

Para Padres de Familia: Cómo llenar la solicitud de matriculación en línea

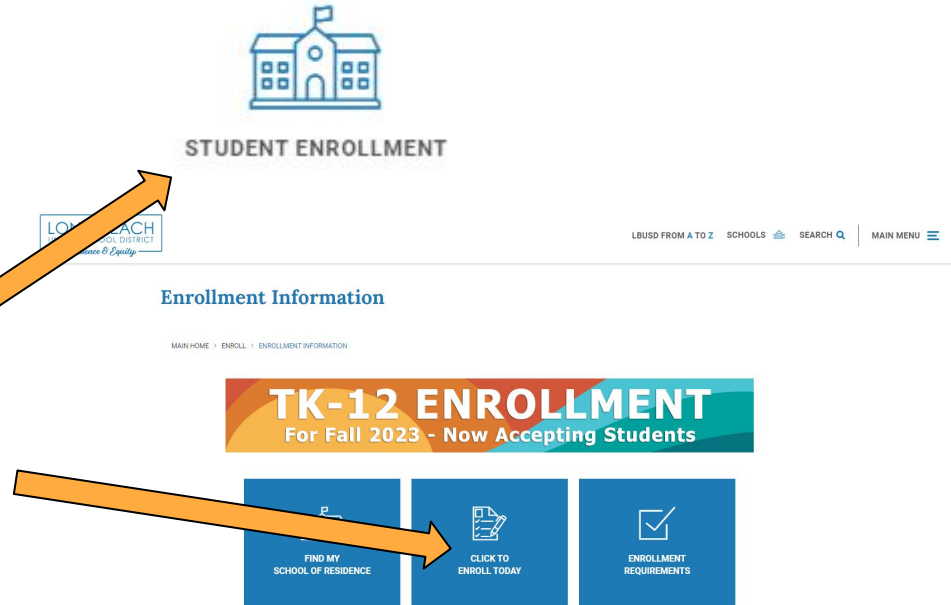
Un proceso paso-a-paso sobre cómo llenar la solicitud de matriculación en línea para estudiantes que se inscriben en LBUSD.

Actualizado en diciembre de 2023

Para empezar...

Paso 1: Visite su escuela de residencia para las instrucciones sobre su proceso de matriculación específico.

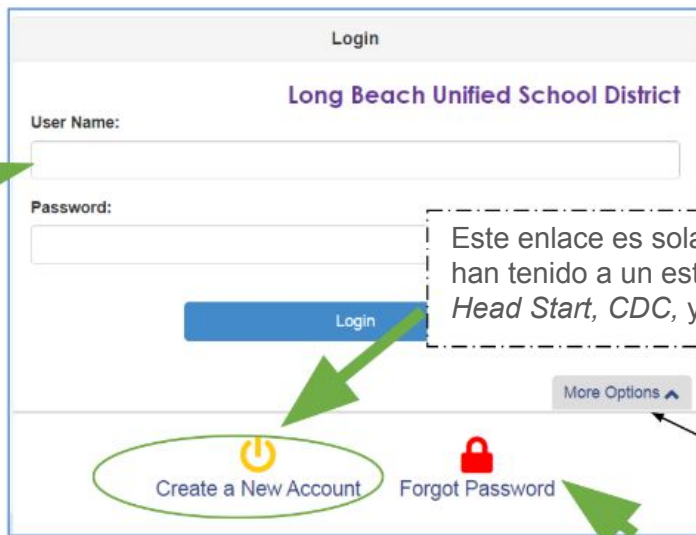
Paso 2: Una vez que haya recibido las instrucciones de su escuela, vaya a lbschools.net, seleccione el icono del edificio de la escuela para la matriculación en la página de inicio. Luego seleccione “Haga clic para Inscribirse Hoy” en la siguiente página.



Paso 3: Ingresar

Ingrese utilizando la cuenta ParentVUE con nombre de usuario y contraseña. Si nunca ha tenido un estudiante inscrito en LBUSD anteriormente, entonces haga clic en “Crear una cuenta nueva” (solamente para familias nuevas).

Si alguna vez ha tenido un estudiante en el LBUSD (actual o anterior), usará su nombre de usuario de ParentVue asociado con ese estudiante. (Si no sabe ingresar la sesión de la cuenta, comuníquese con su escuela)



Este enlace es solamente para los padres que nunca han tenido a un estudiante en el LBUSD (incluyendo *Head Start*, *CDC*, y Educación Especial).

Si los iconos no se ven, haga clic en “Más opciones” para extender la pantalla.

Paso 3: Ingresar, continuación

Si ha olvidado su nombre de usuario o contraseña de ParentVUE:

1. Haga clic en el icono de “contraseña olvidada”.
2. Luego, ingrese el correo electrónico que utilizó para crear la cuenta de ParentVUE. Si no recuerda el correo electrónico que utilizó, o si ya no usa ese correo electrónico, comuníquese con su escuela de residencia para cambiarlo.

Paso 4: Seleccionar la solicitud

Seleccione la solicitud deseada de los iconos disponibles.

Si no está seguro cuál solicitud seleccionar, haga clic en “Más información” para abrir una descripción de la solicitud antes de hacer su selección.

Good morning,

SELECT REGISTRATION TO BEGIN

Please select the online packet you would like to begin

2023-2024 School Year



Annual Student Verification

More Info



CURRENT
CDC/Head Start
Kindergarten
Registration

More Info



School of Choice-
Incoming 6th, 9th
Grade Residents

More Info

This application is for incoming 6th and 9th grade students who are LBUSD residents but currently attending a different district or private school and want to attend LBUSD for 6th or 9th grade.

Paso 5: Bienvenida

Lea la introducción y haga clic en “Continuar”.

Welcome

Information

Welcome to the ParentVUE Registration System for families applying to LBUSD. You will need immunization records and emergency contacts to complete the registration process. You have the option to upload your child's birth verification (birth certificate, baptism certificate, or passport) and two documents that verify your home address (electricity, water, or gas bill; rental agreement or mortgage statement). Please note **some sites** may also require you to provide a hard copy of the documents.

Parents/guardians who enroll their children online during school closures must provide the following original documents to school staff once schools reopen:

1. Two proofs of residency
2. Immunization records
3. Permanent Health History Form
4. Official transcripts (middle & high school only)
5. Proof of age (i.e., birth certificate, baptismal certificate, etc..)
6. IEP or 504, if applicable
7. DCFS 1399 Form, if applicable
8. Court order, if applicable

 Throughout the Online Registration process, you will be presented with a variety of information to enter. Many Steps will have required fields marked by an asterisk (*). You must enter information into these fields before you will be allowed to continue.

[Continue](#)

Paso 6: Resumen del estudiante

Si actual o previamente tuvo un estudiante en el LBUSD, la matriculación del estudiante aparecerá aquí.

Haga clic en “Guardar y Continuar”.

Student Summary

Information

Students listed below are current, withdrawn, or graduated students.

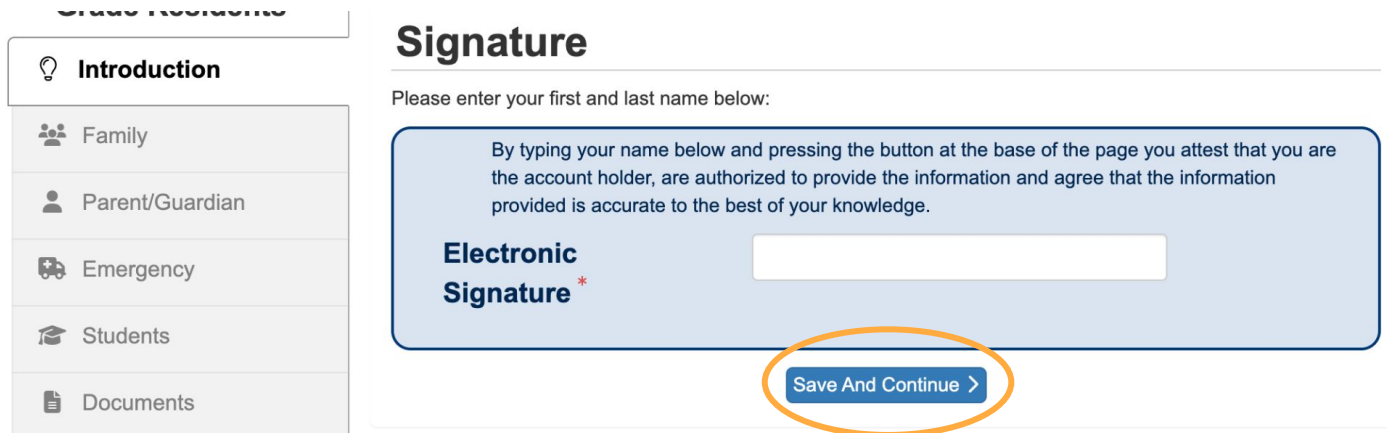
First Name	Last Name	Grade	School Year	School	Status
Ruby	Kim		2020	Burcham Elementary	Student already has an active enrollment for this year

[Save And Continue >](#)

Paso 7: Firma

Escriba su nombre y apellido como su Firma Electrónica. Si está recibiendo un mensaje de error y no puede continuar, llame a su escuela de residencia y pídale que verifiquen cómo aparece su nombre en nuestro sistema.

Haga clic en “Guardar y Continuar”.



The screenshot shows a web interface for a registration process. On the left is a vertical sidebar menu with the following items: 'Introduction' (selected), 'Family', 'Parent/Guardian', 'Emergency', 'Students', and 'Documents'. The main content area is titled 'Signature' and contains the following elements: a prompt 'Please enter your first and last name below:', a light blue rounded rectangular box with a dark blue border containing the text 'By typing your name below and pressing the button at the base of the page you attest that you are the account holder, are authorized to provide the information and agree that the information provided is accurate to the best of your knowledge.', a text input field, and a blue button labeled 'Save And Continue >' which is circled in orange.

Signature

Please enter your first and last name below:

By typing your name below and pressing the button at the base of the page you attest that you are the account holder, are authorized to provide the information and agree that the information provided is accurate to the best of your knowledge.

Electronic Signature *

Save And Continue >

Paso 8: Domicilio de la familia

Si actual o previamente tuvo un estudiante en el LBUUSD, su información aparecerá automáticamente en el recuadro gris al pie de la página. Si desea realizar cambios, haga clic en la casilla de verificación para presentar los cambios.

Haga clic en “Guardar y Continuar” al terminar.

Home Address

Instructions

Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.

Check here if your address has changed.

Address as entered from above:

LONG BEACH, CA 90810

Save And Continue >

Paso 8: Domicilio de familia, continuación

Mensaje de error

Si el domicilio que tiene registrado está fuera de los límites de LBUSD, entonces tendrá que comunicarse con la escuela a la que está solicitando.

Si cree que el mensaje de error es una equivocación y que su domicilio pertenece a los límites de LBUSD, necesitará volver a enviar su domicilio para ser verificado. Para hacerlo, seleccione el botón “cambiar domicilio”, luego seleccione la casilla “Marcar aquí...” y borre todas las áreas con información y vuelva a enviar su domicilio.

Home Address

⚠ Home Address Is Out Of District Boundary

Online registration is only available for families within the Long Beach Unified School District boundaries. If you live outside the boundaries, please contact the school you are applying to ensure your application is reviewed.

[Change Address](#)

[Logout](#)

Home Address

📘 Instructions

Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.

Check here if your address has changed.

Address as entered from above:

LONG BEACH, CA 90810

[Save And Continue >](#)

Paso 8: Domicilio de la familia, continuación

Si tiene un estudiante que es nuevo al LBUSD, o si desea enviar actualizaciones de domicilios para estudiantes anteriores / actuales de LBUSD, asegúrese de utilizar el motor de búsqueda para agregar su dirección.


Esto automáticamente aparecerá en las áreas a continuación, pero asegúrese de revisarlo antes de hacer clic en “Guardar y Continuar”.

Home Address

Instructions

Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.

Date of the address change

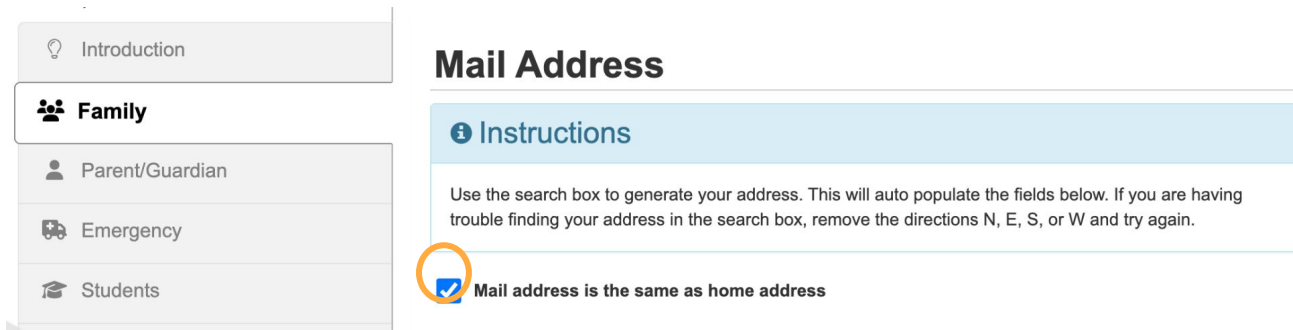
  

Paso 9: Domicilio de la familia para la correspondencia

Si desea que su correo vaya a una dirección que no sea su casa, use el motor de búsqueda de direcciones para llenar esta sección.

Si desea que su correo de correspondencia y domicilio sean los mismos, marque la casilla.




Haga clic en “Guardar y Continuar” al terminar.



The screenshot shows a sidebar menu on the left with five items: 'Introduction' (lightbulb icon), 'Family' (group of people icon, highlighted), 'Parent/Guardian' (person icon), 'Emergency' (ambulance icon), and 'Students' (graduation cap icon). The main content area is titled 'Mail Address' and contains an 'Instructions' box with a blue header and an information icon. The instructions text reads: 'Use the search box to generate your address. This will auto populate the fields below. If you are having trouble finding your address in the search box, remove the directions N, E, S, or W and try again.' Below the instructions is a checkbox with a blue checkmark, circled in orange, and the text 'Mail address is the same as home address'.

Paso 11: Emergencia

Si actual o previamente tuvo un estudiante matriculado en el LBUSD, esta información aparecerá automáticamente.

Puede  editar,  borrar o  agregar nuevos contactos de emergencia al usar las opciones en el lado izquierdo. Es necesario agregar al menos 2 contactos de emergencia. Hay un límite de 6 contactos de emergencia.

Haga clic en “Guardar y Continuar” al terminar.

EMERGENCY

Please add at least 2 emergency contacts. If you already have an emergency contact, please verify by clicking on the Edit button.

	First Name	Last Name	Gender	Status
 Edit  Delete	John	Doe		 Complete
 Edit  Delete	Jane	Doe		 Complete

 Add New Emergency Contact

< Previous **Save And Continue** >

El estado debe mostrar "finalizado" para todas las personas mencionadas antes de pasar a la siguiente página.


Paso 12: Estudiantes

Hay 2 secciones en esta página: Matriculación de Estudiantes y Lista de Estudiantes.

Lista de Estudiantes = Cualquier estudiante que ya está matriculado en una escuela de LBUSD, **no es necesario volverlo a matricular**. Ellos automáticamente serán agregados al próximo ciclo escolar.

Los únicos estudiantes que deben estar en la sección de “Matriculación de Estudiantes” son los estudiantes nuevos o inactivos que regresarán al LBUSD.

Para los estudiantes que regresan, haga clic en  “Editar inf. estudiantil”.

Para los estudiantes nuevos que nunca han sido matriculados en LBUSD, haga clic en  “Agregar Estudiante Nuevo”.

STUDENTS

For new students to LBUSD, please enroll online. More instructions can be obtained at your resident school. This application should only be used for new enrollments to LBUSD. All returning students will be automatically enrolled for the next school year. Only complete this application if you have a new student to LBUSD.

Students registering

Haga clic redactar para matricular a los estudiantes mencionados.

 Edit student info

 Click here to exclude student

 Remove from application

 Add New Student

First Name	Middle Name	Last Name	Gender	Grade	Status
Sample		Student	Male	08	 Not Completed

El estado debe mostrar "finalizado" para todas las personas mencionadas antes de pasar a la siguiente página.

Esta opción excluye al estudiante de la matriculación en LBUSD, si tiene varios estudiantes mencionados en esta sección.

Current LBUSD students do not need to re-enroll for the next school year. Students are automatically enrolled for the next school year.

Student List

No utilice esta sección

First Name	Middle Name	Last Name	Gender	Grade	Notes
			Male		Student already has an active enrollment for this year

Paso 13: Perfil del estudiante

Al agregar un nuevo estudiante, se le pedirá que ingrese la siguiente información:

- Datos demográficos (nombre legal completo, fecha de nacimiento, sexo, etc.)
- Lenguaje (qué idioma habló el estudiante por primera vez, qué idioma habla el estudiante en casa, qué idioma hablan el estudiante y los padres en casa y qué idioma hablan los adultos en casa)
- Contacto del estudiante (teléfono y correo electrónico del estudiante; NO es la información del adulto)
- Residencia del estudiante (dónde vive el estudiante y con quién)
- Etnicidad/Raza
- Salud (información de contacto del médico y dentista; opcional)
- Historial de salud permanente (condiciones de salud, limitaciones y medicamentos, si corresponde)
- Vacunas
- Escuela anterior
- Servicios especiales (si corresponde)
- Parentesco (indique el parentesco de los adultos enumerados con el estudiante)
- Actualización del Orden de Contactos de Emergencia (el orden indicará a quién se llama primero en caso de una emergencia)
- Revisión de las políticas
- Seguro médico estudiantil opcional
- Cuestionario opcional

Deberá llenar cada página antes de poder seleccionar “Guardar y Continuar”. Proporcionaremos imágenes de las pantallas de cada página en las siguientes diapositivas, pero queríamos enumerarlas aquí para que sepa que esta será la parte más larga de la solicitud de matriculación en línea.

Datos demográficos e inf. del lenguaje

Demographics: Sample Student

Instructions

Please enter all legal student information below. If there is a student nickname desired, please inform the school site at a later date.

First Name *

Middle Name *

No Middle Name

Last Name *

Suffix

Gender *

Birth Date *

What is the student's current level for 2022-2023 school year? *

Primary Address *

Home Address <input type="text"/> LONG BEACH, CA 90810	Mail Address <input type="text"/> LONG BEACH, CA 90810
--	--

Would you like to opt-out of CCGI information?

Opt Out of CCGI

[< Previous](#) [Save And Continue >](#)

Which language did your child learn when he/she first began to talk?
Language First Learn *

Which language does your child most frequently speak at home?
Spoken by Student at Home *

Which language do you (the parents or guardians) most frequently use when speaking with your child?
Spoken to Student at Home *

Which language is most often spoken by adults in the home? (Parents, guardians, grandparents, or any other adults)
Spoken by Adults at Home *

[< Previous](#) [Save And Continue >](#)

Información de contacto del estudiante

Esta sección es para la información del estudiante, **no es la información del padre de familia**. Tenga en cuenta que es posible que tenga que desplazarse hacia la derecha para ver todas las áreas.

Si el estudiante no tiene su propio teléfono celular, marque la casilla “El estudiante no tiene un número de teléfono”. Si el estudiante no tiene una dirección de correo electrónico, deje ese espacio en blanco.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

DEMOGRAPHICS 13%

Contact Information: **Sample Student**

Instructions

Please enter the student's phone number and/or email address. This should be separate from the parent information. If the student does not have a phone number or email address, check the box indicating the information is not available. Do not enter in guardian number or email address.

Student has no phone numbers.

✕	Line	Primary	Type	Phone	Extension	Not Listed	Phone Communication	Text Communication
<input type="checkbox"/>	1	<input type="checkbox"/>	▼ *	() - *	□	<input type="checkbox"/>	Yes ▼	No ▼

+ Add New

Student Personal Email

< Previous
Save And Continue >

Inf. de residencia y etnicidad/raza del estudiante

Indique la situación actual de vivienda del estudiante. Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Presently, where is the student living?

Residence Type*

The student lives with:

Family Code

[< Previous](#) [Save And Continue >](#)

Indique la etnicidad y raza del estudiante. Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Ethnicity: **Sample Student**

Select One *

Provide the following information about the student's race:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Asian - Japanese |
| <input type="checkbox"/> Asian - Korean | <input type="checkbox"/> Asian - Vietnamese |
| <input type="checkbox"/> Asian - Indian | <input type="checkbox"/> Asian - Laotian |
| <input type="checkbox"/> Asian - Cambodian | <input type="checkbox"/> Asian - Hmong |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Pacific Islander - Native Hawaiian |
| <input type="checkbox"/> Pacific Islander - Guamanian | <input type="checkbox"/> Pacific Islander - Samoan |
| <input type="checkbox"/> Pacific Islander - Tahitian | <input type="checkbox"/> Pacific Islander - Other |

[< Previous](#) [Save And Continue >](#)

Inf. de salud del estudiante

En esta página, puede proporcionar la información médica y del dentista. Es opcional, por lo tanto, se puede omitir si así lo desea.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Health Information: **Sally Smith**

Physician

Name

Phone Number () -

Extension

Preferred Hospital

Dentist

Name

Phone Number () -

Extension

Office

Historial de salud permanente (1 de 3)

Seguro médico y condiciones de salud

Indicar el plan de seguro médico del estudiante es opcional, pero las condiciones de salud son áreas obligatorias. Llénelos como corresponde.

Permanent Student Health History: **Sample Student**

Instructions

PERMANENT STUDENT HEALTH HISTORY

The following information is to be treated as confidential and will assist the School Nurse with the student's program. [Notes from physicians should be taken to the School Nurse.](#) If the student is taking medications for the following conditions, please indicate it in the **Medications** section.

Name of health insurance/plan:

Medi-Cal?

1. Allergies/Hay Fever *

2. Allergy to bee/insect sting *

3. Asthma *

4. Childhood diseases:

* Chicken Pox *

* Scarlet Fever *

* Meningitis *

5. Colds/frequent sore throats *

6. Diabetes *

* Tests blood *

* Takes insulin *

Historial de salud permanente (2 de 3)

Condiciones de salud, continuación y limitaciones físicas

Llene las áreas obligatorias, como corresponde. No se requerirán fechas si la condición/limitación no corresponde al estudiante.

7. Epilepsy/convulsions/seizures *	<input type="text"/>
Date of last seizure	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>
8. Ear Infections *	<input type="text"/>
* Hearing loss *	<input type="text"/>
* Wears hearing aids *	<input type="text"/>
9. Heart disease *	<input type="text"/>
*or physical limitations, enter "Yes" and please indicate in #16, Special concerns.	
* Physical limitations *	<input type="text"/>
10. Speech problems *	<input type="text"/>
11. Skull fracture or concussion *	<input type="text"/>
* Concussion Date	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>
12. Surgery *	<input type="text"/>
* Surgery Date	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>
* Reason for Surgery	<input type="text"/>
13. Tuberculosis *	<input type="text"/>
* Tuberculosis in Family *	<input type="text"/>
14. Wears glasses *	<input type="text"/>
* Wears contact lenses *	<input type="text"/>

Historial de salud permanente (3 de 3)

Medicamentos

Si un estudiante está tomando algún medicamento, debe aparecer aquí al seleccionar cualquiera de los botones “agregar nuevo” en las secciones de medicamentos en la escuela o en el hogar.

Si un estudiante no está tomando ningún medicamento, entonces seleccione la casilla “El estudiante no tiene medicamentos”.

Si anteriormente había indicado “sí” para limitaciones físicas (entre 9 y 10), entonces indique cualquier preocupación en el número 16. Si la respuesta es no, deje en blanco.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

If medication is taken daily, enter "Yes" and please indicate in "List of Medications."

15. Takes medication(s) daily *

16. Special concerns:

Student has no medication

- OR -

List any medications that need to be taken by the student at school

Medication Name	Dose	Frequency	Reason
+ Add New School Medication			

List any medications not listed above or provide additional comments about the medications to be taken at school

List any medications taken by the student at home

Medication Name	Dose	Frequency	Reason
+ Add New Home Medication			

List any medications not listed above or provide additional comments about the medications to be taken at home

< Previous [Save And Continue >](#)

Vacunas del estudiante

Favor de agregar el registro completo de las vacunas de su estudiante aquí.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Immunization: **Sample Student**

Instructions

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment. If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a medical exemption for the missing shot(s), including the duration of the medical exemption. A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit ShotsforSchool.org. You must also submit an immunization record for all required shots not exempted.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
Polio (OPV or IPV)	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
DTP/DTaP/DT/Td	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
MMR	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>			
HIB Meningitis	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	
Hepatitis B	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>		
Varicella	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>				
Tdap Booster	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>				
Hepatitis A	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>				
Meningococcal	<input type="text" value="MM/DD/YYYY"/>					
COVID (comment type vaccine)	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>			

Save And Continue

Escuela anterior

En esta sección, agregue los nombres de las escuelas anteriores a las que ha asistido el estudiante. Tenga en cuenta que es posible que tenga que desplazarse hacia la derecha para ver todas las áreas.

Previous Schools Attended: **Sample Student**

Instructions

Please provide the most recent schools attended. For Kindergarten registrations, please include Preschool enrollments. Notify the school site of any additional schools attended that do not fit in the space provided.

School Name	City	State	Country	Grade	School Year Attended	Phone
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) - <input type="text"/>

[< Previous](#)
[Save And Continue >](#)

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Servicios especiales

En esta sección se pregunta sobre servicios especiales para el estudiante. Si su estudiante ha sido evaluado o ha participado en algún servicio / programa especial, cuando lo indique aquí, se le harán más preguntas. Responda las preguntas que correspondan para su estudiante y al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Special Services: **Sample Student**

Instructions

Please provide the special services history for this student:

Has this student ever been tested for special services or programs? *

- No
 Yes

Has this student ever participated in special services or programs? *

- No
 Yes

< Previous **Save And Continue >**

Si la
respuesta
es sí,
entonces



Identify which of the following apply to this student:

Extended Learning Program (ELP) / Gifted / GATE / Accelerated * No Yes

Speech Therapy * No Yes

Does this student have a current 504 plan? * No Yes

Special Education * No Yes

Does the student have a current IEP? * No Yes

What is the approximate date of signature? * 

What is the name of the school where signed? *

< Previous **Save And Continue >**

Parentesco del padre de familia / tutor

Indique el parentesco para cada padre de familia / tutor utilizando las listas desplegables y marque las casillas apropiadas para cada persona mencionada.

La casilla “PVUE” debe usarse solamente cuando hay padres de crianza que no cuentan con los Derechos Educativos.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Parent/Guardian Relationships: Sample Student

Instructions

Indicate the relationship each Parent/Guardian has with the student:

Relationship	First Name	Last Name	Gender	Lives With	Contact Allowed	Ed Rights	Has Custody	PVUE (View Only Access)	Communications Allowed	Release To	Financial Resp
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- OR -											
<input type="checkbox"/> No Relationship											

Lives With: Indicates the parent/guardian lives in the household with the student.

Contact Allowed: Indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.

Ed. Rights: Indicates the parent/guardian has rights to make decisions regarding the student's education and access to student information in the Synergy parent portal.

Has Custody: Indicates the parent/guardian has legal custody of the student.

ParentVUE: Indicates the parent/guardian has access to ParentVUE for the student.

Mailings Allowed: Indicates the parent/guardian may receive mailings regarding the student.

Release To: Indicates the school may release the student to the parent/guardian.

Financial Resp.: Indicates the parent/guardian is financially responsible for the student.

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Parentesco de los contactos de emergencia

Indique el parentesco para cada persona en el contacto de emergencia que había presentado anteriormente utilizando las listas desplegables y marque la casilla “Entregar a” para cualquier persona que le gustaría que se le permitiera recoger a su estudiante de la escuela.

Tenga en cuenta que si selecciona la casilla “No hay parentesco” para cualquier persona mencionada en el contacto de emergencia, la casilla “Entregar a” será eliminada y no se le permitirá a dicha persona recoger al estudiante de la escuela. Pero, si existe un parentesco y no desea que se le permita recoger al estudiante, aún puede indicar un parentesco y dejar la casilla “Entregar a” sin marcar.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Emergency Contact Relationships: **Sample Student**

Instructions

Indicate the relationship each emergency contact has with the student. Later, you will be asked to indicate your call order preference for all contacts.

Associate at least 2 contacts and at most 10.

Relationship	First Name	Last Name	Gender	Release To
<input type="text" value=""/> - OR - <input type="checkbox"/> No Relationship	John	Doe		<input type="checkbox"/>
<input type="text" value=""/> - OR - <input type="checkbox"/> No Relationship	Jane	Doe		<input type="checkbox"/>

Orden de contactos de emergencia

Coloque todos los contactos de emergencia arrastrando y soltando.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Emergency Contact Order: **Sample Student**

Instructions

Drag and drop the contacts below in the order in which they should be contacted in the event of an emergency:

- 
- 1 (Mother)
 - 2 (Father)
 - 3 John Doe (Friend)
 - 4 Jane Doe (Relative)

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Selección de escuela

Esto se basará en el domicilio del hogar y el nivel de grado escolar que se ingresó al empezar la solicitud y será la escuela de residencia. Todos los estudiantes deben estar matriculados primero en su escuela de residencia.

Para los estudiantes de nuevo ingreso del 6° o 9° grado escolar - Una vez que reciba el correo electrónico de confirmación que la matriculación ha sido procesada, cada padre de familia **deberá** presentar una solicitud de Elección de Escuela por separado en ParentVUE para seleccionar sus opciones.

Para todos los demás padres de familia (de KT a 4°, 6° y 7°, 9° a 11° grado escolar) - La Elección de Escuela es opcional. Después de recibir por correo electrónico su confirmación de matriculación, llene la Solicitud de Elección de Escuela en ParentVUE si desea que su hijo asista a otra escuela que no sea la escuela de residencia.

Para mayor información viste:
https://www.lbschools.net/Departments/School_Choice

School Selection: **Sample Student**

Information

Based on the home address entered, you live within the attendance boundary of Stephens Middle School

Home Address:



LONG BEACH, CA 90810

1. School Selection *

Stephens Middle School

1830 W Columbia, LONG BEACH, CA 90810

Políticas

Revise nuestras políticas y seleccione lo que prefiera para cada una de ellas.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Release Information: **Sample Student**

Instructions

Parent notifications booklet, “Guidelines for Parents and Students,” is available for viewing on our website at http://www.lbschools.net/Departments/Parent_U/guidelines.cfm. It contains important information for you to review.

The annual parent notifications booklet, “Guidelines for Parents and Students,” is available for viewing on our website at lbschools.net under Families > Guidelines for Parents and Students (or [click here](#) to view). This booklet contains important information, and we encourage you to become familiar with its contents. If needed, you may request a hard copy of this booklet at your student’s school.

I acknowledge receipt of this notice regarding the availability of the Guidelines for Parents and Students

School districts are required to release student directory information for military recruitment purposes unless parents request that Student Directory Information be withheld. Information about your students that can be released to military, as well as other agencies listed below, includes name, address, telephone number, email address, birth date, enrollment, attendance dates, graduation, high school major, participation in officially recognized activities and sports, if on an athletic team—weight and height, diploma and awards received. Agencies receive only the information directly related to their request. For example, a scholarship sponsor would receive dates of attendance, honors and awards information but not weight and height.

Agencies requesting information: Governmental: The Armed Services, Probation Department, Department of Children’s Services, law enforcement in the course of official duties, Social Security, Veteran’s Administration, elected officials. School-related: PTA, VIPS, school transportation, work-experience employers, Site-Council. Employers: Potential or current employers. Post Secondary: Colleges, other post-secondary institutions. News Media: Reporters in conjunction with a news story. Community-related: Grantors of awards, scholarships, honors. You may designate whether you would like your student’s information withheld from the armed services (military) only or from all agencies. Directory information regarding a pupil identified as a homeless child or youth shall not be released unless a parent, or pupil given parental rights, has provided written consent that directory information may be released.

Opt out of military info release *

Opt out of directory information *

I hereby understand and acknowledge my child’s participation in the LBUSD media publications (including but not limited to school/district videos, photos for display and/or other school/district publications). If you prefer to opt in to photo/media publications, please indicate here.

Opt in photo/media *

The California Healthy School Act of 2000 is a right-to-know law that allows parents/guardians/staff to request to be notified when pesticides are applied at public schools and child care centers. The law encourages the adoption of effective, lower risk pest management practices, also known as Integrated Pest Management (IPM). If you wish to be notified when pesticides are applied, please indicate below. This can be updated anytime through PVUE.

Pesticide Notification *

The school district, in cooperation with the California Departments of Health Care Services and Education, participates in a program that allows the district to be reimbursed with federal Medicaid dollars for select health services provided to enrolled Medi-Cal students at school. In accordance with state and federal rules and guidelines, we are notifying you that some information may be released from your student’s records to our reimbursement recovery vendor, Paradigm Healthcare Services, LLC and to the Department of Health Care Services (DHCS) for claiming purposes only (and your child’s Medi-Cal benefits may be accessed). All information that is shared is encrypted and transmitted securely to both our vendor and to DHCS. The education records that may be shared as a result of our participation in this program include:

Do you consent to bill Medi-Cal if any eligible services are provided? *

Technology
Does student have access to the internet at home? *

Board Policy 6142.1 states that high school students will have anonymous access to free condoms. If you do not want your student to receive written or verbal instructions on the proper use of condoms, please opt out below. **A response is optional.**

Opt Out

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Seguro médico estudiantil opcional

Esta página proporciona información sobre el seguro médico para estudiantes que es completamente opcional. Si está interesado, preste atención al sitio web que aparece en la parte superior y la información de contacto que aparece en la parte inferior de esta página.

Al terminar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Optional Student Insurance: **Sample Student**

Instructions

Parent notifications booklet, “Guidelines for Parents and Students,” is available for viewing on our website at http://www.lbschools.net/Departments/Parent_U/guidelines.cfm. It contains important information for you to review.

BUSINESS DEPARTMENT- Financial Services
Risk Management Branch
1515 Hughes Way, Long Beach, California 90810-1839
(562) 997-8193

Student Injuries and Insurance Offered by Myers-Stevens & Toohey 2023-2024 School Year

Dear Parent/Legal Guardian:

The safety of our students is of critical importance to all of us and we want to protect them from injury. Even so, accidents do happen (at school and elsewhere) and required medical care can be expensive. Please know that your school does not assume responsibility for such costs but does offer you access to several student accident insurance plans for voluntary purchase. Details and enrollment information can be found at the MST website www.myers-stevens.com

Options are available to cover your child 24/7, anywhere in the world or you can limit coverage to school-related injuries only. The plans do **not** restrict your choice of doctors or hospitals. However, you'll also have access to an extensive network of providers with discounted fees. Seeking care through contracted providers may further reduce your out-of-pocket costs, particularly if your child needs surgery or hospitalization.

Also offered is the pay-as-you-go *Student Accident & Sickness Plan* which covers sickness as well as injury, in and out of school. The *Dental Accident plan* can be of particular value with younger students as final treatment to injured teeth often needs to be deferred until after they mature.

Common emergency benefits – Regardless of the benefit level selected, all of the accident medical plans and the *Student Accident & Sickness Plan* will cover eligible charges for *Ambulance, Emergency Room and Emergency Room Physician* at 100% of Usual, Customary and Reasonable charges (UCR) up to plan limits.

Enhanced benefits for qualified concussions – If an insured student suffers a concussion while participating in any covered activity and is consequently removed from play from his/her interscholastic sport per the school's formal concussion protocols, then any deductible or inside limit features of the plan are waived and eligible charges for the evaluation and treatment of the concussion are paid at 100% of UCR subject to remaining policy terms and conditions.

Interscholastic Sports – Please know that all plans offered (other than the Dental Accident Plan) may be used to comply with applicable state and local insurance requirements for participation in interscholastic sports (coverage for high school tackle football is offered on a stand-alone basis).

You are strongly encouraged to carefully review the information provided. If your child already has health coverage, the student insurance plans offered can also be used to expand your choice of providers and help cover the high deductibles and 30% to 40% cost sharing obligations imposed by many health plans today.

While your child is eligible to enroll at any time, one-time-pay rates for the accident medical plans and Dental Accident Plan are the same regardless of enrollment date. As such, you are encouraged to consider enrollment now in order to include coverage for this summer and the full 2023-2024 School Year. Once processing is completed, an ID card verifying coverage will be mailed home to you.

If you have any questions concerning the coverages available or need help with enrollment, please call Myers-Stevens & Toohey at (800) 827-4695. Bilingual representatives are available for parents who need assistance in Spanish. Again, the website is www.myers-stevens.com

Chief Business & Financial Officer

Financial Services Officer

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Solicitud finalizada

¡Felicidades, ha llegado al final de la parte estudiantil del proceso de solicitud!

Seleccione “Guardar y Continuar” para pasar a la siguiente página para terminar las siguientes páginas de la solicitud.

Application Completed: **Sample Student**

This concludes the formal registration/enrollment process. Please consider answering the following OPTIONAL questions on the next screen. The data will be used to generate additional funding for the Long Beach Unified School District.

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Preguntas opcionales

Puede elegir contestar estas preguntas para ayudar a financiar estos programas de LBUSD o puede omitirlas.

Seleccione “Guardar y Continuar” para pasar a la siguiente página.

Optional Student Questionnaire: **Sample Student**

Please consider answering the following questions. The information will be used to generate additional funding for the Long Beach Unified School District (i.e., Title III Immigrant Education Program funding). If LBUSD receives this funding, 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: • After-School Tutoring • Saturday School • Summer School • Family Training • Parent/Family Outreach

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

Birth City	<input type="text"/>
Birth State	<input type="text" value="▼"/>
Birth Country	<input type="text" value="▼"/>
Date of First US School (K-12)	<input type="text" value="MM/DD/YYYY"/> 







< Previous **Save And Continue** >

Regresar a la pantalla estudiantil

La siguiente pantalla lo regresará a la pantalla original de “Matriculación Estudiantil”. Verifique que el nuevo estudiante se muestre como “Finalizado”.

- Si hay otros hermanos que agregar a la matriculación, haga clic en “Editar Inf. del Estudiante” para estudiantes que regresan o “Agregar Estudiante Nuevo” para un estudiante que nunca ha sido matriculado antes en LBUSD.
- Si no hay otros estudiantes que necesiten ser matriculados, haga clic en “Guardar y Continuar”.

Students registering

	First Name	Middle Name	Last Name	Gender	Grade	Status
<p> Edit student info</p> <p> Click here to exclude student</p> <p> Remove from application</p> <p> Add New Student</p>	Sample		Student	Male	08	  Complete

Current LBUSD students do not need to re-enroll for the next school year. Students are automatically enrolled for the next school year.

Student List

First Name	Middle Name	Last Name	Gender	Grade	Notes
<input type="text"/>		<input type="text"/>	Male		Student already has an active enrollment for this year

Paso 14: Documentos

Suba todos los documentos requeridos para su estudiante.

Nota: Aún si sube los documentos, la escuela todavía necesitará ver los documentos originales en una fecha posterior.

Instructions

For High School, you will need official or unofficial copies of your transcripts that include **6th grade, 7th grade and the fall semester of 8th grade**. If one transcript includes all three grade levels, please upload it multiple times, in the designated areas.


It would be helpful if you could upload the documents in PDF format instead of as a regular image. If you need help converting your images to PDF, use this free Adobe link (no Adobe account necessary): www.adobe.com/acrobat/online/jpg-to-pdf.html. All you'll need to do is upload your images to that link, select the convert button and when it's done, download them as PDFs that you can use to complete this page.

Please note **ALL sites** will require you to provide a hard copy of all the uploaded documents.

Family

Primary Home Address Verification:

Document Type *

Select document *
 201205746_AddressVerification.pdf

Secondary Home Address Verification:

Document Type *

Select document *

Students

Sample Student

Age Verification/Birth Certificate

Select document *

Immunization Record

Select document *

6th Grade Records (Transcript/Report Card)


Please upload the student's 6th grade transcript/report card(s). *

Paso 14: Documentos, continuación

Se debe hacer clic en el botón “Descargar todos los documentos” para continuar. Esto descargará las respuestas a la Encuesta sobre el idioma del hogar de su estudiante que se respondió anteriormente en la solicitud.

Después de descargar, seleccione “Guardar y Continuar” para pasar a la siguiente página.

Student	Document
Sample Student	Home Language Survey
	Permanent Health History


 Download All Documents

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Paso 15: Revisar y enviar

Revise toda la información que se envió en la solicitud y realice los cambios necesarios.

REVIEW/SUBMIT

 Review

Review allows you to confirm all data entered during the Registration process to ensure accuracy. When complete, press Submit below:

Status	Student	Grade Level	School Selection
 Ready To Submit	Sample Student	08	1. Stephens Middle School


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Review

Paso 15: Revisar y enviar, continuación

Cuando termine de revisar y realizar los cambios (si corresponde), desplácese hasta la parte inferior de la página para seleccionar la opción “He revisado...” y, a continuación, seleccione “Enviar”.

Student	Document
Sample Student	Home Language Survey
	Permanent Health History

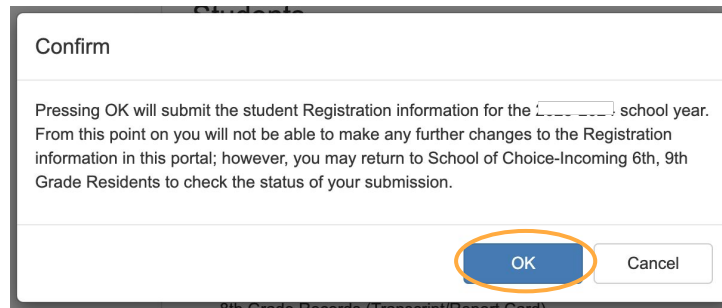
 Download All Documents

I have reviewed all registration data and verified that it is correct

[< Previous](#) [Submit](#)

Paso 15: Revisar y enviar, continuación

Después de seleccionar “Enviar”, aparecerá una ventana emergente. Seleccione “OK” para confirmar la matriculación.



Confirm

Pressing OK will submit the student Registration information for the [] school year. From this point on you will not be able to make any further changes to the Registration information in this portal; however, you may return to School of Choice-Incoming 6th, 9th Grade Residents to check the status of your submission.

Congratulations. you're done!

Registration

Status

Thank you! Your registration for a the [] school year for your child is now complete. Your application has been sent to the school. To check the status of your application, please log into your account. As soon as a decision is made, your account will be updated automatically. If you have additional questions, please contact your school of residence. Please note, that if your child is currently enrolled in LBUSD, your application will be denied. This process is only for new students to LBUSD, not reenrollments (students returning from last year).

The status of your registration(s) that are in progress can be found [on the status page](#)

Cómo revisar el estado de su solicitud



Revise el estado de la solicitud en cualquier momento al ingresar de nuevo en su cuenta.

El estado aparecerá como “Esperando” hasta que la escuela procese la solicitud.

Status of Recent Registration Activity

Online Registration

[Review](#) Submitted: 9/21/2020 12:57 PM


Status	Last Name	First Name	Grade	School Name
 Waiting	Smith	Sally	05	 MacArthur Elementary: Waiting

You will be entering information for Online Registration

[Begin New Registration](#)

Una vez que la solicitud esté procesada, el estado cambiará a “Aceptado” y el estudiante deberá reportarse a la escuela el primer día de clases.

[Review](#) Submitted: 9/21/2020 12:57 PM

Status	Last Name	First Name	Grade	School Name
	Smith	Sally	05	 MacArthur Elementary: Accepted

¿Preguntas?

Si aún tiene preguntas adicionales, comuníquese con su [escuela de residencia](#).

Contactos adicionales:

Para apoyo técnico para ParentVUE - Correo electrónico solamente	ParentSupport@lbschools.net
Primaria y Escuelas K-8 - Oficina del Distrito	562-997-8247
Escuelas Intermedias - Oficina del Distrito	562-997-8100
Escuelas Preparatorias - Oficina del Distrito	562-997-8115
Oficina de Elección de Escuela - Para estudiantes de nuevo ingreso al 6° y 9° grado escolar	562-997-8306