



## City of Angels Virtual Academy (COAVA)

### Credit Recovery Enrollment Form

*Please complete this form; incomplete applications will unnecessarily delay enrollment and seats are limited! Remember, students can only take 1 class per semester.*

Student Name: \_\_\_\_\_ LAUSD ID #: \_\_\_\_\_

Grade Level: \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

**Class:** English 9 English 10 U.S. History Health

World History Biology Algebra 1 Geometry Adv. PE 1

Adv. PE 2

Semester: A B

Student's LAUSD Email: \_\_\_\_\_@mymail.lausd.net

**Students must have a valid LAUSD email account prior to enrolling.**

#### School Information:

Sending School: \_\_\_\_\_ Location code: \_\_\_\_\_

Authorized Personnel Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_@lausd.net (LAUSD email required)

#### **I am authorized to assign student classes (type initials in box location)**

Additional School Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**Email this completed form** (use the following as the format for file naming):

school name\_ student last name# (use # if more than 1 similar) to:

Susan Turner-McMullen, Counselor

City of Angels School

Los Angeles Unified School District

[smt92061@lausd.net](mailto:smt92061@lausd.net)

If you have any questions, please call Susan Turner-McMullen at 213-745-1112 or Marie Muckenthaler at 213-745-1102.