



# 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](http://www.wlac.edu)

Outreach & School Relations  
(310) 287-4415  
[outreach@wlac.edu](mailto:outreach@wlac.edu)  
[www.wlac.edu/highschool](http://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)

Table with 2 columns and 4 rows of checkboxes for services like CAHSEE English Preparation Course, Career/ Academic Advisement, etc.

How did you hear about the CAHSEE to College Program?

Table with 3 columns and 4 rows of checkboxes for hearing sources like Outreach Representative, Counselor/case manager, College recruiter, etc.

Student's Signature: Date:



LOS ANGELES UNIFIED SCHOOL DISTRICT

**SECONDARY INSTRUCTION**

333 South Beaudry Avenue, 24<sup>th</sup> Floor  
Los Angeles, CA 90017  
Telephone: (213) 241-4967  
FAX: (213) 241-6777

**David L. Brewer III**  
Superintendent of Schools

**Ramon Cortines**  
Senior Deputy Superintendent

**Dr. Shelley Weston**  
Assistant Superintendent,  
Secondary Instruction, Interim

**Debra Duardo**  
Director,  
Dropout Prevention & Recovery  
Secondary Instruction



## 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., 24<sup>th</sup> 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

## CAHSEE Workshop Start Dates/ CAHSEE Test Dates

<b>CAHSEE Workshop Start Dates</b>	<b>English Language Arts – Test Dates</b>	<b>Mathematics- Test Dates</b>
Sept. 3, 2008	Nov. 4, 2008	November 5, 2008
Oct. 1, 2008	Dec. 6, 2008	December 13, 2008
Nov. 24, 2008	Feb. 3, 2009	Feb. 4, 2009
Jan. 5, 2009	March 17, 2009	March 18, 2009
Feb. 3, 2009	May 12, 2009	May 13, 2009

**APPLICATION FOR ADMISSION**

Please type or print clearly in black ink

**1. Student Identification Number**  
 (Leave blank unless you have previously been assigned a Student Identification Number)

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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.

**3. Legal Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

List other names you have used. If none, check box:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

**5. Alternate Identification Number**

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If you are a returning student and have been previously assigned an Alternate Identification Number by the district, please complete. Otherwise leave blank.

**2. Social Security Number**

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Students are required by law to provide their Social Security Number, which will be used for reporting to the federal government under the Taxpayer Relief Act of 1997 and for financial aid verification. If you do not have a Social Security number, or if you do not wish to use it, please leave blank.

**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 \_\_\_\_\_

**6. This application is for:**

Fall \_\_\_\_\_ Winter \_\_\_\_\_

Spring \_\_\_\_\_ Summer \_\_\_\_\_

Year \_\_\_\_\_

**7. Sex**

Female \_\_\_\_\_

Male \_\_\_\_\_

**8. Birth Date**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Age**

\_\_\_\_\_

**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 \_\_\_\_\_

**13. Contact Information**

Primary Telephone: (\_\_\_\_\_) \_\_\_\_\_

Area Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail: \_\_\_\_\_

**10. Mailing Address (if different from Legal Address given above)**

Number/Street/Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**14. Place of Birth**

City \_\_\_\_\_ State or Foreign Country \_\_\_\_\_

**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

**15. Full name of the most recent High School you attended**

\_\_\_\_\_  
 Name of High School

\_\_\_\_\_  
 City State or Foreign Country

**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? \_\_\_\_\_

**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 \_\_\_\_\_

**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

**18. If you are not a United States Citizen, please circle and complete:**

2. Permanent Resident Alien \_\_\_\_\_

3. Temporary Resident Alien \_\_\_\_\_ Permanent Resident or Visa Number \_\_\_\_\_

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) \_\_\_\_\_

OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residence	Matriculation	High School	College	Concurrent

**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: \_\_\_\_\_ From: \_\_\_\_\_ To: PRESENT  
 State Month/Year

**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	<input type="text"/>
4 = Not a High School graduate, last attended High School	Number
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	<input type="text"/>
8 = Earned an Associate degree	Year
9 = Earned a Bachelor's or higher degree	

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

10 = Chinese	20 = Black, African-American	
11 = Japanese	30 = Filipino	60 = American Indian, Alaskan Native
12 = Korean	40 = Mexican, Chicano, Mexican-American	70 = Pacific Islander; Samoan
13 = Laotian	41 = Central American	71 = Pacific Islander; Hawaiian
14 = Cambodian	42 = South American	72 = Pacific Islander; Guamanian
15 = Vietnamese	49 = Other Hispanic	79 = Other Pacific Islander
16 = Indian Sub-Continent	50 = Caucasian, White	80 = Other Non-White
19 = Other Asian		90 = Decline to state

**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 12 <sup>th</sup> 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 59 ½
2 = 1 ½ to 15 ½	5 = 60 or more units, no degree
3 = 16 to 29 ½	6 = A.A., A.S., B.A., B.S. or higher degree

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

1 = English	5 = Filipino	
2 = Armenian	6 = Japanese	9 = Spanish
3 = Chinese	7 = Korean	10 = Vietnamese
4 = Farsi	8 = Russian	11 = Other language _____

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

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

**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

**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.

**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. <input type="checkbox"/> Financial Aid	5. <input type="checkbox"/> Employment Assistance
2. <input type="checkbox"/> Child Care	6. Information regarding special services and/or accommodations for students with disabilities may be obtained from the Disabled Student Programs (DSPP) Office.
3. <input type="checkbox"/> Tutoring	7. Are you from a low income family and in need of special counseling, tutoring, and/or financial aid assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="checkbox"/> Transfer Assistance	

**NON-DISCRIMINATION POLICY**

All programs and activities of the Los Angeles Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, handicap or veterans status (Reference: Board Rule 1202)

In order to ensure the proper handling of all civil rights matters, each college in the District has its own Affirmative Action Representative, Title IX/Sex-Equity Coordinator, Section 504 Coordinator of Handicap Programs, and an Ombudsperson. Direct initial inquiries to the Office of Diversity Programs at (213) 891-2000.

**(\*) 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/or 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.

**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** \_\_\_\_\_