

REQUEST TO ADD A NON-LAUSD STUDENT RECORD TO WELLIGENT

Los Angeles Unified School District

Planning Assessment and Research Division WELLIGENT SUPPORT SECTION (213)241-4174

Fax to: IEP Support Section (213) 241-8455		* = REQUIRED TO PROCESS
* From :	* Title:	*Emp #:
*School/Office:	* Phone #:	* Fax #:
*E-mail Address:		
Comments/Reason for request:		

STUDENT INFORMATION										
SCHOOL ASSIGNMENT										
FIRST NAME (Verify Birth Cert.)				M			LAST NAME (Verify Birth Cert.)			
DATE OF BIRTH				STUDENT ID (LAUSD SIS#)						
ADDRESS							APT #			
CITY				ZIP			HOME PHONE			
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F		ETHNICITY				PRIMARY LANGUAGE			
GRADE							TRACK			
PARENT /CONTACT INFORMATION										
Parent/Guardian's First Name					Last Name					
Relationship to student					Address same as Student?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Address (If not same as student)							Apt #			
City					Zip					
Home Phone				Cell Phone			Work Phone			
COMPLETE THIS SECTION IF STUDENT HAS A SPECIAL ED HISTORY										
Initial IEP date (best guess of when it occurred)										
Current IEP Meeting Date					Type of IEP					
Last 3yr/Re-evaluation IEP Meeting Date										
Primary Disability										
Notes:										