

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Student Health and Human Services

**Parent Assurance Letter (PAL)**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

I, \_\_\_\_\_, declare that I am the parent/guardian/caregiver of \_\_\_\_\_  
and I am withdrawing this child from \_\_\_\_\_ due to the following reason:

Mark One	Reason for requesting withdrawal	Additional Information: Must provide city, state, and country, if unable to provide complete home and school address
	Enrolling in a non-LAUSD public school within the State of California (L3)	Name of new school: _____
	Enrolling in a private school (L4)	Address of new school: _____
	Moving to another state (L5)	New home address: _____
	Moving to another country (L5)	_____
	Other (L8): <input type="checkbox"/> Serious Personal Illness <input type="checkbox"/> Deceased <input type="checkbox"/> Work <input type="checkbox"/> Other _____	New phone Number: _____ Emergency contact name, relationship, phone number: _____

I assure you that I will enroll this child in a school within a reasonable period of time. I am aware of the compulsory education statute in California, as stated in Cal. Education Code Section 48200, that requires all children between the ages of 6-18 years old to attend a full-time educational program unless they are exempt. I also understand that if I fail to compel the attendance of the child in my care to attend a full-time education program while in the State of California, unless the child is exempt, that I may be subject to criminal penalties.

**I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.**

\_\_\_\_\_  
Parent/Guardian/Caregiver's Name

\_\_\_\_\_  
Parent/Guardian/Caregiver's Signature

\_\_\_\_\_  
Date

**--Office Use Only--**

**Verification Document Attached:**  
 Enrollment Verification (L2, L3, L4, L5)  Record Request (L2,L3,L4,L5)  
 Class Schedule/Transcript (L3)  
 Private School Affidavit (L4)  
 Out of Country: PAL with parent/guardian signature (L5)  
 Obituary, Death Notice, or PAL with parent/guardian signature (L8)  
 Other Documentation/ L-Code \_\_\_\_\_

**Received by (Name/Signature/Date):** \_\_\_\_\_

**Authorized by Administrator (Name/Signature/Date):** \_\_\_\_\_

**Completed in MiSiS by (Name/Signature/Date):** \_\_\_\_\_

**Notes:**