# Step 2: Complete the Digital K-12 Form

\* You must have an active LACCD ID# to complete this form. Your LACCD ID# begins with 88 or 900 and is 9-digits long. DO NOT enter your HS ID# or CCCID# \*

1. Access the digital		*		
WLAC K-12 form HERE	1/2			
	I A COLLE	GE		
	LA COLL			
2. Dynamic Forms Log In				
	Log In			
If you've completed the digital WLAC	User Name			
K-12 form before. enter your user				
name and password to LOG IN	Password			
If this is your first times some plating				
If this is your first time completing		Log In		
the digital WLAC K-12 Form, click	Create New Account Forg	reate New Account Forgot User Name? Forgot Your Password?		
CREATE NEW ACCOUNT.		· · · · · · · · · · · · · · · · · · ·		
	Username *	Enter a Username Username restrictions:		
Complete ALL required fields.		Must be at least 8 characters long     Must contain at least one letter		
	Set Password *	Choose a password		
	Confirm Password *	Confirm your password Password restrictions:		
	Must be at least 8 characters     long     Cannot contain your username			
		Must contain 3 of the 4 types of characters below:     Jupper case letters		
		<ul> <li>lower case letters</li> <li>numbers</li> <li>special characters: @ &amp; \$</li> </ul>		
	First Name *	8 Enter your First Name he		
	Last Name *	8 Enter your Last Name he		
	E-mail Address * Confirm E-mail Address *	Enter your Email Address		
	Secret Question *	a Please select -		
	Secret Question Answer*			
	Answer Hint *			
CHUR CREATE ACCOUNT	Create Account			

### Video: Digital K-12 Form Process



Password?

Answer the security question you	Log In - Security Question
selected when creating your account	
and click LOG IN	Welcome back studentexample1. As an additional security step, we require you to answer the security question you answered when creating your account.
	What was your high school mascot?



CONDITIONS: The student is expected to follow regulations and procedures that apply to all college students. The stu

supervised before class be

first name, last name and school email address for your counselor

Last Name: \*

Last Name: \*

consequences and the student completes. Arrangements for receiving high student may only enroll in those courses listed on this form. This enrollment a of the college, and a separate approval must be provided for each semester esponsibility for the supervision of minor students (i.e., students under the their children semester).

Student

-- Please Select --

\* -- Please Select

This is my device

By selecting this option you will not have to answer a security question for any further logins from this device. Please unselect this option if you are currently on a public or shared device.

Log In

ns. after class fir

Last Name: \* Example1 MI:

State: \* Select

K-12 STUDENT INFORMATION

studenttexample1@gmail.cc

Ign scrool dealt of completes the student ini approval form must be presented when the student ini ter or term in which the student wishes to enroll. The LAN

ige) outside the classroom setting. Paren es, or when a class is cancelled and/or di

Date Of Birth

Zip

School Email Address:

Email Address: \*

#### 3. Review the LACCD K-12 policies LOS ANGELES COMMUNITY COLLEGE DISTRICT SUPPLEMENTAL APPLICATION FOR ADMISSION OF STUDENTS IN GRADES K-12 DMISSION: Colleges in the Los Angeles Community College District ("LACCD") may admit as a special part-time or full-time student anyone who is a stud <12 who has met the LACCD's admissions requirements and who, in the opinion of the College President (or designee), may benefit from instruction, (Edu ections 48800, 48800, 576001; LACCD Board Rubes 810.00, 61800, 78.000, ELACCD Administrative Regulation E-87.) EES: Erroliment fees are required for special full-lime students (i.e., taking more than 11 units), but waived for special part-time students (i.e ducation Code section 78300(f), LACCD Board Rule 8100.03, Special part-lime students are exempt from the norresident tuition fee (Education /Ho(a)(a), LACCD Board Rule 8100.03, The LACCD Board Rule at health fee (certain categories of students are exempt) and , where app presentation fee. Students enrolled in CCAP programs are exempt from enroliment fees and will not be charged for textbooks, equipment, a FEES: En

## 4. Complete the K-12 Student

## Information section

- \* First Name
- \* Last Name
- \* Date of Birth
- \* Address/City/State/Zip
- \* Phone Number
- \* Email Address
- \* Student Grade Level

\* STUDENT ID - Do NOT enter your high school ID #. Enter your 9-digit LACCD ID#. This number begins with 88 or 90 and is 9-digits long. Ex: 881234567 or 900654321.

First Nan

Phone Nu

First Name

\* HIGH SCHOOL INFORMATION - Do <u>NOT</u> enter your high school email address. Enter your COUNSELOR'S full name and your COUNSELOR'S work email address.

\* PARENT INFORMATION - Enter your parent/guardian's full name and their email address.

* STUDENT SIGNATURE	STUDENT AUTHORIZATION	DN y transcript of mation to my scho	ol upon the school's written	
Click on the highlighted box.	* (click to sign)			
	Student Signature	Date		
	Sign e	lectronically	×	
	Please form ele	read the <u>Disclosure / Consent</u> before y ectronically.	ou sign your	
	Typing comple electroi unders: sign. Yo commu	your name exactly as it appears below ting this form using an electronic signal nically, you are certifying that you have tand the Disclosure/Consent and agree ou also agree to receive required disclo nications related to this transaction ele-	signifies you are ure. By signing read and to electronically sures or other ctronically.	
	To cont your na your int	inue with the electronic signature proce me and click the "Sign Electronically" b formation and submit your electronic sig	ess, please enter outton to save gnature.	
Type in your name exactly as it	Studen	t		
appears under the boxes.	Examp	le1		
	Sign	Electronically		
	lf you w the "Op	yould like to opt out of electronic signate to ut and print" link below to save your	ure, please click information and	
	<u>Opt out</u>	ecal copy for your signature.		
6. Complete the <b>College Enrollment</b>	Lunderstand th	COLLEGE ENROLLMENT INFORM	ATION listed below.	
Information section	Term: * Please Select - V Year: *			
* Select the term (Summer) and enter the	Course Name SOC	Course Number Unit 001 3		
year (2021)	Course 2: *	High School Off Please enter an	icial Only y updates/corrections or comments:	
* Enter the course name and number (ex:	Course 4:			
ART 103, CH DEV 001, HEALTH 011, PSYCH		Total Units		
001, SOC 001)		Enrollment Statu - Please Sele	8: ect - →	
* Enter the number of units per course				
7. Click SUBMIT FORM				
	Submit Form	J		

Once submitted, the form will be sent to the parent/guardian's email that was entered on the form. After the parent/guardian signs, the form will be sent to the counselor's email that was entered on the form. After the counselor signs, the form will be sent to the WLAC Admissions & Records Office for processing.

\* Students, parents/guardians, and counselors must all create a dynamic forms account to digitally sign the form \*