



EAST LOS ANGELES COLLEGE
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 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 Regulations 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.) The **nonresident tuition fee** will be waived for all special part-time students taking either (a) four units or less, or (b) only one class which is six units or fewer. 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 PERSONAL INFORMATION (please print)

Student Name: _____ Grade _____ Birth Date _____
Last First MI Mo. Day Yr. AGE
Student Address: _____
Street and Apt. # City State Zip Code
Telephone Number: () _____ College Student ID # _____
Area Code and Number

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

X

Student's Signature

Date

PARENTAL CONSENT (MINORS ONLY)

I authorize my son/daughter to enroll in a college-level course in the Los Angeles Community College District. 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; and I also understand that I will not have access to my child's student records (including grades and transcripts) without their written consent, their minor status notwithstanding.

X

Parent's Printed Name

Parent's Signature

Date

COUNSELOR RECOMMENDED COURSES

Completing this section does **NOT** enroll the student in the requested course(s). Student must complete the registration process. Student may only enroll in courses approved by the counselor.

Term: ☐ Winter Intersession ☐ Spring Semester ☒ Summer Session I ☐ Summer Session II ☐ Fall Semester Year **2026**

(A separate approval must be provided for EACH semester or session in which the student wishes to enroll)

Enrollment Status: ☒ Part-time (11 or fewer units) ☐ Full-time (12 or more units). Enrollment fees will be charged for all units.

1. **BSICSKL** 2. _____ 4. _____
College Course, Number and Units College Course, Number and Units College Course, Number and Units College Course, Number and Units

SCHOOL CONSENT

*To be completed by the School Principal or designee **only if** student is attending public or private K-12 schools*

I have met and counseled the student and recommend the courses listed above to be taken for credit as shown above (for K-8 students, please enclose the student's transcripts and a 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.

X

Print Name and Title

School Principal Signature (original signature required)

School Name: _____ ☐ Private ☐ Home School

School Street Address: _____

City, State, Zip Code _____

Telephone No. _____

**SCHOOL STAMP
REQUIRED** →

COLLEGE APPROVAL

Students must have the approval of the Chief Instructional Officer (or designee) of the college where they are applying.

☒ Approved to Attend ☐ Not Approved to Attend

Signature

Date

Reasons for refusal: _____

1. Application for:

Sum 2026

EAST LOS ANGELES COLLEGE

NON-CREDIT CONTINUING EDUCATION



Section Number
(office use only)

2. Student's ELAC ID Number

3. Student's Name (please print clearly)

4. Student's Birthdate

Last

First

M.I.

Month Day Year

5. Ethnic Background (check one)

☐ Black/Afro American

☐ Chicano; Hispanic; Mexican/American

☐ White/Caucasian

☐ Asian/Pacific Islander

☐ American Indian/Alaskan Native

☐ Filipino

☐ Other

☐ Decline to state

6. Gender

☐ Male

☐ Female

7. Student's Telephone

Home: ()

Area Code

Number

8. Student's Legal Address (Do not use P.O. Box No.)

Number

Street

Apt No.

City

State

Zip Code

9. Are you enrolled in L.A. Community College
credit class (es) this semester?

☐ Yes

☐ No

10. Have you lived in

California for more than one year?

☐ Yes

☐ No

11. Student's Signature

Date:



APPLICATION FOR NONCREDIT ADMISSION

This application is strictly for noncredit admission only.

NOTE: If you are a continuing non-credit student transitioning to credit, you will need to fill out the online (CCC) Apply application and select "Educational Credit". To move from noncredit coursework to credit coursework.

Semester
☐ Fall ☐ Winter
☐ Spring ☐ Summer
Year

1 Primary Name: Last First Middle Suffix		2 Former/Maiden Name		3 Student ID#		4 Campus Choose On	
5 Home Address (Do not use PO Box or Business Address)		6 City		7 State		8 Zip	
9 Mailing Address (If different from Home address)		10 City		11 State		12 Zip	
13 Home Phone # <input type="checkbox"/> Primary <input type="checkbox"/> Cell Phone # <input type="checkbox"/> Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		14 E-mail Address		15 Social Security # (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.)		16 Date of Birth	
17 Ethnic Identity Are you of Hispanic or Latino Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check all that apply: <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Hispanic: Other		18 What is your race? Check one or more: <input type="checkbox"/> American Indian/Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment) <input type="checkbox"/> Pacific Islander: Guamanian <input type="checkbox"/> Pacific Islander: Hawaiian <input type="checkbox"/> Pacific Islander: Samoan <input type="checkbox"/> Pacific Islander: Other (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa) <input type="checkbox"/> Asian: Indian <input type="checkbox"/> Asian: Laotian <input type="checkbox"/> Asian: Chinese <input type="checkbox"/> Asian: Cambodian <input type="checkbox"/> Asian: Vietnamese <input type="checkbox"/> Asian: Korean <input type="checkbox"/> Asian: Filipino <input type="checkbox"/> Asian: Other (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, Middle East, or North Africa)		19 Enrollment Status <input type="checkbox"/> First-time Student in college (after leaving high school) <input type="checkbox"/> First time at this college; have attended another college <input type="checkbox"/> Returning student to this college after absent for a main term <input type="checkbox"/> Enrolled in high school (or lower grade) and college at the same time		20 Primary Language <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Chinese (Other) <input type="checkbox"/> English <input type="checkbox"/> Tagalog (Philippines) <input type="checkbox"/> Chinese (Cantonese) <input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese (Mandarin) <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese (Shanghai)	
21 Main Educational Goal <input type="checkbox"/> Earn a career technical certificate without transfer <input type="checkbox"/> Discover/formulate career interests, plan, goals <input type="checkbox"/> Prepare for a new career (acquire job skills) <input type="checkbox"/> Advance in current job/career (update job skills) <input type="checkbox"/> Maintain certificate or license <input type="checkbox"/> Complete credits for high school diploma or GED <input type="checkbox"/> To move from noncredit coursework to credit coursework		22 FERPA - Student Information - Permission to Release <input type="checkbox"/> I do not permit the release of my information to four-year colleges <input type="checkbox"/> I do not permit the College to release directory information <input type="checkbox"/> I do not permit the release of my information to the College Foundation <input type="checkbox"/> I do not permit the release of my information to the military		23 Tourist Visa Do you have a B1 or B2 Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		24 Academic Plan <input type="checkbox"/> Basic Skills <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Vocational Education	
25 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 actual or perceived ethnic group identification, race, color, national origin, ancestry, religion, creed, sex (including gender identity and gender-based sexual harassment), pregnancy, marital status, cancer-related conditions of an employee, sexual orientation, age, physical or mental disability, or veterans status. (LACCD Board Rules, Chapter 15.) In order to ensure the proper handling of all civil rights matters, the District has an Office of Diversity Programs. Direct initial inquiries to the Office of Diversity Programs at (213) 891-2000.		26 Student Signature: _____ Date: _____		27 OFFICE USE ONLY Processed By _____ Date _____		28 Revised 3/16/2018	

EAST LOS ANGELES COLLEGE
Jaime Escalante Math Program
Summer 2026

Student Name: _____ Birthdate: ____/____/____ Gender: ☐ Male ☐ Female
(Print) Last First Month Day Year

Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ E-mail: _____

Ethnic Background (check one)

☐ Hispanic/Mexican ☐ White/Caucasian ☐ Black/Afro American ☐ Asian ☐ Other: _____

Current Grade Level: _____

School **currently** attending: _____ School District: _____

☐ YES, send passing grades to: (School Name) _____ ☐ NO, **DO NOT** SEND MY GRADES

Initial I am aware that the class my student is participating in may be photographed and/or video recorded for promotional and/or training purposes. I am also aware that the identity of my student may be revealed therein or by descriptive text or commentary. I understand that there will be no financial or other remuneration for photographing or recording my student.

Initial I am aware that the Escalante Program is a NO TOLERANCE program and that my child may be dismissed without warning due to behavioral issues.

Parent Signature: _____ Date _____

Parent's Printed Name: _____ Day Phone _____

The following information will be used in the case of emergency if we cannot contact a parent at the phone numbers listed above.

In Case of Emergency: _____
Name

Relation: _____ Phone: _____

S o u t h G a t e

6/15/26-7/31/26

8am-12:22pm

☐ Pre-Algebra AB (CC Math 8AB)

☐ Algebra 1AB (CC Algebra 1AB)

☐ Geometry AB (CC Geometry AB)

☐ Algebra 2AB (CC Algebra 2AB)

☐ Trig/Math Analysis (Pre-Cal AB)