



How to apply for the Scholars Rising High School Outreach Program

1. Apply to Los Angeles City College:
 - In order to complete the online application you will need to:
 - Create a CCCapply account at https://secure.cccapply.org/applications/CCCApply/apply/Los_Angeles_City_College.html
 - Complete the LACCD application, it is a few pages long!
 - Provide your social security number within the application
 - Remember to:
 - Check the Foster Youth Status Box on pg. 6 (if current or former foster youth)
 - Check the Foster Youth Status Box on pg. 7 (if current or former foster youth)
2. Complete paper application (provided by Guardian Scholars Program)
 - Remember to:
 - Completely fill out the entire application (fill out all highlighted information)
 - Provide a working email address (you will receive further important information through email)
 - Add your Student ID # (SID). 3-4 days after applying to LACC you will receive an email with your SID, please write it on your paper application (if possible, if not write your social security number instead)
 - Obtain Official Counselor or Principal's approval and signature on the forms!
CRITICAL!
 - Obtain Parent/Guardian approval and signature on the forms (if in transitional housing ask case worker/guardian for signature)
 - Submit completed original paper application before or by Friday, February 26th **before 5 pm to LACC Guardian Scholars Program (if you cannot meet the deadline please let us know and we will work with you!!!!)**
 - If you are a current or former foster youth, attach a **"WARD OF THE COURT"** letter to your application (can be obtained through your social worker or ILP worker, or contact the Edelman's children's court at 323- 526-6610)
3. The class and the book for the course are **FREE!**



**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:** _____ **Grade Level:** _____

FOR STUDENT: I authorize the release of my transcript information to my school upon the school's written request.

Student ID: 88 - _____ **Signature of Student** _____ **Date** _____
(LACC ID)

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.

_____ **Signature of Parent/Guardian** _____ **Date** _____
Print Name of Parent/Guardian

COLLEGE ENROLLMENT INFORMATION

(to be completed by the K-12 school official)

Term: Fall Semester Winter Intersession Spring Semester Summer Session **Year:** 2016
College: L.A.C.C **Enrollment Status:** Part-time (11 units or less) Full-time (more than 11 units)

1. Counseling 40A /4686 2. _____
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.

_____ **Signature of Official (original required)** _____ **Date** _____
Print Name of Official

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: _____

HIGH SCHOOL _____ CLASS Counseling 40A _____ SECTION 4686

CONTACT PERSON _____ OFFICE PHONE _____

GRADE LEVEL _____

COURSE REQUEST
 IMPORTANT PLEASE PRINT CLEARLY IN BLACK INK Spring 2016
SEMESTER / YEAR

			8	8						
LAST NAME			FIRST NAME			STUDENT I.D. NUMBER				
MAJOR CODE			FIRST CHOICE OF CLASSES			SECOND CHOICE OF CLASSES				
Write the total number of paid hours per week you expect to work this term: _____ IN EMERGENCY CONTACT: NAME: _____ RELATIONSHIP: _____ PHONE: _____			SECTION NO.	COURSE & NUMBER	UNITS	SECTION NO.	COURSE & NUMBER	UNITS	UNITS	
			1.	4686	Counseling 40A	1	1.			
			2.				2.			
			3.				3.			
			4.				4.			
			5.				5.			
			6.				6.			
TOTAL UNITS					1	TOTAL UNITS				
STUDENTS SIGNATURE:										

COURSE REQUEST CARD

There are several items of information on your school record that you may wish to update. You may do so at any time in the Admissions and Records Office by completing a Change of Information form.

1. **Address:** If you have moved it is important to provide the Admissions Office with your new address so that registration and grading materials will reach you.
2. **Directory Information:** The college will release to anyone certain general information facts about your record if you give us permission. You can change your release status at any time.

LOS ANGELES COMMUNITY COLLEGE DISTRICT