



LOS ANGELES UNIFIED SCHOOL DISTRICT
BEYOND THE BELL BRANCH
READY, SET, GO!

Program Enrollment Application

For Office use only

Location Code

School Name

PARENT/GUARDIAN INFORMATION: *(Print clearly and complete all applicable sections)*
Check One: Parent Guardian

Last Name First Name

Address Apt. # City Zip Code

Home Phone # Work Phone # Cell Phone/Emergency #

APPLICANT INFORMATION (STUDENT/S): List the following information for all students in the household in grades 1-5.

1 _____
Last Name First Name

For Office use only

Student ID#

Age Grade M/F Room # Birthdate

2 _____
Last Name First Name

For Office use only

Student ID#

Age Grade M/F Room # Birthdate

3 _____
Last Name First Name

For Office use only

Student ID#

Age Grade M/F Room # Birthdate

I authorize the following adults (over 18 years of age) to sign-in my child.

Name Phone # Relationship

Name Phone # Relationship

Name Phone # Relationship

Parent/Guardian Signature Date