



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEMORANDUM**

**TITLE:** Gifted/Talented Programs Conservatory of Fine Arts

**NUMBER:** MEM-5160.11

**ISSUER:** Alison Yoshimoto-Towery  
Chief Academic Officer  
Division of Instruction  
  
Arzie Galvez, Director  
Advanced Learning Options

**DATE:** August 2, 2021

**ROUTING**  
Local District  
Superintendents  
Administrators of  
Instruction  
Community of Schools  
Administrators  
School Site  
Principals  
GATE Coordinators  
Teachers

**PURPOSE:** This memorandum provides information regarding the Gifted/Talented Conservatory of Fine Arts. The Conservatory of Fine Arts, a Saturday instructional program, is conducted by District personnel and select resource professionals. The Conservatory is a supplement to school-site arts programs.

**MAJOR CHANGES:** This memorandum replaces Division of Instruction MEM-5160.10, dated August 31, 2020. It updates information regarding enrollment procedures, program schedule, and student registration instructions.

**INSTRUCTIONS: I. BACKGROUND**

- A. Los Angeles Unified Gifted/Talented Programs, Advanced Learning Options, offers an instructional program through the Conservatory of Fine Arts for third to twelfth grade students identified as gifted in the Visual and Performing Arts Ability Categories or recommended by the school as having high ability or high potential in select talent areas.
- B. This instructional program, which focuses on visual arts (drawing and painting) and performing arts (dance, drama, voice), offers students an opportunity to:
  - 1. Expand and refine their talents.
  - 2. Learn expression, interpretation, and movement in the performing arts.
  - 3. Learn about the dynamics of the performer-audience relationship during performance sessions.
  - 4. Develop projects of personal interest using varied media and techniques in the visual arts.
  - 5. Meet visiting artists and experts from the professional world.
  - 6. Participate in an end-of-the year showcase performance or student art exhibition.

**II. PROGRAM PARTICIPATION**

- A. Application and Enrollment:



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## MEMORANDUM

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1. Participating students must attend L.A. Unified schools, affiliated charters, or independent charters authorized by LAUSD.
  2. Prior year students who have notified Gifted/Talented Programs that they are returning to the Conservatory have continuous enrollment status; therefore, these students will receive an invitation to register in the fall.
  3. New students who are interested in participating in the Conservatory of Fine Arts program must submit an application by the deadline of **Thursday, September 2, 2021**, at <http://apply.lausd.net> or by submitting Attachments A and B of this memorandum.
    - a. Students newly identified in the area of talent at the November 2020 and May 2021 auditions/ demonstrations will receive instructions on how to enroll for the Conservatory in August 2021.
    - b. All new student applications must be received by Gifted/Talented Programs, Advanced Learning Options, prior to 5:00 p.m. on **Thursday, September 2, 2021**, for consideration.
    - c. Students who are identified as talented have first priority into the program. Students who are returning but not identified as talented have second priority, and new, non-identified (recommended) students will be placed by lottery as space is available. Students who were not accepted will be placed on a wait list, which is valid for one year.
- B. Schedule: Gifted/Talented Programs Conservatory of Fine Arts is offered on Saturdays. The Conservatory is scheduled to begin on Saturday, October 2, 2021, and conclude on Saturday, April 2, 2022.
- C. Registration: Students accepted into the Conservatory must be present at the first day registration/placement session to participate for the 2021-2022 academic year.
- D. Attendance/Behavior:
1. Student attendance is mandatory. Students with more than three absences will be dropped from the Conservatory. Three tardies or early departures constitute one absence.
  2. If a student's behavior interferes with classroom instruction, the student will be withdrawn from the Conservatory.
- E. Charter Schools:
1. Students from charter schools, affiliated with or authorized by LAUSD, are eligible to participate. A charter school administrator must contact the Charter School Division at (213) 241-0399 to initiate the Fee-for-Service process.
  2. A one-time approved Fee-for-Service form must be submitted prior to the Conservatory of Fine Arts commencing.



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**MEMORANDUM**

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**RELATED RESOURCES:** Visit the Gifted/Talented Programs, Advanced Learning Options, website at <http://achieve.lausd.net/gate>. Under *Program Options*, select Conservatory of Fine Arts.

For information regarding the identification of students as gifted/talented in the arts, refer to REF-5234.2, Guidelines for Identifying Students as Gifted in the Visual and Performing Arts Categories, August 22, 2019.

**ASSISTANCE:** For assistance or further information, please contact Dr. Nicole Niederdeppe, District Coordinator, Gifted/Talented Programs, Advanced Learning Options, at (213) 241-6500 or email [GATE@lausd.net](mailto:GATE@lausd.net).



LOS ANGELES UNIFIED SCHOOL DISTRICT  
 ADVANCED LEARNING OPTIONS  
**GIFTED/TALENTED PROGRAMS**  
 333 S. Beaudry Ave., 25th Floor  
 Los Angeles, CA 90017 (213) 241-6500

ATTACHMENT A  
**DUE: Thursday, September 2, 2021**  
 **Returning Student**, year

**2021-2022**

**CONSERVATORY OF FINE ARTS APPLICATION**

**PARENTS:** Please complete Sections I, II, and IV (if applicable), side column, and sign and date. Complete the emergency information form (Attachment B) and mail both Attachments A and B to Gifted/Talented Programs, Advanced Learning Options, office prior to the Thursday, September 2, 2021, deadline. Incomplete applications will not be considered.

**SCHOOL ADMINISTRATOR:** Please complete, sign, and date Section III.

**I. INFORMATION:** Select One:  **Visual Arts (VA)** or **Performing Arts (PA)**:  Dance  Drama  Voice

Print Complete Name of School: \_\_\_\_\_ ( ) \_\_\_\_\_ School Phone \_\_\_\_\_ Ethnicity/Race \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

( ) \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Cell Number \_\_\_\_\_ ( ) \_\_\_\_\_ Saturday Emergency Number (required) \_\_\_\_\_

E-mail \_\_\_\_\_

Check [v] as appropriate: **Student 10-Digit ID Number** (obtained at school)  
 **RECOMMENDED STUDENT** — Recommended students **new** to the program **must** complete page two of this application.  
 This student was screened by the home school, has talent, and meets the characteristics on reverse side.  
 **STUDENT IDENTIFIED AS TALENTED IN THE ARTS** — Identified and returning students complete page one only. The student has been identified gifted through the District audition or demonstration process in:  
 **Visual Arts** or **Performing Arts**:  Dance  Drama or  Voice Date: \_\_\_\_\_

**II. PARENT CONSENT:** (*The above-named student attends an LAUSD school.*)  
 I hereby authorize the participation of my child in the Gifted/Talented Programs Conservatory of Fine Arts held at CSULA. I agree to furnish transportation and understand that regular attendance and proper conduct are required for continued participation. I understand that program placement will be lost if student misses more than three sessions (three tardies constitute one absence.)

Parent Name \_\_\_\_\_ Parent \_\_\_\_\_  
 (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. DOCUMENTATION:**  
 Check [v] as items are completed.  
**All Applicants:**  Application with parent and principal signatures (p. 1)  Student Emergency Information Form  
**Additional documents (if applicable):**  Completed Recommendation (p. 2)  IEP  504 Plan  
 Approved Fee-For-Service Form (**LAUSD affiliated or authorized independent charter schools referring new student applicants.**)  
 Principal Name \_\_\_\_\_ Principal \_\_\_\_\_ Cost Center: \_\_\_\_\_  
 (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:**  
 - A completed Student Emergency Information Form and this signed application must be submitted to Gifted/Talented Programs, Advanced Learning Options, 333 S. Beaudry Ave., 25th Floor, Los Angeles, CA 90017, by 5:00 p.m. on **Thursday, September 2, 2021**. Accepted students will receive a communication advising of the start date and other information for the 2022-2022 school year.  
 - **Accepted applicants will receive a letter of invitation and must bring the letter of invitation to the first session to register.**

**DUPLICATE THIS FORM BACK-TO-BACK AS NEEDED.**

Birth Date ↑  
 Gender ↑  M  F  
 (Gr. 3-12): Current Grade ↑  
 M. I. ↑  
 First Name ↑  
 Last Name ↑

**IV. RECOMMENDATION:** Evaluation for “recommended” students who are “new” to the program must be completed by a teacher (including teachers of dance, drama, voice, or visual arts) or an administrator familiar with student’s talent.

**DIRECTIONS:** Read each statement carefully in Sections A and B and indicate the frequency of the characteristics observed by placing a ✓ by the appropriate number in the space provided. List special activities, awards, or any other characteristics student has displayed that support this recommendation.

**1: Seldom/Never 2: Occasionally 3: Often**

**A. GENERAL CHARACTERISTICS**—Must check all.

- Displays imagination and curiosity through verbal and nonverbal expression ..... 1  2  3
- Demonstrates involvement and commitment to a given arts activity..... 1  2  3
- Volunteers readily to perform or show artwork ..... 1  2  3
- Shows enthusiasm when participating in art activities ..... 1  2  3
- Goes beyond the anticipated performance; brings a new dimension..... 1  2  3

**B. SPECIFIC CHARACTERISTICS**—Must check all items in the one group that relates to the category of application.

**DANCE:**

- Demonstrates an accurate, consistent, and appropriate sense of rhythm..... 1  2  3
- Exhibits appropriate age-level or advanced coordination skills ..... 1  2  3
- Shows appropriate age-level or advanced balance skills, agility, flexibility, strength ..... 1  2  3
- Demonstrates dance improvisations that communicate meaning..... 1  2  3
- Maintains appropriate body alignment throughout the execution of basic movement and movement sequences ..... 1  2  3

**DRAMA:**

- Imitates others, i.e., mimics people or animals..... 1  2  3
- Writes original plays or makes up plays from stories..... 1  2  3
- Shifts into the role of another character, animal, or object ..... 1  2  3
- Communicates by facial expression, gestures, and body movement..... 1  2  3
- Displays confidence in front of an audience ..... 1  2  3
- Enjoys acting out stories ..... 1  2  3

**VOICE:**

- Evidences sense of steady beat..... 1  2  3
- Demonstrates accurate pitch ..... 1  2  3
- Exhibits ability to memorize music accurately and completely..... 1  2  3
- Performs musically..... 1  2  3
- Shows ability to perform rhythms, melodies, and harmonies appropriate to musical style..... 1  2  3

**VISUAL ARTS:**

- Draws, paints, or sculpts a wide variety of imaginative images ..... 1  2  3
- Illustrates depth and detail in artwork..... 1  2  3
- Creates complex compositions ..... 1  2  3
- Takes artmaking seriously as an individual or in collaborative groups..... 1  2  3
- Communicates ideas about art with art media and language ..... 1  2  3

**C. ADDITIONAL COMMENTS TO SUPPORT STUDENT APPLICATION**—Optional:

Recommended by:  Teacher  Administrator

Title/ Subject: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES  
 OPCIONES AVANZADAS DE APRENDIZAJE  
 Programas Para Alumnos Dotados/Talentosos  
 333 S. Beaudry Ave., Piso 25  
 Los Angeles, CA 90017 (213) 241-6500

ANEXO A

**Fecha Límite: 2 de septiembre 2021**

Estudiantes que Regresan

Estudiantes Nuevos

Estudiante con Discapacidad \_\_\_\_\_

(Indique la discapacidad)

Favor de incluir:  IEP  Sección del Plan 504

**2021-2022**

**SOLICITUD AL CONSERVATORIO DE BELLAS ARTES**

**PADRES:** Complete secciones I, II y IV (si aplican) y las columnas laterales y de abajo, **firmo y ponga la fecha. Completar el Formulario de Emergencia (Anexo B) y enviar ambas formas a la oficina de los Programas Para Alumnos Dotados/Talentosos antes de la fecha límite. Aplicaciones incompletas serán regresadas.**

**DIRECTOR(A) DE LA ESCUELA:** Favor de completar, firmar y poner la fecha en sección III.

**I. INFORMACIÓN:** Seleccione Una:  Artes Visuales o Artes Dramáticas:  Danza  Drama  Canto

Escriba con letra de molde el nombre completo de la escuela actual: \_\_\_\_\_

( )

Teléfono de la escuela

Grupo Etnico

Domicilio

Apartamento

Ciudad

Código Postal

( )

( )

( )

Teléfono de casa

Celular

Número de emergencia para el sábado (es requerido)

Correo Electrónico

Check [v] as appropriate:

Número de Identificación del Estudiante (obtenido en la escuela)

**RECOMENDADO** — Los estudiantes nuevos al programa deben completar la página dos de esta solicitud.

Este estudiante ha sido recomendado por la escuela de origen, tiene talento, y cumple con las características en el reverso.

**IDENTIFICADO COMO 'TALENTOSO' EN LAS BELLAS ARTES** — Los estudiantes identificados y que regresan completan la página uno solamente.

Este estudiante ha sido identificado con talento a través del proceso de audición o demostración del Distrito en:

**Artes Visuales** o **Artes Dramáticas:**  Danza  Drama  Canto Fecha: \_\_\_\_\_

**II. CONSENTIMIENTO DE LOS PADRES:** El estudiante mencionado arriba asiste a una escuela de LAUSD.

- Otorgo permiso para la participación de mi hijo en el programa sabatino del Conservatorio de Bellas Artes cual se lleva a cabo en el campo universitario de la Universidad Estatal de California, Los Angeles (CSULA por sus siglas en inglés).
- Me comprometo a proveer transportación y entiendo que se requiere de asistencia regular y de una conducta adecuada para la participación continua. (Comprendo que el lugar en el programa se perderá si el estudiante tiene un total de tres ausencias; tres tardanzas constituyen una ausencia.)

Nombre del Padre (escriba con letra de molde): \_\_\_\_\_ Firma del Padre: \_\_\_\_\_

Fecha: \_\_\_\_\_

**III. DOCUMENTACION:** Marque [v] conforme se vaya completando cada artículo.

Todos los solicitantes:  La solicitud con las firmas del padre y director (pg. 1)  Formulario de Emergencia

Documentos adicionales (si aplican):  Recomendación (pg. 2)  IEP  Plan 504

Forma aprobada Pago-por-Servicio (Escuelas chárter autorizado de LAUSD que refieren a "estudiantes nuevos")

Nombre del Director (escriba con letra de molde): \_\_\_\_\_ Firma del Director: \_\_\_\_\_ Cost Center: \_\_\_\_\_

Fecha: \_\_\_\_\_

**IMPORTANTE:**

- El Formulario de Emergencia Estudiantil debe completarse junto con la solicitud firmada y enviarse a la oficina de los Programas Para Alumnos Dotados/Talentosos, 333 S. Beaudry Ave., Piso 25, Los Angeles, CA 90017, antes del 2 de septiembre 2021. Los estudiantes aceptados recibirán una comunicación informando sobre la fecha de inicio y otra información para el año escolar 2022-2022.
- **Los solicitantes recibirán una carta de invitación la cual deben presentar para registrarse.**

DUPLICATE THIS FORM BACK-TO-BACK AS NEEDED.

Fecha de Nacimiento ↑

Grado Actual ↑

Inicial del 2do Nombre ↑

Primer Nombre ↑

Apellido ↑

**IV. RECOMENDACIÓN:** La evaluación de los solicitantes “recomendados” que son “nuevos” al programa deben ser completados **por el maestro** (incluyendo maestros en danza, drama, canto o artes visuales) o por el **administrador** familiarizado con el talento del estudiante que apoyan esta recomendación.

**DIRECTIONS:** Read each statement carefully in Sections I and II and indicate the frequency of the characteristics observed by placing a ✓ by the appropriate number in the space provided. List special activities, awards, or any other characteristics student has displayed to support his/her talent.

**1: Seldom/Never 2: Occasionally 3: Often**

**A. GENERAL CHARACTERISTICS—Must check all.**

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- Goes beyond the anticipated performance; brings a new dimension..... 1  2  3

**B. SPECIFIC CHARACTERISTICS—Must check all items in the one group that relate to the category of application. (Performing arts students check all that apply in each category.)**

**DANCE:**

- Demonstrates an accurate, consistent, and appropriate sense of rhythm..... 1  2  3
- Demonstrates appropriate age-level or advanced coordination skills ..... 1  2  3
- Demonstrates appropriate age-level or advanced balance skills, agility, flexibility, strength ..... 1  2  3
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- Creates complex compositions ..... 1  2  3
- Takes artmaking seriously as an individual or in collaborative groups..... 1  2  3
- Communicates ideas about art with art media and language ..... 1  2  3

**C. ADDITIONAL COMMENTS TO SUPPORT STUDENT APPLICATION—Optional:**

**Recommended by:**  Teacher  Administrator

**Title/**

**Print Name:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
STUDENT EMERGENCY INFORMATION FORM**

**ATTACHMENT B**

Parent Information: Please complete and sign where indicated. In a major emergency, it is District policy to retain students at the Conservatory for their safety. This form will be used by staff when students are released to go home. Please complete electronically or print legibly and return completed form to Conservatory.

STUDENT'S LAST NAME	FIRST NAME	M.I.
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1. CURRENT SCHOOL _____ 2. CURRENT SCHOOL PHONE ( )	GRADE	BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME LANGUAGE
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STUDENT'S HOME ADDRESS NUMBER	STREET	APT #	CITY	ZIP CODE
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MAILING ADDRESS NUMBER (IF DIFFERENT FROM ABOVE)	STREET	APT #	CITY	ZIP CODE
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PARENT'S / LEGAL GUARDIAN'S LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	LIVES WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WORK ADDRESS NUMBER	STREET	CITY	ZIP CODE
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CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:
HOME	( )	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL	( )	ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
WORK	( )	GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	

PARENT'S / LEGAL GUARDIAN'S LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	LIVES WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------------------	------------	-------------------------	---

WORK ADDRESS NUMBER	STREET	CITY	ZIP CODE
---------------------	--------	------	----------

CONTACT NUMBERS		Indicate which phone to call for each message type:*				EMAIL ADDRESS:
HOME	( )	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL	( )	ATTENDANCE	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
WORK	( )	GENERAL INFO	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	

To the principal: If unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

NAME	RELATIONSHIP	HOME PHONE ( )	CELL PHONE ( )	WORK PHONE ( )
NAME	RELATIONSHIP	HOME PHONE ( )	CELL PHONE ( )	WORK PHONE ( )
NAME	RELATIONSHIP	HOME PHONE ( )	CELL PHONE ( )	WORK PHONE ( )

List other family members attending this school:

LAST NAME	FIRST NAME	HOMEROOM	GRADE	RELATIONSHIP
LAST NAME	FIRST NAME	HOMEROOM	GRADE	RELATIONSHIP

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

The undersigned, as parent/legal guardian of, \_\_\_\_\_ a minor, hereby authorizes the principal or designee, into whose care the

(Print name of the student here)

student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/ guardian.

**HEALTH ALERTS:** List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none."

**DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One)**  YES  NO\* If "Yes":  Private Health Insurance  Medi-Cal  Healthy Families

**MEDI-CAL / HEALTHY FAMILIES ID Number:** \_\_\_\_\_

1. PRIVATE HEALTH INSURANCE NAME	GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)	GROUP NO.
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NAME OF DOCTOR / MEDICAL OFFICE	PHONE NUMBER OF DOCTOR ( )	MEDICAL OFFICE ( )
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\*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.

**MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:** \_\_\_\_\_

**MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:** \_\_\_\_\_

**I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.**

X _____	DATE
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**SIGNATURE OF: (CHECK ONE)**  PARENT  LEGAL GUARDIAN

\* Selected telephone number must be a direct dial number (no extensions).

**DUPLICATE ATTACHMENT B (BACK-TO-BACK) BEFORE DISTRIBUTION**





Español

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES
FORMULARIO ESTUDIANTIL DE INFORMACIÓN PARA EMERGENCIAS

ANEXO B

Información para Padres: Favor de llenar este formulario por completo y firmar en la sección indicada. En caso de una emergencia grave, las normas del Distrito Escolar requieren mantener a los alumnos en la escuela por su seguridad. El personal escolar usará este formulario cuando los alumnos sean permitidos volver a casa. Favor de llenar electrónicamente o con letra de molde legiblemente y entregar el formulario completo en la escuela.

Formularios de contacto y dirección para el alumno y sus padres/tutores, incluyendo campos para números telefónicos, correos electrónicos, y direcciones de hogar y empleo.

AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA

El abajo firmante, como padre/tutor legal de: menor de edad, por medo del presente autoriza al director o persona

(Escriba el nombre del alumno con letra de molde)

designada, habiéndosele encomendado el cuidado del alumno, a acceder a cualquier análisis con radiografía, anestesia, diagnóstico médico o quirúrgico, tratamiento y/o atención en hospital para el alumno, según lo especifique un médico acreditado y/o dentista. Estoy al tanto de que esta autorización se extiende antes de cualquier diagnóstico, tratamiento o atención en hospital necesaria y otorgo la autoridad y facultad al Distrito Escolar Unificado de Los Ángeles ("Distrito") de dar consentimiento a todo y cualquier diagnóstico, tratamiento, o atención en hospital con un médico acreditado o dentista conforme se determine necesario.

ALERTAS DE SALUD - Incluya cualquier condición médica del alumno que limite actividad física o requiera atención especial. Incluir condiciones tales como asma y alergias (por ejemplo: a la crema de maní, o picaduras de abeja). Si el alumno no presenta ninguna condición indicar "ninguna".

INDICAR SI EL ALUMNO TIENE SEGURO MÉDICO (Marcar uno) [ ] SÍ [ ] NO\* Si respondió "SÍ": [ ] Seguro Médico Particular [ ] Medi-Cal [ ] Healthy Families

# DEL MEDI-CAL O DE HEALTHY FAMILIES:

Campos para información de seguros médicos: 1. SEGURO MÉDICO PARTICULAR, # DEL GRUPO, 2. SEGURO MÉDICO PARTICULAR (En caso de un segundo plan), # DEL GRUPO, NOMBRE DEL DOCTOR / CLÍNICA, TELÉFONO DEL DOCTOR, TELÉFONO DE LA CLÍNICA

\*Si el alumno actualmente no tiene seguro médico, para información sobre programas gratuitos o a precios módicos, llame sin costo alguno a la LINEA DE ASISTENCIA del Distrito al : 1(866)742-2273.

MI HIJO ES ALÉRGICO A LOS SIGUIENTES MEDICAMENTOS: MI HIJO ACTUALMENTE TOMA LOS SIGUIENTES MEDICAMENTOS: HAGO CONSTAR QUE LEI Y ENTIENDO ESTE FORMULARIO Y OTORGO MI AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA, Y QUE TODA LA INFORMACIÓN QUE PROPORCIONÉ EN ESTE FORMULARIO ES VERDICA Y CORRECTA. X FECHA FIRMA DE: (MARQUE UNO) [ ] PADRE [ ] TUTOR LEGAL

\* El número telefónico seleccionado debe ser línea directa (no extensiones)



**Application Due: Thursday, September 2, 2021**

**PARENT INFORMATION: SATURDAY CONSERVATORY OF FINE ARTS**

*Note: The 2021-2022 Conservatory of Fine Arts Schedule will be released in September 2021.*

This document provides information for parents regarding the Conservatory of Fine Arts (CFA) sponsored by Gifted/Talented Programs, Advanced Learning Options. Please read this information carefully and maintain it for future reference.

- **Applications:** Late and incomplete applications will not be considered.
- **Submission of Applications:** Application period closes Thursday, September 2, 2021
  - Online applicants—In addition to the online application, all new applicants must submit the following:
    - School Verification Form, Attachment A, signed by the principal
    - Student Emergency Information Form, Attachment B
  - Paper applications must include a Student Emergency Information Form and principal’s signature.
  - All completed paperwork must be submitted by the deadline to: Gifted/Talented Programs, Advanced Learning Options, 333 S. Beaudry Avenue, 25th Floor, Los Angeles, CA 90017.
- **Request for Fee-For-Service Form:** Charter schools (independent and affiliated) referring new students must be authorized by LAUSD. The approved Request Fee-For-Service Form must accompany the Conservatory application for new student applicants. There is no fee for returning students.
- **Eligible Students:** Students must meet the following criteria: a) attend an LAUSD school, affiliated charter, or independent charter authorized by LAUSD b) in the third grade or above, and c) identified as talented in the arts or recommended by school of attendance.
- **Enrollment Priority:** Students “identified” as talented in the arts have first enrollment priority. Non-identified students returning to the program have second priority. Third priority is given to new students not identified as talented in the arts but are recommended by their schools. Acceptance is dependent on space availability.
- **Student Registration/Placement:** To register and determine classroom placement, assessment sessions are conducted on the first day of class for returning and new students. Students must bring CFA letter of invitation to registration.
- **Transportation:** If the CFA program is in-person for the 2021-2022 school year, transportation is not provided. Parent/Guardian agrees to furnish transportation to California State University, Los Angeles (CSULA). Please note that two or more late “pick-ups” may cause a student to be dropped from the program.
- **Attendance/Behavior:** All applicable LAUSD policies and procedures apply to the Conservatory program.
  - Consistent attendance, commitment, and full cooperation with the instructors are imperative. Students will be dropped from the Conservatory if the attendance requirement is not met. Program placement will be lost if student misses more than three sessions. (Three tardies constitute one absence.)
  - If a student’s behavior interferes with classroom instruction, the student will be withdrawn from the program.
- **Pet Policy:** If on-site, no pets are allowed within Conservatory Program boundaries at CSULA (except service dogs; verification is required).
- **Contact Us:** Call Gifted/Talented Programs, Advanced Learning Options, at (213) 241-6500 or email [GATE@lausd.net](mailto:GATE@lausd.net) if you have not received your letter of invitation by Monday, September 20, 2021.

**DUPLICATE (BACK-TO-BACK) BEFORE DISTRIBUTION.**



**Fecha límite de solicitud: jueves, 2 de septiembre de 2021**

**INFORMACION PARA PADRES DEL PROGRAMA SABATINO CONSERVATORIO DE BELLAS ARTES**

**El calendario del Conservatorio de Bellas Artes para el año escolar 2020-2021 se anunciará en septiembre de 2021**

Esta página proporciona información para los padres con respecto al Conservatorio de Bellas Artes, programa patrocinado por la oficina de Programa Para Alumnos Dotados/Talentedos, los Programas de Opciones Avanzadas de Aprendizaje. Por favor, lea cuidadosamente y mantenga esta página como un recurso.

- **Solicitud:** No se considerarán las solicitudes tardes o incompletas.
- **Presentación de la Solicitud:** Período de aplicación se cierra el jueves, 2 de septiembre de 2021.
  - Los solicitantes nuevos que aplicaron por internet, además de la solicitud por línea, deben remitir lo siguiente:
    - o El Formulario de Verificación de la Escuela, Anexo A, firmado por el director
    - o El Formulario de Información de Emergencia del Estudiante, Anexo B
  - Las solicitudes en papel deben incluir el Formulario de Información de Emergencia y la firma del director.
  - Todos los documentos deben enviarse por correo a la oficina de los Programas Para Alumnos Dotados/Talentedos antes de la fecha límite.
- **Solicitud de la Forma Pago-por-Servicio:** Las escuelas chárter (independientes y afiliadas) que refieren a estudiantes nuevos deben estar dentro de los límites del distrito LAUSD y ser autorizados por el distrito LAUSD. La forma autorizada de Pago-por-Servicio deberá acompañar a la solicitud al Conservatorio de los solicitantes "nuevos". No hay cobro para los estudiantes que regresan.
- **Elegibilidad del Estudiante:** El estudiante debe cumplir con este criterio: a) asistir a una escuela del distrito LAUSD y vivir dentro de los límites del distrito LAUSD para aplicar al Conservatorio. b) cursar el tercer grado en adelante, y c) ser identificado como talentoso en las bellas artes o ser recomendado por el personal de la escuela actual.
- **Prioridad de Inscripción:** Los estudiantes "identificados" como talentosos en las artes tienen la primera prioridad de inscripción. Los estudiantes no identificados que regresan al programa tienen segunda prioridad. La aceptación depende de la disponibilidad de espacio para los nuevos estudiantes que no están identificados como talentosos en las artes que son recomendados por la escuela.
- **Inscripción/Colocación Estudiantil:** Para determinar la colocación, habrá sesiones de evaluación llevadas el primero día de instrucción para los estudiantes que regresan y los nuevos estudiantes. Los estudiantes deben presentar la carta de invitación para registrarse.
- **Transporte:** No se proporciona transporte. Padre/Tutor se compromete a proporcionar transporte al plantel universitario de California State University, Los Angeles (CSULA) si el programa está en persona. Si recoge tarde al estudiante por dos o más veces puede causar que el estudiante sea retirado del programa.
- **Asistencia/Conducta:** Todo reglamento y procedimiento pertinente al distrito LAUSD es aplicable al programa del Conservatorio.
  - La asistencia constante, el compromiso y la cooperación plena con los instructores son imprescindibles. Se les dará de baja los estudiantes del Conservatorio si el requisito de asistencia no se cumple. (Su lugar en el programa se perderá si el estudiante falta más de tres sesiones; tres tardanzas constituyen una ausencia.)
  - Se les pedirá a los estudiantes abandonar el Conservatorio si el comportamiento del estudiante interfiere con la enseñanza en clase.
- **Reglamento Sobre Mascotas:** Si clases están en persona, no se admiten mascotas dentro de los límites del programa del Conservatorio en la universidad de CSULA (excepto perros de servicio y se requiere evidencia).
- **Póngase en Contacto:** Llame a la oficina de los Programas Para Alumnos Dotados/Talentedos si usted no ha recibido su carta de invitación antes del lunes, el 20 de septiembre de 2021.