



Enrollment Application for City of Angels School

http://www.cityofangelsschoolk12.com

Office use
[] EL [] RFEP
Admin:
Teacher:
Counselor:
Site:
Date:

Last name of student First name DOB Age Grade

Home address City Zip code

Phone number Work/Emergency number Parent Email Address

Parent/Guardian's name 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, proof of address, and immunizations)

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

Why does the student need to enroll in independent study?

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

CAHSEE California High School Exit Exam (350 is passing score)
English/Language Arts Math (provide copy of passing score)

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

PREFERENCES
City of Angels Independent Study Sites:

Angels Central (Central and West LA) Angels East Angels Harbor Angels Valley

For the below City of Angels Independent Study Sites please see supplemental application attached
(COAVA) City of Angels Virtual Academy
City of Angels Visual and Performing Arts Academy in Silverlake

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
City of Angels (rev. 8/10)