



City of Angels Schools  
 Supplemental Application  
<http://www.cityofangelschoolk12.com>  
 (213) 745-1100

For office use
Admin:
Site:
Teacher:
Counselor:
Date:

_____	_____	_____	_____	_____
Last name of student	First name	DOB	Age	Grade
_____			_____	
Street (home address)			City, State, Zip	
_____	_____	_____		
Home Phone	Cell/Work/Emergency Phone	Parent Email		
_____	_____	_____		
Parent/Guardian's name	Last school of attendance	School of residence		

If you are applying for COAVA or COA-VAPA, Complete one of these sections. Please initial each bullet.

\_\_\_\_\_ *City of Angels Virtual Academy (COAVA)*

- \_\_\_\_\_ I have access to computer and internet or I am willing to visit a COAS site or COAVA online Learning Center as needed to complete my assignments.
- \_\_\_\_\_ I realize there is an Acceptable Use Policy and other paperwork I must complete to be a COAVA student.
- \_\_\_\_\_ I realize there are in-person requirements such as state testing and finals and I will be participate in these requirements.
- \_\_\_\_\_ I am also interested in arts classes at COA-VAPA as they fit into my schedule.

My preferred Online Learning Center site (COAVA hub) is:

\_\_\_\_\_ South Los Angeles \_\_\_\_\_ Central Los Angeles \_\_\_\_\_ Harbor Area \_\_\_\_\_ San Fernando Valley

\_\_\_\_\_ *City of Angels Visual and Performing Arts Academy (Silver Lake)*

- \_\_\_\_\_ I realize I will have additional time commitments as being a student in COA-VAPA such as rehearsals and small group or individual lessons. I realize this may mean I attend COA-VAPA more than one day a week.
- \_\_\_\_\_ I realize that if I am in a performing group or in small group or individual lessons, I will be required to practice a minimum number of hours per week as assigned by my teachers.
- \_\_\_\_\_ I realize the COA-VAPA site is in Silver Lake and I will make arrangements to get to my classes and lessons on time.
- \_\_\_\_\_ I realize I am responsible for any equipment I check out from COA-VAPA (such as musical instruments) including replacement and repair if I am negligent.

My preferred arts focus area is:

\_\_\_\_\_ Theatre Arts/Drama \_\_\_\_\_ Dance \_\_\_\_\_ Visual Art \_\_\_\_\_ Vocal Music \_\_\_\_\_ Instrumental Music  
 (Instrument: \_\_\_\_\_)

_____	_____	_____
Student signature	Parent/Guardian signature	Date