Welcome to West!

Use the following checklist to enroll in the CAHSEE to College program:

☐ Submit West LA Application (A-13)

☐ Submit CAHSEE to College program application (A-13)

☐ Submit Enrollment Verification form (A-13)

☐ Obtain your WLAC ID # _____________________________

☐ Meet with CAHSEE Coordinator (A-13).

Note: All Students that did not successfully complete the California High School Exit Exam (CAHSEE) in the years 2006-2008 are eligible to participate in the CASHEE to College program at WLAC. Current high school students are NOT eligible for the program, but can enroll in classes at WLAC. (See concurrent enrollment page) High school students are encouraged to utilize the resources at their current high school as well as resources offered at WLAC to improve their English and Math skills.

☐ Enroll in Non-Credit Course in the Heldman Learning Resource Center (HLRC).

☐ Log into Revolution Prep program in the HLRC.

Thank you for giving us the opportunity to serve you.

Admissions & Records
(310) 287-4501
www.wlac.edu

Outreach & School Relations
(310) 287-4415
outreach@wlac.edu
www.wlac.edu/highschool
West Los Angeles College
CAHSEE to College Program Application

Please complete this form and return it to the Office of School Relations and Outreach

Last name___________________ First name_________________ MI___
Address__________________________City________________State______ Zip______
Date of Birth___/___/___
Phone: Home (     )________-________  Cell (     )________-_________
Email_______________________________

Have you attended West before? □  yes  □  no
(If “yes” what was the last semester that you attended WLAC?) ()  Fall () Spring () Summer () Winter

What high school did you attend last? ____________________
City_________________State_______Zip_______

What is the last year that you attended high school?_______________________

What services are you interested in? (Please check all the apply)

☐ CAHSEE English Preparation Course  ☐ Career/ Academic Advisement
☐ CAHSEE Math Preparation Course  ☐ Career/ Technology Certificate
☐ High School Credit Completion  ☐ Job Readiness Certificate
☐ GED Testing/ Preparation  ☐ Other:

How did you hear about the CAHSEE to College Program?

☐ Outreach Representative  ☐ Counselor/case manager  ☐ College recruiter
☐ School faculty/staff  ☐ Outreach letter  ☐ Friend/Family
☐ Phone outreach  ☐ Employer  ☐ Internet
☐ Letter  ☐ Other (please specify)

Student’s Signature:________________________________ Date:_____________
Enrollment Verification

Directions: This form is to be filled out at the time of enrollment and returned by the enrolling school.

Via fax (213) 241-6777
Attn: Teresa Brizuela

Or mail to:
Teresa Brizuela
333 S. Beaudry Ave., 24th Floor
Los Angeles, CA 90017

____________________________________________________

Name: _____________________________   Date: ________________
Date of Birth: ________________
Home Address: _________________________________________________________
Home Phone: (         )  ___________________  Cell: (         )  ______________
Home School: ___________________________________________
Last School Attended: ______________________________
Student Signature: ______________________________________

To be completed by school official:

This letter is to verify that the above student has registered at:
______________________________________________________  Community College.

Printed Name of School Official

Signature of School Official   Date
<table>
<thead>
<tr>
<th>CAHSEE Workshop Start Dates</th>
<th>English Language Arts – Test Dates</th>
<th>Mathematics– Test Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 5, 2009</td>
<td>March 17, 2009</td>
<td>March 18, 2009</td>
</tr>
<tr>
<td>Feb. 3, 2009</td>
<td>May 12, 2009</td>
<td>May 13, 2009</td>
</tr>
</tbody>
</table>
1. Student Identification Number  
(Leave blank unless you have previously been assigned a Student Identification Number)  
8 8  
The social security number will no longer be used as primary student identifier for students per Civil Code 1798.85. Student Information System (SIS) will generate an identification number for each student who is new to LACCD. Leave blank if you have not been assigned a SID by the district.

2. Social Security Number  

3. Legal Name  
Last                                                  First                                           Middle Initial  
List other names you have used.  If none, check box:  
Last                                                  First                                           Middle Initial  

4. Legal Address/Residence  (Do not use P.O. Box or Business Address)  
Number                                                  Street                                             Apt. No.  
City                                                  State                                             Zip Code  
I have lived at this address since:  
Month                               Day                                      Year  
9. If you have lived at your present address fewer than two years, list previous address(es)  
Number/Street/Apt. No.                                                  City/State                                             FROM: Mo/Yr        TO: Mo/Yr  
Number/Street/Apt. No.                                                  City/State                                             FROM: Mo/Yr        TO: Mo/Yr  
10. Mailing Address  (if different from Legal Address given above)  
Number/Street/Apt. No.                                                  City/State                                             Zip Code  
11. My present stay in California began on:  
Month                               Day                                      Year  
Are any of the following on active military duty?  (Please check all that apply)  
Yourself                          Spouse                          Parents  
12. The questions below must be answered by every applicant.  
At any time in the past two years have you:  
(If you are under 19, answer for your parents)  
* Registered to vote in a state other than California?  …………………  Yes  No  If yes, what year?  __________  
* Filed a legal action in a state other than California?  …………………  Yes  No  If yes, what year?  __________  
* Attended a non-California college/university as a resident of that state?  Yes  No  If yes, what year?  __________  
* Filed as a Non- Resident for California State Income Tax Purposes?  ……  Yes  No  If yes, what year?  __________  
13. Contact Information  
Primary Telephone:  (_______)  Area Code  Number  
E-mail:  
14. Place of Birth  
City                                             State or Foreign Country  
15. Full name of the most recent High School you attended  
Name of High School  
City                                             State or Foreign Country  
16. Last College attended.  If none, check box:  
Name of College                                             Dates Attended  
City/State/Foreign Country  
Degree Awarded  
17. I am a citizen of  
Country  
18. If you are not a United States Citizen, please circle and complete:  
2. Permanent Resident Alien  
3. Temporary Resident Alien  
4. Refugee, Asylee  
5. Student Visa (F-1 or M-1 visa)  
6. Other (Specify):  ________________  Issue/Adjustment Date  
7. Visitor Visa (B-1 or B-2 visa)  
The LACCD is made up of the following schools. Please check ONE school.  
City                                      East                                      Harbor                                      Mission                                      Pierce  
Southwest                                      Trade Tech                                  Valley                                      West LA                                      ITV

CONTINUE ON OTHER SIDE
19. Complete this question only if you are under 19 and have never been married.

Name of Parent or Legal Guardian: ___________________________________________________

Relationship to you:  □ Father  □ Mother  □ Legal Guardian  □ Other ______________________

Is the person a:  □ U.S. Citizen  □ Permanent Resident Alien  □ Other ______________________ 

If a Permanent Resident Alien, enter "A-Number" and date of issue:

Current residence of this person: _______________________________________________________

State: __________________ Month/Year: _______ From: __________ To: PRESENT ______

20. Ethnic Identity (*) Please enter number in box

10 = Chinese  20 = Black, African-American  30 = Japanese  40 = Filipino  50 = Other Asian

11 = Korean  21 = Mexican, Chicano,  31 = Laotian  41 = Central American  51 = Caucasain, White

12 = Vietnamese  22 = South American  32 = Pacific Islander; Samoan  42 = Caribbean  52 = Other Non-White

13 = Indian Sub-Continent  23 = Other Hispanic  33 = Pacific Islander; Hawaiian  43 = Central American  53 = Decline to state

21. What is your primary language? (*) Please enter number in box

1 = English  5 = Filipino  9 = Spanish  10 = Vietnamese

2 = Armenian  6 = Japanese  11 = Other language

3 = Chinese  7 = Korean

4 = Farsi  8 = Russian

22. What is your main educational goal? Please enter number in box

1 = Prepare for a new career (acquire new job skills)  2 = Advance in current job/career (update job skills)

3 = Discover/develop career interests, plans and goals  4 = Obtain a two-year vocational degree without transfer

5 = Obtain a two-year Associate degree without transfer  6 = Obtain a vocational certificate without transfer

7 = Obtain a Bachelor’s degree after completing an Associate’s degree  8 = Obtain a Bachelor’s degree without completing an Associate’s degree

9 = Maintain certificate or license (e.g. Nursing, Real Estate)  10 = Improve basic skills in English, reading or math

11 = Complete credits for high school diploma or GED  12 = Personal development (intellectual, cultural)

13 = Undecided on goal

23. Special Services (*)
The Los Angeles Community College District is committed to increasing your educational success. Each area listed below provides special services. Please indicate those services that interest you.

1. □ Financial Aid  5. □ Employment Assistance

2. □ Child Care  6. Information regarding special services and/or accommodations for students with disabilities may be obtained from the Disabled Student Programs (DSPS) Office.

3. □ Tutoring  7. Are you from a low income family and in need of special counseling, tutoring, and/or financial aid assistance? □ Yes □ No

4. □ Transfer Assistance

(*) NOTICE TO STUDENTS: Your responses to questions marked by this symbol will be used to provide you with information on college programs and services and for statistical purposes only. Refusal to provide this information will not be used to deny admission to the college or any of its programs.

If additional information is needed to determine your residence status you will be required to complete a supplemental residence questionnaire and/or to present evidence in accordance with Education Code sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student.

24. Highest Education Status: Please enter number and year in boxes below

1 = Earned a U.S. High School diploma (or will earn one before college semester begins)

2 = Enrolled in grade 12 or below when college semester begins

3 = Not a High School graduate, currently enrolled in adult school

4 = Not a High School graduate, last attended High School

5 = Passed the GED or received a certificate of H.S. equivalency

6 = Earned California High School Proficiency Certificate

7 = Earned a Foreign Secondary diploma or certificate of graduation

8 = Earned an Associate degree

9 = Earned a Bachelor’s or higher degree

25. Enrollment Status: Please enter number in box

1 = First time college student

2 = First time at this college, after attending another college

3 = Returning to this college, after attending another college

4 = Returning to this college, without having attended another college

5 = Enrolling in this college, while attending school in the 12th or lower grade

26. College Units or degree completed by first day of this term

Please enter number in box

1 = 0 units  4 = 30 to 59½

2 = 1½ to 15½  5 = 60 or more units, no degree

3 = 16 to 29½  6 = A.A., A.S., B.A., B.S. or higher degree

27. Veteran (Leave blank, unless you are a veteran)

Were you honorably discharged from the U.S. Armed Forces? □ Yes □ No

28. Student Information -- Permission to Release

TYPES OF STUDENT INFORMATION: (1) Directory Information: name; city of residence; participation in officially recognized activities and sports; weight and height of athletic team members; dates of attendance; degrees and awards received; and the most recent previous educational institution attended. (2) College Foundation Information: name, address, and telephone number. 3) Four-year College Information: name, address, and phone number. 4) Military Recruiting Information: “Directory information” plus address, telephone number, date of birth, and major field of study.

□ I DO NOT permit the college to release directory information

□ I DO NOT permit the release of information to the College Foundation

□ I DO NOT permit the release of information to four-year colleges

□ I DO NOT permit the release of information to the military

You may change your Directory Release at any time by completing a Release of Directory Information form and returning it to the Admissions Office.

29. Certification

I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form shall constitute grounds for dismissal.

REQUIRED

SIGNATURE ____________________________  Date ________________________