LOS ANGELES COMMUNITY COLLEGE DISTRICT
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.) Effective starting the Fall 2008 semester, the ***nonresident tuition fee*** will be waived for all special part-time students taking either (a) four units or less, or (b) only one class which is six units or fewer. 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 INFORMATION

Student Name: _____ **Birth Date:** ___ / ___ / ___
Last First MI Mo Day Year

Student Address: _____
Street City State ZIP

Phone No.: ( ) _____ **E-mail Address:** _____ **Student ID No.:** _____

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

_____ _____
Signature of Student Date

FOR PARENT/GUARDIAN: I authorize my son/daughter to enroll in a college level course in the LACCD. 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; I also understand that I will not have access to my child's student records (including grades and transcripts) without his/her written consent, his/her minor status notwithstanding.

_____ _____ _____
Print Name of Parent/Guardian Signature of Parent/Guardian Date

COLLEGE ENROLLMENT INFORMATION
(to be completed by the K-12 school official)

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

College: _____ **Enrollment Status:** ☐ Part-time (*11 units or less*) ☐ Full-time (*more than 11 units*)

1. _____ **2.** _____ **3.** _____
College Course Subject/Number College Course Subject/Number College Course Subject/Number

4. _____ **5.** _____ **6.** _____
College Course Subject/Number College Course Subject/Number College Course Subject/Number

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 of Official Signature of Official (original required) Date

FOR LAUSD STUDENTS: _____ _____
LAUSD Student ID No. School Location Code

COLLEGE APPROVAL
(to be completed by the College's Chief Instructional Officer (or designee)

☐ Approved to Attend ☐ Not Approved to Attend _____ _____
Signature Date

Reason(s) for Refusal: _____