



EAST LOS ANGELES COLLEGE
Supplemental Application for Admission of Students in Grades K-12

ADMISSION: Colleges in the Los Angeles Community College District ("LACCD") may admit as a special part-time or full-time student anyone who is a student in grades K-12 who has met the LACCD's admissions requirements and who, in the opinion of the College President (or designee), may benefit from instruction. (Education Code sections 48800, 48800.5, 76001; LACCD Board Rules 8100.06, 8100.07, 8100.08; LACCD Administrative Regulation E-87.)

FEES: **Enrollment fees** are required for special full-time students (i.e., taking more than 11 units), but waived for special part-time students (i.e., taking 11 units or less). (Education Code section 76300(f), LACCD Board Rule 8100.03.) Special part-time students are exempt from the **nonresident tuition fee** (Education Code section 76140(a)(4), LACCD Board Rule 8100.03.) The LACCD also charges a **health fee** (certain categories of students are exempt) and, where applicable, a **student representation fee**.

CONDITIONS: The student is expected to follow regulations and procedures that apply to all college students. The student shall receive college credit for the community college courses that the student completes. Arrangements for receiving high school credit for completed course work must be made with the student's high school. The student may only enroll in those courses listed on this form. This enrollment approval form must be presented when the student initially files an application for admission to the college, and a separate approval must be provided for each semester or term in which the student wishes to enroll. **The LACCD and its colleges assume no responsibility for the supervision of minor students (i.e., students under 18 years of age) outside the classroom setting. Parents are responsible for ensuring that their children are appropriately supervised before class begins, after class finishes, or when a class is cancelled and/or dismissed early.**

K-12 STUDENT PERSONAL INFORMATION (please print)

Student Name: _____ Grade _____ Birth Date _____
Last First MI Mo. Day Yr. AGE

Student Address: _____
Street and Apt. # City State Zip Code

Telephone Number: (____) _____ College Student ID # **88** - _____ - _____
Area Code and Number

FOR STUDENT: I authorize the release of my transcript information to my school upon the school's written request.

Student's Signature Date

PARENTAL CONSENT (MINORS ONLY)

I authorize my son/daughter to enroll in a college-level course in the Los Angeles Community College District. I understand that my child will not be afforded any special status or supervision as a result of his/her minor status while enrolled in the Los Angeles Community College District; and I also understand that I will not have access to my child's student records (including grades and transcripts) without their written consent, their minor status notwithstanding.

Parent's Printed Name Parent's Signature Date

COUNSELOR RECOMMENDED COURSES

Completing this section does **NOT** enroll the student in the requested course(s). Student must complete the registration process. Student may only enroll in courses **recommended** by the counselor.

Term: Winter Intersession Spring Semester Summer Session I Summer Session II Fall Semester Year 2018

(A separate approval must be provided for EACH semester or session in which the student wishes to enroll)

Enrollment Status: Part-time (11 or fewer units) Full-time (12 or more units). Enrollment fees will be charged for all units.

If you are currently enrolled and are requesting to add additional courses list ALL current courses enrolled.

1. HEALTH 11 2. _____ 3. _____ 4. _____
College Course, Number and Units College Course, Number and Units College Course, Number and Units College Course, Number and Units

SCHOOL CONSENT

To be completed by the School Principal or designee only if student is attending public or private K-12 schools

I have met and counseled the student and recommend the courses listed above to be taken for credit as shown above (for K-8 students, please enclose the student's transcripts and a letter describing how, in your opinion, the student will be able to profit from instruction at a community college). If this is a summer enrollment, I certify that there are no equivalent courses available at this school.

Jenisha Hasselberger, Academic Pathways Advisor _____
Print Name and Title School Principal/Counselor Signature (original signature required)

School Name: East Los Angeles Skills Center Private Home Schooled
 School Street Address: 3921 Selig Place
 City, State, Zip Code Los Angeles, CA 90031
 Telephone No. (323) 224 - 5970

**SCHOOL STAMP
 REQUIRED** →



COLLEGE APPROVAL

Students must have the approval of the Chief Instructional Officer (or designee) of the college where they are applying.

Approved to Attend Not Approved to Attend _____
Signature Date

Reasons for refusal: _____