



**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**

College Course , Number and Units

2.

College Course, Number and Units

4.

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: \_\_\_\_\_

**SCHOOL STAMP**

City, State, Zip Code: \_\_\_\_\_

**REQUIRED**

Telephone No.: \_\_\_\_\_

**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: \_\_\_\_\_





# APPLICATION FOR NONCREDIT ADMISSION

This application is strictly for noncredit or unenrolled

NONCREDIT application and serves educational credit. To move from noncredit to credit coursework, contact your counselor or advisor.

Semester:

Fall       Winter  
 Spring       Summer

Year:

Primary Name:

Home Address (Do not use PO Box or Business Address)

Choose On

4 Campus

Primary

Middle

Suffix

2 Student ID#

3 Campus

1 Former/Maiden Name

4 Choose On

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6 Date of Birth

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9 Cell Phone #

10 Primary

11 E-mail Address

12 Name of High School:

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14 State/Foreign Country:

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# 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 \_\_\_\_\_

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)