Please review the application and enrollment process to qualify for enrollment at West Los Angeles College. Additional information is available at *http://www.wlac.edu/high-school/index.aspx*.

ELEMENTARY & MIDDLE SCHOOL STUDENTS (GRADES K-8)

- Submit Application for Admission to Admissions & Records *(SSB 220)* to obtain your LACCD Student #, registration appointment and instructions.

- Visit/call the Student Success & Support Program *(SSB 420, 310-287-4462) to schedule an appointment for assessment testing. State that you are a K-11 student and provide your LACCD Student ID#*

- Visit the Office of Student Services *(SSB 440, 310-287-4333) after completing your assessment exam* and provide:
  o *West's assessment test results,*
  o *Supplemental Application for Admission of a Student in Grades K-12*
  o *Letter from a school administrator describing how student will benefit from college instruction.*
  o *School transcripts*

HIGH SCHOOL STUDENTS (GRADES 9 – 12)

- Submit Application for Admission and Supplemental Application for Admission of a Student in Grades K-12 to to obtain your LACCD Student #, registration appointment and instructions. Students that complete ExpressWay and assessments will obtain an Abbreviated Student Education plan and qualify for priority registration after completion of high school.

HOW DO I REGISTER FOR CLASSES?

- Visit www.wlac.edu and click "REGISTER" to access the *Student Information System (SIS)*
- Enter the LACCD ID # and Pin (birth month & day). For example Jan 15th = 0115.
- From the registration screen make sure to select West Los Angeles College, the correct semester and year, and "ADD" as the action option.
- Click "CLASS SEARCH"
  - Choose the subject and click "Next"
  - Choose the course and click "Next"
- Review the available courses and click on the "SECTION NUMBER" for the course you wish to enroll in. If you receive the message, "NO CLASSES TO DISPLAY", this means that all courses are full. Click "PREVIOUS" and continue your search for other classes.

WHAT DO I DO IF THE CLASS IF FULL?

- If the **on-campus class** you wish to add is full, attend the first class and request an ADD PERMIT from the instructor. If the instructor issue you an add permit, you will need to submit it to the Admissions & Records for processing.

- If the **online class** you wish to add is full, visit www.wlac.edu/online, click "SCHEDULES" and select the corresponding semester. Identify and email the instructor to request permission to add the class.

WHAT DO I DO IF THE STUDENT INFORMATION SYSTEM STATES I HAVE NOT SATISFIED THE PREREQUISITE?

This message indicates that your student records do not meet the class prerequisites and you do not qualify for enrollment in the class. To learn more about the class prerequisites, find your class in the "CLASS SCHEDULE" (available at www.wlac.edu and review the class description.

If you believe you have satisfied the pre-requisite, submit a PRE-REQUISITE CLEARANCE FORM to Admissions & Records You may also satisfy prerequisites by completing a LACCD assessment test. For more information about West ExpressWay and the assessment testing process, visit http://www.wlac.edu/sssp/assessment-center.aspx.

WHAT ELSE SHOULD I KNOW?

- K-12 students are exempt from tuition up to and including 11 units per semester (Board Rule 8100.03).
- K-12 students must obtain their own textbooks and materials. No financial aid is available.
- K-12 students are subject to enrollment deadlines and policies like all other students.

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

| 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

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 and verification. If you do not have a Social Security number, or if you do not wish to use it, please leave blank.

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

5. Alternate Identification Number

| | | | | |

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

6. This Application is for
☐ Fall ☐ Winter ☐ Spring ☐ Summer
Year _____

7. Gender
☐ 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 |

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 |

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? _____

Are any of the following on active military duty? (Please check all that apply)
☐ Yourself ☐ Spouse ☐ Parents

13. Contact Information

E-mail: _____

Primary Telephone: (_____) _____
Area Code _____ Number

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): _____
7. Visitor Visa (B-1 or B-2 visa) _____

Permanent Resident or Visa Number _____

Issue/Adjustment Date _____

The LACCD consists of the following colleges. Please check ONE school.

☐ City ☐ East ☐ Harbor ☐ Mission ☐ Pierce
☐ Southwest ☐ Trade Tech ☐ Valley ☐ West LA ☐ ITV

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:

From: _____ To: PRESENT

Current residence of this person: _____
State _____   Month/Year

20. Ethnic Identity (*)

If you are Hispanic or Latino, please enter letter in box

A = Mexican, Mexican/ American, Chicano   C = South American
B = Central American   D = Hispanic, Other

If not Hispanic or Latino, please check all that apply

E ☐ Asian Indian   K ☐ Asian Vietnamese   Q ☐ Pacific Islander Hawaiian
F ☐ Asian Chinese   L ☐ Filipino   R ☐ Pacific Islander Samoan
G ☐ Asian Japanese   M ☐ Asian Other   S ☐ Pacific Islander Other
H ☐ Asian Korean   O ☐ American Indian, Alaskan/ Native T ☐ Caucasian, White
I ☐ Asian Laotian   P ☐ Pacific Islander Guamanian   U ☐ Black, African/American
J ☐ Asian Cambodian

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

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

22. What is your main educational goal? Please enter one 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
14 = To move from noncredit coursework to credit coursework
15 = Complete 4 year college requirements

23. Special Services (*)

The Los Angeles Community College District is committed to increasing your educational success. Please indicate those services that interest you special services. Each area listed below provide

1 ☐ Financial Aid
2 ☐ Child Care
3 ☐ Tutoring
4 ☐ Transfer Assistance
5 ☐ Employment Assistance

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

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

8 ☐ I am a former or current foster youth and am interested in financial aid and/or other benefits & services available to foster youth.

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 another 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

Number _____   Year _____

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 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

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

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

If Yes, date you were discharged: Month _____ Day _____ Year _____

28. Student Information -- Permission to Release

TYPES OF STUDENT INFORMATION: According to the Los Angeles Community College District (1)

Directory Information: Includes your 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:* Includes your name, address, and telephone number. 3) *Four-year College Information:* Includes your name, address, and telephone number. 4) *Military Recruiting Information:* Includes "Directory information" plus address, telephone number, date of birth, and major field of study.

☐ I do not permit the college to release *directory information*

(Leave blank if you want information on LACCD Foundation scholarships, grants, and networking opportunities)

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.

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, chapter 15)

In order to ensure the proper handling of all civil rights matters, each college in the District has its own Diversity program, 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.

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 _____

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* 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.

Revised: 3/2009

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:** _____ **WLAC 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 (select one): ☐ 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

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

☐ Approved to Attend   ☐ Not Approved to Attend

_____   _____
                    Signature   Date