LOS ANGELES UNIFIED SCHOOL DISTRICT - Title IV, Private Schools Program
333 S. Beaudry Avenue | Los Angeles, California 90017 | (213) 241-6990 | fax (213) 241-8032

2026-2027
PARENT CONSENT & AUTHORIZATION FOR RELEASE OF INFORMATION FOR TITLE IV ENRICHMENT SERVICES

Mondays (2nd, 3rd, 4th, 5th, 6th): 10/5, 10/19, 11/2, 11/9, 11/30, 12/7, 1/11, 1/25, 2/1, 2/8, 2/22, 3/1, 4/5, 4/12, 4/19, 4/26, 5/10
Fridays (7th and 8th): 10/9, 10/23, 11/6, 11/13, 12/4, 12/11, 1/15, 1/29, 2/5, 2/12, 2/26, 3/5, 4/9, 4/16, 4/23, 4/30, 5/14

Dear Parent(s) or Guardian(s):
Your child has been selected by their school to participate in the following Title IV Enrichment Services provided through the Los Angeles Unified School District (LAUSD):

After School Interscholastic Sports Academy (ASISA)
Name of Program

These supplemental services are designed to support students' educational needs and promote access to a well-rounded education. Your written consent is required before services may begin.

All services are strictly voluntary and you are under no obligation for your child to participate: 1) Provided at no cost (free) to parents 2) Delivered by outside contractors hired by LAUSD 3) Offered onsite at the private school.

Authorization for Release of Information:
To support your child's participation in Title IV services, the school must be able to share some limited student information with LAUSD and its assigned contractors to coordinate and provide Title IV enrichment services. The contractor will in turn share with the school your child's attendance, participation, and progress in the Title IV enrichment program.

TYPES OF INFORMATION THAT MAY BE SHARED:	YOUR CONSENT AND AUTHORIZATION:
• Student name and address • Grade level and birthdate • Assessment data • Attendance and participation records • Progress, enrichment goals, and recommendations	• Is valid for the academic school year indicated above • May be revoked at any time in writing to LAUSD • Applies only to information necessary for Title IV services • Gives you the right to receive copy of this consent and authorization upon request

CONSENT FOR TITLE IV ENRICHMENT & AUTHORIZATION FOR RELEASE OF INFORMATION

Upon recommendation of _____ School, I authorize my son/daughter,

_____ _____ _____
STUDENT'S NAME **GRADE** **BIRTHDATE**

to participate in the Title IV Enrichment Program.

By signing this form, I am consenting to enrichment services being provided to my child at the school site and authorizing the release of information listed above. I understand that **It is my right to accept, refuse, or stop services at any time without affecting my child's ability to receive services in the future.**

Additionally, I hereby release and hold harmless the Los Angeles Unified Schools District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any enrichment services.

Home Address: _____ **City:** _____ **Zip Code:** _____

Telephone (Home/Cell): _____ **E-Mail Address:** _____

Parent Name/Guardian (print): _____

Parent Signature: _____ **Date:** _____

☐ I am declining Title IV enrichment services for my child.

PLEASE RETURN TO CLASSROOM TEACHER OR SCHOOL ADMINISTRATOR
If you have any questions, please call your child's school.

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