

Please type or print clearly in black ink

CONTINUE ON OTHER SIDE

19. Complete this question only if you are under 19 and have never been married.

Name of Parent or Legal Guardian: \_\_\_\_\_

Relationship to you: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other \_\_\_\_\_

Is the person a: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Other \_\_\_\_\_

If a Permanent Resident Alien, enter "A-Number" and date of issue: \_\_\_\_\_

Current residence of this person: \_\_\_\_\_

State \_\_\_\_\_

From: \_\_\_\_\_

Month/Year \_\_\_\_\_

To: PRESENT

20. Ethnic Identity (\*)

If you are Hispanic or Latino, please enter letter in box \_\_\_\_\_

- A = Mexican, Mexican/ American, Chicano  
B = Central American  
C = South American  
D = Hispanic, Other  
If not Hispanic or Latino, please check all that apply

- E ☐ Asian Indian  
F ☐ Asian Chinese  
G ☐ Asian Japanese  
H ☐ Asian Korean  
I ☐ Asian Laotian  
J ☐ Asian Cambodian  
K ☐ Asian Vietnamese  
L ☐ Filipino  
M ☐ Asian Other  
N ☐ American Indian, Alaskan/ Native  
O ☐ Pacific Islander Hawaiian  
P ☐ Pacific Islander Samoan  
Q ☐ Pacific Islander Other  
R ☐ Caucasian, White  
S ☐ Black, African/American  
T ☐ Black, African/American  
U ☐ Black, African/American

21. What is your primary language? (\*) Please enter one number in box \_\_\_\_\_

- 1 = English  
2 = Armenian  
3 = Chinese  
4 = Farsi  
5 = Filipino  
6 = Japanese  
7 = Korean  
8 = Russian  
9 = Spanish  
10 = Vietnamese  
11 = Other language \_\_\_\_\_

22. What is your main educational goal? Please enter one number in box \_\_\_\_\_

- 1 = Prepare for a new career (acquire new job skills)  
2 = Advance in current job/career (update job skills)  
3 = Discover/develop career interests, plans and goals  
4 = Obtain a two-year vocational degree without transfer  
5 = Obtain a two-year Associate degree without transfer  
6 = Obtain a vocational certificate without transfer  
7 = Obtain a Bachelor's degree after completing an Associate's degree  
8 = Obtain a Bachelor's degree without completing an Associate's degree  
9 = Maintain certificate or license (e.g. Nursing, Real Estate)  
10 = Improve basic skills in English, reading or math  
11 = Complete credits for high school diploma or GED  
12 = Personal development (intellectual, cultural)  
13 = Undecided on goal  
14 = To move from noncredit coursework to credit coursework  
15 = Complete 4 year college requirements

23. Special Services (\*)

The Los Angeles Community College District is committed to increasing your educational success. Each area listed below provide special services. Please indicate those services that interest you

- 1 ☐ Financial Aid  
2 ☐ Child Care  
3 ☐ Tutoring  
4 ☐ Transfer Assistance  
5 ☐ Employment Assistance  
6 ☐ Information regarding special services and/or accommodations for students with disabilities may be obtained from the Disabled Student Programs (DSPS) Office.  
7 Are you from a low income family and in need of special counseling, tutoring, and/or financial aid assistance? ☐ Yes ☐ No  
8 ☐ I am a former or current foster youth and am interested in financial aid and/or other benefits & services available to foster youth.

\* Responses to questions marked by this symbol will be used to provide you with information on college programs and services and/or for statistical purposes only. \* Refusal to provide this information will not be used to deny admission to the college or any of its programs. If additional information is needed to determine your residence status you will be required to complete a supplemental residence questionnaire and/or to present evidence in accordance with Education Code sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with this student.

24. Highest Education Status: Please enter number and year in boxes below

- 1 = Earned a U.S. High School diploma (or will earn one before college semester begins)  
2 = Enrolled in grade 12 or below when college semester begins  
3 = Not a High School graduate, currently enrolled in adult school  
4 = Not a High School graduate, last attended High School  
5 = Passed the GED or received a certificate of H.S. equivalency  
6 = Earned California High School Proficiency Certificate  
7 = Earned a Foreign Secondary diploma or certificate of graduation  
8 = Earned an Associate degree  
9 = Earned a Bachelor's or higher degree  
Number \_\_\_\_\_  
Year \_\_\_\_\_

25. Enrollment Status: Please enter number in box \_\_\_\_\_

- 1 = First time college student  
2 = First time at this college, after attending another college  
3 = Returning to this college, after attending another college  
4 = Returning to this college, without having attended another college  
5 = Enrolling in this college, while attending school in the 12<sup>th</sup> or lower grade

26. College Units or degree completed by first day of this term

- Please enter number in box \_\_\_\_\_  
1 = 0 units  
2 = 1 1/2 to 15 1/2  
3 = 16 to 29 1/2  
4 = 30 to 59 1/2  
5 = 60 or more units, no degree  
6 = A.A., A.S., B.A., B.S. or higher degree

27. Veteran (Leave blank, unless you are a veteran)

- Were you honorably discharged from the U.S. Armed Forces? ☐ Yes ☐ No  
If Yes, date you were discharged: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

28. Student Information -- Permission to Release

**TYPES OF STUDENT INFORMATION:** According to the Los Angeles Community College District: (1) *Directory Information:* Includes your name, city of residence, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, and the most recent previous educational institution attended. (2) *College Foundation Information:* Includes your name, address, and telephone number. (3) *Four-year College Information:* Includes your name, address, and telephone number. (4) *Military Recalling Information:* Includes "Directory Information" plus address, telephone number, date of birth, and major field of study.

- ☐ I do not permit the college to release directory information  
*(Leave blank if you want information on LACCD Foundation scholarships, grants, and networking opportunities)*  
☐ I do not permit the release of information to the College Foundation  
☐ I do not permit the release of information to four-year colleges

☐ I do not permit the release of information to the military  
You may change your Directory Release at any time by completing a Release of Directory Information form and returning it to the Admissions Office.

NON-DISCRIMINATION POLICY

All programs and activities of the Los Angeles Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, handicap or veterans status (Reference: Board Rule, chapter 15)  
In order to ensure the proper handling of all civil rights matters, each college in the District has its own Diversity program, Title IX/Sex-Equity Coordinator, Section 504 Coordinator of Handicap Programs, and an Ombudsman. Direct initial inquiries to the Office of Diversity Programs at (213) 891-2000.

29. Certification

I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form shall constitute grounds for dismissal.

REQUIRED SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_



**CONDITIONS:** The student is expected to follow regulations and procedures that apply to all college students. The student shall receive college credit for the community college courses that the student completes. Arrangements for receiving high school credit for completed course work must be made with the student's high school. The student may only enroll in those courses listed on this form. This enrollment approval form must be presented when the student initially files an application for admission to the college, and a separate approval must be provided for each semester or term in which the student wishes to enroll. *The LACCD and its colleges assume no responsibility for the supervision of minor students (i.e., students under 18 years of age) outside the classroom setting. Parents are responsible for ensuring that their children are appropriately supervised before class begins, after class finishes, or when a class is cancelled and/or dismissed early.*

Student Name:			Birth Date:		
Last	First	MI	Mo	Day	Year
Student Address:					
Street		City	State	ZIP	
Phone No.: ( )	E-mail Address:		WLAC ID No.:		

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Signature of Student
Date

**FOR PARENT/GUARDIAN:** I authorize my son/daughter to enroll in a college level course in the LACCD. I understand that my child will not be afforded any special status or supervision as a result of his/her minor status while enrolled in the Los Angeles Community College District; I also understand that I will not have access to my child's student records (including grades and transcripts) without his/her written consent, his/her minor status notwithstanding.

Print Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Term (select one): ☐ Fall Semester ☐ Winter Intersession ☐ Spring Semester ☐ Summer Session Year: \_\_\_\_\_

College: \_\_\_\_\_ Enrollment Status: ☐ Part-time (11 units or less) ☐ Full-time (more than 11 units)

1. _____ College Course Subject/Number	2. _____ College Course Subject/Number	3. _____ College Course Subject/Number
4. _____ College Course Subject/Number	5. _____ College Course Subject/Number	6. _____ College Course Subject/Number

I have met and counseled the student and recommend the courses listed above to be taken for credit (*for K-8 students, please enclose the student's transcripts and letter describing how, in your opinion, the student will be able to profit from instruction at a community college*). If this is a summer enrollment, I certify that there are no equivalent courses available at this school and that the total number of students referred from this school to community colleges does not exceed 5% of this year's graduating class.

Print Name of Official	Signature of Official (original required)	Date
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FOR LAUSD STUDENTS: \_\_\_\_\_

LAUSD Student ID No.	School Location Code
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(to be completed by the College's Chief Instructional Officer (or designee))

☐ Approved to Attend      ☐ Not Approved to Attend

Signature \_\_\_\_\_ Date \_\_\_\_\_