Enrollment Application for City of Angels School

Application must be fully completed to be processed

Office use

Admin:

Site:

Teacher:

Counselor:

Date:

I IDENTIFICATION

_____ _____ _____ _____ _____
Last name of student First name DOB Age Grade

_____ _____
Home address City Zip code

_____ _____ _____
Phone number Alternate number Work number

_____ _____ _____
Parent/Guardian's name Last school of attendance School of residence

Is student on an inter-district permit? Yes or No

Is the student enrolled now in LAUSD? Yes or No **Ever been enrolled in LAUSD**? Yes or 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 or No If yes, Teacher_____

II STUDENT NEED FOR CITY OF ANGELS SCHOOL
Why does the student need to enroll in independent study? _____
_____
_____

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 or No Date of last meeting_____
Note: You must provide a copy of the current IEP Note: We cannot enroll any student who has an IEP stating they are SDC or RSP eligible *(EC 56026 & 51745 c)*

VI LOCATION AND HOUR PREFERENCES; RETURN INSTRUCTIONS
Circle all the City of Angels sites that the student is willing to attend:

Southeast LA East LA West LA Harbor Central West Valley East Valley

VII Parents: If your student is accepted, are you interested in becoming a City of Angels volunteer or serving on any parent committees? _____ Yes _____ No

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