



## 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 Summer 2009, the **nonresident tuition fee** will be charged for all students who are classified as nonresidents; students may apply for an individual waiver pursuant to Board Rule 8100.15. 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: \_\_\_\_\_



Los Angeles Community College District  
**Nonresident Tuition Fee Waiver Application**  
**(Supplement to Form YS-1)**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Street City Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_, Age \_\_\_\_

1. My immigration status prevents me from establishing residency in the United States.  Yes  No  
 (Note: Except in cases of "severe economic hardship," which must be documented, students attending an LACCD college on an "F," "J," or "M" Visa are not eligible for this waiver.)
2. My family income is at or below the income levels in the chart below.  Yes  No

<b>Family Size</b>	<b>2008 Income</b>
1	\$15,600
2	\$21,000
3	\$26,400
4	\$31,800
5	\$37,200
6	\$42,600
7	\$48,000
8	\$53,400
Each Additional Family Member	\$ 5,400

**CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW**

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. If I falsify information on this form, I will be responsible for reimbursing the college for any nonresident tuition fees owed, and I will also be subject to student discipline, up to and including suspension and/or expulsion from the District.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature (If student is under the age of 18)

\_\_\_\_\_  
 Date