

Student Name:

## **Local District West**



11380 West Graham Place, Los Angeles, CA 90064 Telephone (310) 914-2100 *Karen G. Long*, Director

## **NEW MIDDLE SCHOOL ENROLLMENT PACKET**

6<sup>th</sup> and 7<sup>th</sup> Grade

Student Date of Birth:		Grade:
Previous School Attended:		
<ul><li>Migrant Education</li><li>American Indian-Al</li></ul>	t Form I Information Questionnaire Race Identification Form Program Questionnaire askan Native Letter Question The packet (note that the packet)	nnaire o later than February 17, 2017 by 5:00 p.m.)
Please note phone  Parent/Guardian Id  State Ident Consulate I  Court Orde  Student Proof of Ag  Original Bir  Immunization Card	bills are not accepted entification (one of the follo ification (DMV Identification .D.)  r establishing parent/guardiage (one of the following): th Certificate, Baptismal Certor Immunization Record frontering 7 <sup>th</sup> grade students and birthday) applicable)	Card, Driver's License, Birth Certificate, an relationship tificate, or Court Order
Enrollment Preferences  Group 1	FOR OFFICE	USE ONLY  ly: Provide Additional Paper Work where Applicable
<ul><li>□ Group 2</li><li>□ Group 3</li><li>□ Group 4</li></ul>	<ul><li>☐ Inter-District</li><li>☐ Special Educt</li><li>☐ English Learn</li></ul>	ration