

Enrollment Application for City of Angels Virtual Academy (COAVA)

<http://coava.lausd.net>

Office use only
 EL RFEP

Teacher: _____

Date: _____

Application must be fully completed to be processed

I IDENTIFICATION

Last name of student First name DOB Age Grade

Parent/Guardian's name **Parent Email Address** _____

Home address City Zip code

Phone number Work/Emergency number Cell Phone

Student Email Address Last school of attendance School of residence

Is student on an inter-district permit? Yes No

Is the student enrolled now in LAUSD? Yes No **Ever been enrolled in LAUSD?** Yes No*
(*If the student has never been enrolled in LAUSD, we require a birth certificate and immunizations)

Has the student ever attended City of Angels? Yes No If yes, teacher _____

II Student need for City of Angels Virtual Academy?

Why does the student need to enroll in the virtual academy? _____

III TRANSCRIPTS

Attach copy of unofficial transcript of the cumulative record WITH ALL CREDITS EARNED FROM ALL SCHOOLS ATTENDED

IV California High School Exit Exam (CAHSEE) Passed? _____ Yes _____ No
If yes, which parts? English/Language Arts _____ Math _____ (provide copy of passing score)

V INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Does the student have an IEP? Yes No Date of last meeting _____

Note: You must provide a copy of the current IEP

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT.
The application must be complete and all paperwork submitted before it will be processed.

Student signature Parent/Guardian signature Date