



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

ADMISSION: In order to provide educational enrichment opportunities for a limited number of eligible students, a Los Angeles Community College President (or designee) may admit elementary and secondary school students (grades K-12) as special part-time students or special full-time students. These students will be admitted for the purpose of enrolling in advanced scholastic or vocational work at the college, under the provisions of Education Code sections 48800, 48800.5 and 76001.

FEES: Enrollment fees for special part-time will be waived pursuant to Board Rule 8100.07 and Education Code section 76300 (f). Special Full-Time Students (i.e., K-12 students enrolled in more than 11 units) are required to pay enrollment fees. Special part-time students are exempt from the nonresident tuition fee pursuant to Board Rule 8100.03 and Education Code section 76140(a)(4).

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

Phone No.: _____ E-mail address: _____ Student I.D. No.: _____

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

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

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. **TUTOR 001T** 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 (for K-8 students, please enclose the student's transcripts and 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 and that the total number of students referred from this school to community colleges does not exceed 5% of this year's graduating class.

Print Name and Title School Principal/Counselor Signature (original signature required)

School Name: _____ Private Home Schooled

School Street Address: _____

City, State, Zip Code _____

Telephone No. () _____

**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 Denial: _____