DEADLINE: SPRING-FRIDAY, JANUARY 19, 2007

LOS ANGELES SOUTWEST COLLEGE

Supplemental Application for Admission of Students in Grades K-12

Admission: Any college in the Los Angeles Community College District may admit as a special part-time or full-time student, anyone who is in the age group of Kindergarten to 12th grade (K-12), who has completed the admission requirements set forth in Administrative Regulation E-87, and who in the opinion of the College President (or designee) may benefit from instruction (Board Rules 8100.05, 8100.06, 8100.07 and 8100.08; and Education Code Sections 48800; 48800.5; 76001).

Fees: Enrollment fees for Special Part-Time Students K-12 students will be waived pursuant to Board Rule 8100.07 and Education Code Section 76300 (f). Special Full-Time Students K-12 students (i.e., students enrolled in more than 11 units) are required to pay enrollment fees. Students who are determined to be "nonresidents" of California, but who are admitted as "Special Part-Time" or "Special Full-Time" students are exempt from nonresident tuition. The Los Angeles Community College District 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 established for all college students. The student shall receive credit for the community college courses that the student completes. Arrangements for receiving high school credit for course work completed 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 files an application for admission to the college. A separate approval must be provided for each semester or summer session in which the student wishes to enroll***. The Los Angeles Community College District and its colleges assume no responsibility for the supervision of minor students outside of the classroom setting. Parents are responsible for ensuring that their children are appropriately supervised before class begins, after class finishes and if 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.

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

Telephone Number: (_____)_____ Soc. Sec.#: _____ - _____ - _____
Area Code and Number

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 not withstanding.***

_____ _____ _____
Parent's Printed Name Parent's Signature Date

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

_____ _____ _____
Student's Printed Name Student's Signature Date

COLLEGE ENROLLMENT INFORMATION (required)

To be completed by K-12 school official if student is enrolled in public or private K-12 school

College: _____ Term: ☐Fall Semester ☐Winter Intersession ☐Spring Semester ☐ Summer Session Year _____

Enrollment Status: ☐Part-time (11 or fewer units) ☐ Full-time (12 or more units)

Courses:

1. _____ 2. _____ 3. _____
College Course Subject and Number College Course Subject and Number College Course Subject and Number

4. _____ 5. _____ 6. _____
College Course Subject and Number College Course Subject and Number College Course Subject and Number

SCHOOL INFORMATION

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.

_____ _____
Print Name and Title Signature *(original signature required)*

School Name: _____ Telephone No.: (_____) _____

School Address: _____
Street City State Zip Code

LAUSD Students Only District Student ID No. ☐☐☐☐☐☐☐ School Location Code ☐☐☐☐

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: _____

DEADLINE: WINTER-FRIDAY, DECEMBER 15, 2006

LOS ANGELES SOUTWEST COLLEGE

Supplemental Application for Admission of Students in Grades K-12

Admission: Any college in the Los Angeles Community College District may admit as a special part-time or full-time student, anyone who is in the age group of Kindergarten to 12th grade (K-12), who has completed the admission requirements set forth in Administrative Regulation E-87, and who in the opinion of the College President (or designee) may benefit from instruction (Board Rules 8100.05, 8100.06, 8100.07 and 8100.08; and Education Code Sections 48800; 48800.5; 76001).

Fees: Enrollment fees for Special Part-Time Students K-12 students will be waived pursuant to Board Rule 8100.07 and Education Code Section 76300 (f). Special Full-Time Students K-12 students (i.e., students enrolled in more than 11 units) are required to pay enrollment fees. Students who are determined to be "nonresidents" of California, but who are admitted as "Special Part-Time" or "Special Full-Time" students are exempt from nonresident tuition. The Los Angeles Community College District 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 established for all college students. The student shall receive credit for the community college courses that the student completes. Arrangements for receiving high school credit for course work completed 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 files an application for admission to the college. A separate approval must be provided for each semester or summer session in which the student wishes to enroll***. The Los Angeles Community College District and its colleges assume no responsibility for the supervision of minor students outside of the classroom setting. Parents are responsible for ensuring that their children are appropriately supervised before class begins, after class finishes and if 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.

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

Telephone Number: (_____)_____ Soc. Sec.#: _____ - _____ - _____
Area Code and Number

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 not withstanding.***

_____ _____ _____
Parent's Printed Name Parent's Signature Date

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

_____ _____ _____
Student's Printed Name Student's Signature Date

COLLEGE ENROLLMENT INFORMATION (required)

To be completed by K-12 school official if student is enrolled in public or private K-12 school

College: _____ Term: ☐Fall Semester ☐Winter Intersession ☐Spring Semester ☐ Summer Session Year _____

Enrollment Status: ☐Part-time (11 or fewer units) ☐ Full-time (12 or more units)

Courses:

1. _____ 2. _____ 3. _____
College Course Subject and Number College Course Subject and Number College Course Subject and Number

4. _____ 5. _____ 6. _____
College Course Subject and Number College Course Subject and Number College Course Subject and Number

SCHOOL INFORMATION

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-8tudents, **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.

_____ _____
Print Name and Title Signature *(original signature required)*

School Name: _____ Telephone No.: (_____) _____

School Address: _____
Street City State Zip Code

LAUSD Students Only District Student ID No. ☐☐☐☐☐☐☐ School Location Code ☐☐☐☐

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: _____

THIS FORM IS REQUIRED FOR ADMISSION AND REGISTRATION TO ANY OF THE COLLEGES IN THE LOS ANGELES COMMUNITY COLLEGE DISTRICT