAT

Any pupil who has once been reported as a truant and who is again absent from school without a valid excuse one or more days, or tardy on one or more days, shall again be reported a truant to the attendance supervisor or the superintendent of the district.

E.C. 48262 – HABITUAL TRUANT

Any pupil is deemed a habitual truant who has been reported as a truant three or more times per school year, provided that no pupil shall be deemed a habitual truant unless an appropriate district officer or employee has made a conscientious effort to hold at least one conference with a parent or guardian and the pupil, after the filing of either of the reports required by Section 48260 or Section 48261.

E.C. 48263.6 – CHRONIC TRUANT

Any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse for ten percent or more of the school days in one school year, from the date of enrollment to the current date, is deemed a chronic truant.

E.C. 48320 – SCHOOL ATTENDANCE REVIEW BOARDS (SARB)

SARB provides intensive guidance and coordinated community services that may be provided to meet the special needs of pupils with school attendance problems or school behavior problems and to divert pupils from the juvenile court system.

California Legislative Information, California Education Code, [Accessed: 11 Jan 2024], <https://leginfo.ca.gov/faces/home.xhtml>

SCHOOL ATTENDANCE REVIEW TEAM (SART)

SARTs are established at local school sites to identify and intervene on behalf of students who exhibit problems with attendance pursuant to California compulsory attendance laws (E.C. 48200). The goal is to address the barriers preventing regular school attendance at an early stage before the situation escalates.

SCHOOL ATTENDANCE REVIEW BOARDS (SARB)

SARBs are community-based effort to bring together multiple resources to assist families with attendance, truancy, and behavior issues so that students will stay in school, attend school regularly, and graduate.

Los Angeles County Code (§13.57.010)

Prohibits minors under the age of 18 from being present in a public place during school hours without a valid excuse.

For more information, please see the following link:
https://bit.ly/Municode_Library

For questions or concerns regarding your child's attendance, contact:

Lisa Nunez, AP

School Designee

lnunez@lausd.net **818-832-6900**

Phone Number

SCHOOL ATTENDANCE

A Guide for Parents



Make everyday count!

PUPIL SERVICES AND ATTENDANCE

For additional resources, please visit our website at lausd.org/pupilservices

Rev. 6/11/24

SUPPORTING SCHOOL ATTENDANCE AT HOME

- Ensure your child gets enough sleep
- Ensure your child gets a nutritious breakfast each day
- Help your child develop a positive attitude toward school, learning, and encouraging them to participate in school activities
- Explain Compulsory Education to your child - by law, all students must attend school daily and on time
- Teach your child the benefits of good attendance
- Create backup systems for getting your child to and from school
- Create morning and evening routines
- Post school calendars, school attendance policy, and schedules in a visible place
- Ensure the school has your accurate daytime contact information, including cell phone number and/or e-mail address
- Notify school staff if your child has any issues that may be affecting your child's attendance
- Notify school staff if your child suffers from a chronic health condition and how this condition is impacting school attendance
- Access Parent Portal to monitor your child's attendance at lausdapp.lausd.net
- If you need further support, contact your child's school

The foundation of student academic success is excellent attendance. The Los Angeles Unified School District works collaboratively with all parents to ensure students attend regularly and to address any barriers that impact attendance.



MINIMIZE LOSS OF INSTRUCTION

- Plan family vacations for non-school days
- Schedule non-emergency medical and dental appointments after school hours, on weekends, or during non-school days
- If the appointment must be during school hours, please have your child attend school prior to the appointment and/or return to school after the appointment to complete the school day
- Communicate often with your child's teachers and request assignments missed during absences

C.C.R. Title 5, Section 306 – A principal or teacher may require satisfactory explanation from the parent or guardian of a pupil, either in person or by written note, whenever the pupil is absent/tardy part or all of a school day.

District policy requires that all absences, tardies, and early leaves be cleared within 10 school days with a satisfactory explanation by the parent/legal guardian (in writing or verbal justification).

An excused absence note may be accepted for up to four consecutive days when the absence is attributed to illness. For absences attributed to illness for five or more consecutive days, the school nurse or designated staff member should clear the student to return to class.

For any student with a history of excessive parent excused absences, schools may limit the number of parent excused absences.

Student Attendance = Student Success

EXCUSED ABSENCE (E.C. 48205)

Reason Code #1: (1M – Medical, 1N – Nurse, 1P – Parent)
Illness • Quarantine • Medical, dental, optometric, or chiropractic services • Funeral services or grieving the death of an immediate family or person of close association (maximum 5 days per incident) • Jury duty • Illness or medical appointment during school hours of a child of whom the pupil is the custodial parent • Access victim or grief support services or participate in safety planning as it relates to the death of the student's immediate family member or person of close association (3 days per incident)

Reason Code #5: Justifiable Personal Reasons with Administrator Approval

Court appearance • Educational conference offered by non-profit organization (legislative/judicial) • Employment conference • Funeral services (extended days per incident) • Observance of a holiday or ceremony of the pupil's religion • Religious retreat (one full day per semester) • Victim, grief support or safety planning (extended day per incident)

Reason Code #5: Justifiable Personal Reasons

Entertainment industry (no more than 5 consecutive days or maximum of 5 absences per school year) • Medical exclusion or exception • Participation in not-for profit performing arts organization (maximum 5 per school year) • Pre-arranged mental health services (mental health day treatment) • Religious instruction (attend minimum school day no more than 4 days per school month) • Revoked suspension through appeal's procedures • "Take your Child to Work Day"

Reason Code SB: School Bus (Absence) – LAUSD only
Student was absent all day due to the school bus – LAUSD only

The reason codes listed above are excused absences and will not be counted toward truancy.

Regular and punctual attendance is imperative for all students. Each day a student is absent from school, whether excused or unexcused, they miss valuable instructional time. Following an absence, the parent/guardian is expected to provide a reason to clear a student absence.

In accordance with California Education Code § 48205 absences from school will be excused for:

- Funeral services or grieving the death of an immediate family or person of close association (max 5 days per incident regardless of funeral location)
- Access victim or grief support services or participate in safety planning as it relates to the death of the student's immediate family member or person of close association (max 3 days per incident)
- Illness or injury of pupil
- Illness or medical appointment of a child of whom the pupil is the custodial parent, including absences to care for a sick child, for which the school shall not require a note from a doctor
- Medical, dental, optometric, or chiropractic services
- Mental or behavioral health (absence for the benefit of the pupil's mental or behavioral health)
- Middle school or high school pupil engaging in a civic or political event, provided that the pupil notifies the school ahead of the absence (1 day per school year)
- Quarantine
- Participating in a cultural ceremony or event
- Administrator Approval of Student Absence form may be provided to parents/guardians requesting administrator approval for "justifiable personal reason" absences.

*Refer to the **LAUSD Parent Student Handbook** for a complete list of excusable absences.

Attendance procedures at Robert Frost Middle School

- Absence notes provided by parents are generally acceptable and will be reviewed by the school. School-site staff authorized to verify absence excuses of any kind may, when presented with facts that call into question the authenticity of the excuse, request additional information in support of the absence excuse, and/or may refuse to excuse the absence (CA Code of Regulations, Title 5, Section 306).
- For any student with a history of excessive parent excused absences, schools may limit the number of parent excused absences. In the event that parent excused absences are no longer accepted, absences will only be excused by a written note from a medical care provider, school nurse, or designee.
- It is the parent's/guardian's responsibility to provide documentation to verify the reason(s) for absence within ten (10) school days after the student returns to school in order to prevent absences from being recorded as unexcused/unexcused and counting towards truancy.
- Automated phone calls are sent twice daily to notify parents of absences and tardies. Parents are required to update their address and telephone numbers. This information can be updated using the *Student Emergency Form* (California Education Code section 49408).
- Parents are expected to contact the school when they are notified that their child is absent without their permission.
- Students with excessive absences will be referred to the **Assistant Principal** for further intervention which may include a referral to the school site School Attendance Review Team (SART), the School Attendance Review Board (SARB) and/or Juvenile Court.

Your child's daily attendance is critical to support academic success. Parents are encouraged to contact school staff regularly to inquire about their child's attendance and request support as needed. We look forward to collaborating with you to ensure your child succeeds.

Sincerely,
Dr. Elmer Choe
Principal

Frost Middle School Attendance Office FAQ

How do teachers submit attendance?

Online within the first 15 min. of class; all records finalized by 3:30 pm (M/W/Th/F) and 2:00 pm (Tues).

My child was absent. What should I do?

Email rfmshelpdesk@gmail.com: include student's full name, DOB, date(s) of absence, reason. Medical notes preferred for illness. DO NOT send notes only to teachers.

My child is going to be absent.

Email your child's teachers and copy rfmshelpdesk@gmail.com. For extended absences, notify your child's counselor.

My child was not absent but was marked absent.

Email the teacher to request a review, and copy rfmshelpdesk@gmail.com. No teacher response in 48 hrs? Email lnunez@lausd.net.

I received an attendance call. Why?

LAUSD auto-calls for absences or tardies. Listen carefully — calls specify periods affected. If your child attended, follow the "marked absent" steps above.

I dropped my child off at 7:30 am. Why was my child marked tardy?

Students must be **in their seats before the bell**. Delays at lockers/restrooms are common causes.

I want to pick my child up early.

Arrive during **Early Leave times** (see website). The process may take up to 15 min. Early leaves outside posted times cannot be guaranteed.

Does a partial day affect my child's official attendance percentage?

No. **Partial day attendance counts as a full day present** for attendance percentage (Total Days Present / Total Days Possible). If your child has a medical appointment, send them to school before or after — attending part of the day is always better than missing the whole day.

Why did I get a truancy letter if I cleared absences?

Letters are based on data at time of processing. Recently cleared absences may not yet appear. Check Parent Portal or contact us if concerned.

How can I check my child's attendance?

Use the **LAUSD Parent Portal** (real-time). Need help? Contact us.

Can I clear period absences?

No. Only teachers can review and adjust period absences. Email the teacher and copy rfmshelpdesk@gmail.com.

What absences are excused?

Illness, medical appointments, bereavement, religious holidays, court appearances. **Travel is NOT excused.**

How long do I have to clear an absence?

10 school days from the date of absence. After 10 days, uncleared absences become permanent.

Please submit absence notes to the Attendance Office in person or email RFMShelpdesk@gmail.com

ROBERT FROST MIDDLE SCHOOL	
Absence Reason Obtained from Parent/Guardian	
DATE:	
Student Name:	DOB:
Date(s) of Absence:	
Reason for Absence:	
Obtained from:	
Circle Period(s) Missed: H 1 2 3 4 5 6	Circle Period Returned: H 1 2 3 4 5 6
Time: Left Early: _____	Returned: _____
OFFICE USE ONLY	
<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Parent Portal <input type="checkbox"/> Schoology	
Other: _____	
Noted By:	Date Entered in Misis:

ROBERT FROST MIDDLE SCHOOL	
Razón de la ausencia obtenida del padre / tutor	
FECHA:	
Nombre del Estudiante:	Fecha de Nacimiento:
Fecha(s) de Ausencia:	
Motivo de la ausencia:	
Obtenido por:	
Circula periodo(s) perdidos: H 1 2 3 4 5 6	Circula período(s) que regreso: H 1 2 3 4 5 6
Tiempo: Salió Temprano: _____	Regreso: _____
SOLO USO DE OFICINA	
<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Parent Portal <input type="checkbox"/> Schoology	
Other: _____	
Noted By:	Date Entered in Misis:

Robert Frost Middle School — Bell Schedules

Regular Day			
(Mon / Wed / Thurs / Fri)			
Homeroom	Start Time	End Time	Length
	8:12 AM	8:47 AM	35 min
Period 1	8:52 AM	9:45 AM	53 min
Period 2	9:50 AM	10:43 AM	53 min
Nutrition	10:43 AM	10:53 AM	10 min
Period 3	10:58 AM	11:51 AM	53 min
Period 4	11:58 AM	12:49 PM	53 min
Lunch	12:49 PM	1:19 PM	30 min
Period 5	1:24 PM	2:17 PM	53 min
Period 6	2:22 PM	3:15 PM	53 min
Professional Development/Common Planning			
(Tuesday)			
Homeroom	Start Time	End Time	Length
	8:12 AM	8:47 AM	35 min
Period 1	8:52 AM	9:35 AM	43 min
Period 2	9:40 AM	10:23 AM	43 min
Nutrition	10:23 AM	10:33 AM	10 min
Period 3	10:38 AM	11:21 AM	43 min
Period 4	11:26 AM	12:09 PM	43 min
Lunch	12:09 PM	12:39 PM	30 min
Period 5	12:44 PM	1:27 PM	43 min
Period 6	1:32 PM	2:15 PM	43 min
Minimum Day			
Homeroom	Start Time	End Time	Length
	8:12 AM	8:32 AM	20 min
Period 1	8:37 AM	9:11 AM	34 min
Period 2	9:16 AM	9:50 AM	34 min
Period 3	9:55 AM	10:29 AM	34 min
Lunch	10:29 AM	10:49 AM	20 min
Period 4	10:54 AM	11:28 AM	34 min
Period 5	11:33 AM	12:07 PM	34 min
Period 6	12:12 PM	12:46 PM	34 min

Robert Frost Middle School - 12314 Bradford Pl, Granada Hills, CA 91344 - Phone: (818) 832-6900 - Fax:



ROBERT FROST MIDDLE SCHOOL

EARLY LEAVE CHECKOUT TIMES

Regular Day Schedule

Tuesday Schedule

8:12 AM - 10:30 AM

8:12 AM - 10:10 AM

11:00 AM - 12:35 PM

10:40 AM - 12:00 PM

1:30 PM- 3:00 PM

12:50 PM- 2:00 PM

Parents/Guardians – Are Your Kids Ready for School?

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY



Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
4 doses OK if one was given on or after 4th birthday; 3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**.

Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) (bit.ly/CDCVaccinesByAge) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) (bit.ly/Where2BVaxed).

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Scott M. Schmerelson, Vice President
Dr. George J. McKenna III
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Nick Melvoin
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Deputy Superintendent
Business Services and Operations

Smita Malhotra, MD
Chief Medical Director

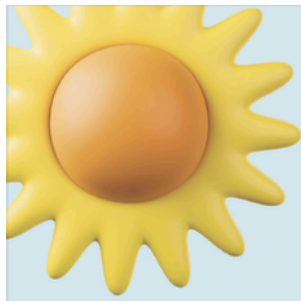
Los Angeles Unified School District
Medical Services Division
333 S Beaudry Ave., Floor 14
Los Angeles, CA 90017

Human Papillomavirus (HPV) is a common virus that can cause serious cancers later in life. It is estimated that HPV causes about 37,000 cases of cancer in men and women every year in the U.S. HPV vaccination can prevent over 90% of cancers caused by HPV. HPV vaccines are safe, and scientific research shows that the benefits of HPV vaccination far outweigh the potential risks. Like other vaccines, common side effects are mild, like pain or redness where the shot was given, and get better within a day or two.

Because it is safe and effective, vaccination against HPV is recommended by the CDC Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. It's also recommended by the American Cancer Society and California's Cancer Prevention Act.

HPV vaccine is more effective when given at younger ages. All children between the ages of 9 to 12 years are recommended to receive two doses of HPV vaccine, with the second dose given before the start of 8th grade. Kids who wait until later to get their first dose of HPV vaccine may need three doses. The HPV vaccine is often given at the same time as whooping cough and bacterial meningitis vaccines for adolescents. Ask your school nurse, health care provider or local health department to learn more about HPV vaccine and where your child can get vaccinated.

For questions, please contact District Nursing Services Branch at (213) 202-7580.



LAUSD
UNIFIED



FREE School Entry Immunizations during SUMMER BREAK

***Physical exams may
also be available**

**Clinics are not open daily.
Call for availability.**

Region	CLINIC	ADDRESS	HOURS	PHONE
East	<u>S.E.P.A. Center Los Angeles*</u>	1339 W. Angelina St. Los Angeles 90026	8 am - 3pm	(213) 482-1301
East	<u>San Miguel Healthy Start Clinic*</u>	9819 San Luis Ave. South Gate 90280	8 am - 3pm	(323) 566-8269
East	<u>Wilson HS School Based Clinic*</u>	4500 Multnomah St. Los Angeles 90032	8 am - 3pm	(323) 780-4575
South	<u>Foshay Health Center*</u>	3751 S. Harvard Blvd. Los Angeles 90018	8 am - 3pm	(323) 373-2788
South	<u>Diego Rivera LC Clinic Immunizations Only</u>	6100 S. Central Ave. Los Angeles 90001	8 am - 3pm	(323) 846-2001
North	<u>Telfair Student & Family Wellness Center*</u>	10911 Telfair Ave. Pacoima 91331	8 am - 3pm	(818) 899-6113
North	<u>Panorama (S.E.P.A.) Center *</u>	8015 Van Nuys Blvd. Panorama City 91402	8 am - 3pm	(818) 909-4596

Serving students & siblings ages 1 – 18 yrs old, with Medi-Cal or uninsured

All Clinics Closed: July 14 – July 18

To schedule an appointment, call the clinic

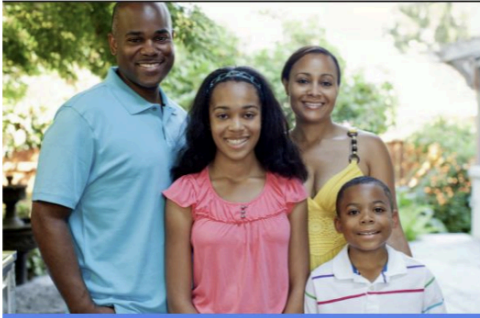
For information call

(213) 202-7590

**Walk-ins will be
accommodated based on
appointment availability**



2025



WELLNESS PROGRAMS
Children's Health Access & Medi-Cal Program (CHAMP)



DOES YOUR FAMILY NEED HELP GETTING FREE/LOW COST HEALTH INSURANCE?

All Families Healthy and Thriving

**CHAMP provides free access
to Medi-Cal, Covered CA,
and Kaiser Permanente Child
Health Program**

Health Insurance
**Application
Assistance,
Enrollment, and
Renewal**

**Outreach and
Education** on the
Affordable Care
Act "Obama Care"

Information About
Utilizing and
Maintaining
Health Insurance
Benefits

**Health Care
Referrals** to
School-Based
Health/Wellness
Centers and
Community Clinics



CHAMP (213) 241-3840 or email: champ@lausd.net

Weekdays 8:00 AM - 4:30 PM

CHAMP is a program within the Los Angeles Unified School District and is part of the Student Mental Health and Wellness Services Branch.



PROGRAMAS DE BIENESTAR
Programa Medi-Cal y de Acceso a la Salud Infantil



¿NECESITA SU FAMILIA AYUDA PARA OBTENER SEGURO MÉDICO DE BAJO COSTO/GRATUITO?

Todas las familias saludables y prósperas

**CHAMP ofrece acceso gratuito
a Medi-Cal, Covered CA y el
programa de salud infantil de
Kaiser Permanente**

Asistencia,
inscripción y
renovación de
solicitudes de
seguro médico

**Promoción y
educación** sobre la
Ley del Cuidado de
Salud a Bajo Costo,
conocida como
Obamacare

Información
sobre cómo **usar**
y **mantener** los
beneficios del
seguro médico

**Referencias
médicas** a Centros
Escolares de
Salud, Centros de
Bienestar y Clínicas
Comunitarias



CHAMP (213) 241-3840 o correo electrónico: champ@lausd.net

Días laborables 8:00 AM - 4:30 PM


CHAMP es un programa dentro del Distrito Escolar Unificado de Los Angeles y forma parte de la Oficina de Servicios Estudiantiles de Salud Mental y Bienestar.


Enroll. Get Care. Renew.

FREE MEDI-CAL OR LOW-COST COVERED CALIFORNIA EXISTS FOR MOST LOW-INCOME CALIFORNIA FAMILIES.

- ▶ **Medi-Cal** is a **public health insurance** available to low-income Californians. Starting January 1, 2024, all income-eligible Californians qualify for full scope Medi-Cal benefits **REGARDLESS OF AGE OR IMMIGRATION STATUS**. **Full scope Medi-Cal** covers more than just care when you have an emergency. It provides medical, dental, mental health, and vision (eye) care. Applying for Medi-Cal via the Covered California website is the fastest way to get covered.
- ▶ **Covered California** is a **free service** for individuals and families to get free or low-cost health insurance **OR** to get help paying for **private** health insurance. More information on page 2.

APPLY for Medi-Cal or Covered California:

 **By phone** 213-241-3840


 achieve.lausd.net/CHAMP

 **In-person:** <https://bit.ly/3Tk3cXV>

 champ@lausd.net




The 6 Step Roadmap to Medi-Cal

 **Check Your Eligibility**
Medi-Cal eligibility is based primarily on your income and state residency.

 **Eligibility Determination**
The county will process your application for eligibility.

 **Get Care**
Medi-Cal covers ALL medically necessary care.

 For more detailed information about how to Enroll, Get Care, and Renew Medi-Cal, please see page 2.

 **Apply for Medi-Cal**
Medi-Cal enrollment is open and available all year. Read more about enrollment above!

 **Select a Health Care Plan**
Most Medi-Cal enrollees must enroll in a health care plan.

 **Renew Your Medi-Cal**
Most people must renew their Medi-Cal every year.



This flyer was created with the support of the Whole Child Equity Partnership.

The 6 Steps to Medi-Cal

STEP 1

Check Your Eligibility

Children, pregnant and 12 months postpartum individuals have higher income eligibility levels than other adults. Your child(ren) may still qualify for Medi-Cal even if adult family members do not qualify.

If your income is above the Medi-Cal eligibility level, you may qualify for Covered California. If so, Medi-Cal will forward your information to Covered California, which will send you information about your automatic enrollment and what you need to do to activate it. [See the income limit chart.](#)

STEP 2

Enroll.

Apply for Medi-Cal in person, online, by mail, by phone, or find help in your community. Go to page 1 for more information or enroll at: www.CoveredCA.com

STEP 3

Eligibility Determination

After you apply:

- ▶ You will receive a **Notification of Likely Eligibility** by mail. **NEW!**—many Medi-Cal eligible applicants can now receive real time enrollment. This means that once the application is received, **you will have full coverage while the county processes the application.** For the fastest “real-time” enrollment, apply for Medi-Cal through www.CoveredCA.com (applications submitted by mail start accelerated enrollment when the county receives the application).
- ▶ You will receive a **Final Notice of Action** notifying you whether you can receive Medi-Cal. If you are denied Medi-Cal, you have the right to appeal. Ask for a **State Fair Hearing** by calling 800-952-5253, or by requesting it in writing.
- ▶ It can take up to 45 days to receive your Medi-Cal card in the mail after you apply, if you are eligible.

STEP 4

Select a Health Care Plan

You must choose a health plan within 30 days of receiving your health plan options in the mail. If you do not choose a plan within 30 days, Medi-Cal will choose a plan for you. The health plans available to you depend on what county you live in.

- ▶ Go to the Medi-Cal [Managed Care Health Plan Directory](#) to find your options.
- ▶ Visit the [Health Care Options](#) website for more information.

STEP 5

Get Care.

Find a primary care doctor. Ask your health plan for help locating an available doctor near you. Your health plan is required to help you make appointments, get interpretation services, [get free transportation to appointments](#), and use telehealth.

Medi-Cal covers ALL COSTS for screenings, mental health, vision, dental services, and all other medically necessary care.

Find a dental home. Medi-Cal offers dental benefits to both children and adults. Visit SmileCalifornia.org to find a Medi-Cal dentist.

Kids and Teens. Medi-Cal for Kids & Teens provides free services to keep your child healthy from birth to age 21. For more information, visit: <https://bit.ly/3T1Ga8e>



2024 Financial Help

You or your family may qualify for free Medi-Cal or premium assistance under Covered California.

For information on calculating income and household size, visit:

www.allinforhealth.org/financial-help

STEP 6

Renew.

It's important to ensure that Medi-Cal has your current address and updated phone number so that when it's time to renew your coverage, they can contact you. If you receive a renewal notice, be sure to act!

Follow these steps:

- ▶ Set up a BenefitsCal.com account to get renewal updates.
- ▶ Submit changes to your contact information so Medi-Cal can contact you about renewals.
- ▶ Fill out and submit renewal forms when they are received (online, phone, mail, or in person).

Often when family income increases, your child(ren) may still qualify for Medi-Cal even if adult family members no longer qualify. Fill out and submit Medi-Cal renewal information to keep your child(ren)'s free Medi-Cal coverage even if you may be enrolled in employer coverage or Covered California.

Children in foster care and former foster youth are not required to renew their coverage. Postpartum individuals also do not need to renew their coverage within 12 months postpartum.



Covered California

If you are ineligible for Medi-Cal:

- ▶ Covered California offers a selection of health plans. They help in comparing and choosing a health plan that works best for each person. To learn more, visit: www.CoveredCA.com
- ▶ Many Californians may qualify for financial assistance via a Premium Tax Credit or reductions in what enrollees pay for their health care (known as cost-sharing reductions).
- ▶ Open enrollment is the time of year when everyone can apply for a plan through Covered California. Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

www.allinforhealth.org

© The Children's Partnership 2024



YOU'RE INVITED! JOIN NOW! DONATE!

*DONATIONS MAY BE TAX-DEDUCTIBLE.
CONSULT YOUR CPA.



Direct donations through ZELLE
(Frost PTSA Zelle account: frostmspts@gmail.com)

Cash accepted in person.
Donation envelopes available.



AS A MEMBER:

- Your opinion and voice will be heard when important decisions that affect our school are made.
- You will partner with the principal, teachers, students, and staff to make the school safe, welcoming, a center of learning and a fun place to be.
- You will become a role model, demonstrating the importance of education and community.
- You will help create meaningful events and experiences that make this school special.
- You will connect with other parents and become part of California State PTA/PTSA and National PTA/PTSA, the largest and most powerful children's advocacy organization in the country.

HOW YOU CAN BE INVOLVED:

- Orientation
- Back to School Night
- Virtual Meetings
- School Clubs
- Support Materials for Classrooms
- School Programs: Arts & Sciences
- Fundraising Events
- Helping students & families in need
- Positive Behavior Program
- Culmination



frostmspts@gmail.com



@frostmspts



@frostmspts

COMPLAINT PROCESS

Any person may report sex discrimination, including sexual harassment; this would be true whether or not the reporter is the alleged victim. The report may be made to the District's Title IX Coordinator or to an elementary or secondary school employee, regardless of that employee's job description. Employees may be the ones reporting if they were witnesses to the harassment.

Complaints can be filed during business or non-business hours by mail, telephone, email; and/or by other means that result in the Title IX Coordinator receiving the report.

Once the Title IX Coordinator, Title IX Designee or other official with authority to take corrective action has received the report of sex discrimination, which includes sexual harassment, the District will both offer supportive measures to involved parties and will assist the complainant or the complainant's representative in understanding the grievance process in order to file a formal complaint of sexual harassment. The site personnel are essential in helping to coordinate the provision of supportive measures with the parties due to their more direct access to the parties.

Complaints will be kept as confidential as possible. Retaliation against someone who files a complaint or participates in a complaint investigation is not permitted.

BUL-2521.4

Attachment O

OFFICE OF STUDENT CIVIL RIGHTS

TITLE IX AND NONDISCRIMINATION

**STUDENTS:
KNOW YOUR RIGHTS**



OFFICE OF STUDENT CIVIL RIGHTS

**Do you need more
information or have additional
questions about Title IX and
Nondiscrimination?**

Speak with: Your school principal; the Title IX/Bullying Complaint Manager; the Region Operations Coordinator; or contact us:

Website: <https://www.lausd.org/oscr>

333 S. Beaudry Ave, 18th Floor
Los Angeles, CA 90017

Email: EquityCompliance@lausd.net

Phone: (213) 241-7682
Fax: (213) 241-3312

Binh Nguyen, Director
District Title IX & Section 504 Coordinator



LOS ANGELES UNIFIED SCHOOL DISTRICT
OFFICE OF THE GENERAL COUNSEL

September 25, 2023

TITLE IX REFERS TO FEDERAL ANTI-DISCRIMINATION LAWS THAT ENSURE SEX-BASED EQUALITY IN EDUCATION

- Students have the right to equal learning opportunities in their schools.
- Students and employees may not be excluded from participation in, be denied the benefits of, or be subjected to harassment or other forms of discrimination on the basis of sex in any program or activity.
- Students may not be required to take or may not be denied enrollment in a course because of their sex.
- Students have the right to be evaluated and graded without regard to their sex.
- Students must be provided counseling and guidance that is not discriminatory.
- Counselors may not urge students to enroll in particular classes or programs or activities based on sex.
- Schools must offer female and male students equal opportunities to play sports.
- Equipment and supplies, game and practice schedules, budgets, coaching travel allowances, facilities, publicity, support services and tutoring offered to teams are to be equivalent between male and female teams.
- Pregnant and parenting students have the same right as any other student to continue in their regular school and in any program for which they qualify.

SEXUAL HARASSMENT OF OR BY SCHOOL EMPLOYEES OR STUDENTS IS A FORM OF DISCRIMINATION AND IS THEREFORE PROHIBITED

- Schools must respond to allegations of sexual harassment once they are reported.
- Sexual harassment is conduct on the basis of sex and satisfies one or more of the following:
An employee conditioning the provision of an aid, benefit, or service of the District on an individual's participation in unwelcome sexual conduct, typically referred to as "quid pro quo" sexual harassment; or, sexual harassment is unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District's education program or activity; often referred to as "hostile environment" sexual harassment; sexual harassment can also be very specific conduct outlined under the Clery Act or Violence Against Women Act – these particular acts are considered severe enough in that only one such incident may be considered sexual harassment, such as sexual assault, dating violence, domestic violence, and stalking.
- Other forms of behavior may be inappropriate and prohibited under other policies and have other recourses, such as the District's Uniform Complaint Procedures (UCP).

YOU CAN MAKE A DIFFERENCE

- Do not harass. "I was only kidding," is not a defense for sexual harassment.
- Do not encourage harassment or stand by silently while someone else is being harassed. Having an audience encourages the harasser.
- Be respectful to everyone. Consider how your words and actions may be perceived by others.
- If you are harassed, tell the harasser to stop.
- If the harassment continues, report it.
- If friends or classmates confide in you that they have been sexually harassed, encourage them to report it.

HOW THE DISTRICT MUST RESPOND

Once the District knows of sexual harassment or allegations of sexual harassment, as defined under Title IX, the District must respond promptly and treat complainants and respondents equitably by offering non-disciplinary, non-punitive, individualized supportive measures to the parties and by following a grievance process that complies with Title IX to determine responsibility before any disciplinary sanctions are imposed. Supportive measures may include referrals for Multi-Tiered System of Supports (MTSS) meetings; options to avoid contact or mutual restrictions on contact, such as seating and class changes, changing student groupings, changes in work locations, safety plans, increased security and monitoring of certain areas of campus to prevent reoccurrence; training and educational materials; academic supports, extensions of deadlines, health support, counseling, and Restorative Justice.

SECTION 504 PARENT/GUARDIAN PROCEDURAL SAFEGUARDS INCLUDES:

- Written notification of any decisions concerning the identification, evaluation, and/or accommodation of students;
- Information needed to appeal any such decisions;
- Examination of relevant records;
- A parent, guardian, or the LEA shall have the right to audio record the proceedings of meetings and any team meetings held pursuant to Section 504 of the federal Rehabilitation Act of 1973 and EC Section 270.

SECTION 504 COMPLAINT PROCESS

Written Section 504 complaints that involve the following may be taken to the school site administrator:

- The school is not in compliance with the District's Section 504 policies/procedures.
- Disagreement with the school's decisions regarding Section 504 identification, evaluation, or plan accommodations/services for students.
- Disability-based discrimination, harassment, bullying and intimidation.

Please note that discrimination/harassment complaints must be filed within six (6) months from the date that the last incident(s) occurred or from the date the complainant first obtained knowledge of the facts of the alleged discrimination.

Local school site resolutions are encouraged. However, if the complaint cannot be resolved, a written complaint may be filed with the Office of Student Civil Rights.

OFFICE OF STUDENT CIVIL RIGHTS

Section 504:

No otherwise qualified individual with a disability...shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Where can I obtain further information or assistance?

Please contact your school site or Region and ask to speak to the Section 504 Designee

Website: <https://www.lausd.org/oscr>

District Section 504 Coordinator
333 S. Beaudry Ave, 18th Floor
Los Angeles, CA 90017

Email: EquityCompliance@lausd.net

Phone: (213) 241-7682
Fax: (213) 241-3312

OGC | **LAUSD**
UNIFIED
Office of the General Counsel

LOS ANGELES UNIFIED
READY FOR THE WORLD

OFFICE OF STUDENT CIVIL RIGHTS

**SECTION 504
AND STUDENTS
WITH
DISABILITIES**

LOS ANGELES UNIFIED SCHOOL DISTRICT
OFFICE OF THE GENERAL COUNSEL

SECTION 504 OF THE REHABILITATION ACT OF 1973 IS A FEDERAL CIVIL RIGHTS LAW THAT:

- Protects the rights not only of individuals with visible disabilities but also those with disabilities that may not be apparent.
- Prohibits discrimination/harassment against individuals with mental or physical disabilities in programs and activities that receive Federal financial assistance.
- Requires that students with disabilities be provided a free appropriate public education.

WHAT IS DISABILITY-BASED DISCRIMINATION/HARASSMENT?

Disability-based discrimination/harassment is intimidation or abusive behavior toward a student based on disability that interferes with or denies a student participation in or receipt of benefits, services, or opportunities in District programs and activities.

HOW DOES SECTION 504 APPLY TO STUDENTS WITH DISABILITIES?

Under Section 504, a plan may be developed to assist those students with disabilities who do not qualify for special education services but who may need accommodations or related aids and services that can be provided to them within the general education program.

HOW DOES SECTION 504 DEFINE “DISABILITY?”

A student is considered to have a disability if the student has a physical or mental impairment that substantially limits one or more major life activities.

WHAT IS A “SUBSTANTIAL LIMITATION?”

A student is considered to have a substantial limitation when the student is “unable to perform a major life activity that the average student in the general population can perform.” The impairment must be somewhat unique when compared to the average student of approximately the same age.

WHAT ARE “MAJOR LIFE ACTIVITIES?”

Major life activities may include, but are not limited to, functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating.



HOW IS A STUDENT EVALUATED UNDER SECTION 504?

A school team will conduct a Section 504 Evaluation for a student who, because of a disability, may need accommodations in the general education program. The team will:

1. Be knowledgeable about the student;
2. Evaluate the nature of the student's disability and the impact of the disability upon the student's education;
3. Consider all available relevant information about the student drawn from a variety of sources; and
4. Develop a Section 504 Plan if the student meets the criteria and accommodations are needed.

SOME EXAMPLES OF ASSISTANCE THAT CAN BE PROVIDED IN A SECTION 504 PLAN ARE:

- Changing the way assignments/tests are given
- Seating the student in the front of the class
- Developing a behavior support plan
- Using additional study aids
- Addressing path of travel/barrier removal
- Implementing health protocols