

STUDENT ENROLLMENT FORM

ATTENTION CUMULATIVE RECORD (CUM) CARRYING SCHOOL: This student is enrolled in the Carlson Home Instructional Program and Hospital School. Refer to Policy Bulletin No. BUL-1229.1. File this form in the student's CUM record. You will be notified when the student is discharged from the Carlson Program.

Section I

Student Name _____ BD _____ Age _____ Gr. _____
Last First MI
 Parent/Guardian _____ Tel. (_____) _____ Sex M F
 Address _____ Parent Work Tel. (_____) _____
 Service Address (if different from above) _____ Tel. (_____) _____
 Ethnicity (Check): Amer. Indian/Alaska Native Asian Black (not Hisp.) Filipino Hispanic Pacific Islander White (not Hisp.)

Section II

CUM Carrying School _____ Tel. (_____) _____
 LAUSD School Yes No Non-LAUSD Address: _____
 Contact Person _____ / _____ / _____ Date _____
Name Title Ext.
 Counselor (Secondary Schools) _____ / _____ / _____
Name Ext.
 Calendar/Track: Single Track (S) Concept 6 (3) _____ 90/30 (4) _____ LAUSD or SISS ID # _____
 Lunch Program: Free Reduced Ineligible
 Student Discipline: Yes No (Any incidents of misconduct that led to suspension/expulsion in the previous 3 years?)
 Prev. Carlson Enrollment: Yes No Unknown
 IEP: Yes No Eligibility Initial Last Annual Last 3-Yr
 504 Plan: Yes No Code _____ IEP _____ Review _____ Review _____
 English Learner: Yes No ELD Level _____
 Carlson Test Scores: Brigance STAR Other _____ Date _____ Reading GE _____ Math GE _____
 CUM School Test Scores: CAT/6 STAR Other _____ Date _____ Reading _____ % Math _____ %

Section III

E Code _____ Enrollment Date _____ Medical Expiration Date _____
 Carlson Teacher _____ Tel. (_____) _____ Ext. _____
 Check One: Home Teacher Supplemental Home Teacher Hospital Teacher Site Number _____ (Hosp. Teachers Only)

Section IV

Program Information 1 Year _____ Fall Semester Spring Semester Intersession ESY

Courses assigned this term by CUM carrying school	Last Reported Marks	Carlson Subjects/Courses OR IEP Goals (MD Eligibility only)	Marks	Credits

 Comments _____

Program Information 2 Year _____ Fall Semester Spring Semester Intersession ESY

Courses assigned this term by CUM carrying school	Last Reported Marks	Carlson Subjects/Courses OR IEP Goals (MD Eligibility only)	Marks	Credits

 Comments _____

Section V

L Code _____ Discharge Date _____
 Receiving School _____ Contact Person _____ Date _____
 Teacher Signature _____

DISTRIBUTION	GOLDENROD – to CUM Carrying School upon Enrollment PINK – to Carlson for Program 1 GREEN – to CUM Carrying School upon Discharge YELLOW – to Carlson for Program 2 WHITE – to Carlson upon Discharge
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KC - 5/07