DA VINCI design

Hello parents & guardians,

Your student is enrolled in **Art & Design 3** at Da Vinci Design as part of the Architecture pathway. During a portion of second semester, it is considered a college level course in Architecture (Arc 171), which means students can earn three college credits by completing this class. The credits will be issued by El Camino College. There are no fees or additional coursework required to earn the credit. However, students must register with El Camino in order to process the credits. **Registration is a two part process described below**:

- 1) <u>Paper Registration</u> Please fill out the form titled "11th and 12th Grade Concurrent Enrollment Application." Complete all items in Section I and II. Provide the student's Social Security Number in Section I. The **student** must sign in Section I, and a parent must sign in Section II. Students will need to turn in both forms during class by Wednesday, February 7 or Thursday, February 8.
- 2) Online Registration This will be completed **during class** on Monday, February 12 or Tuesday, February 13, depending on what day their art class falls on. In order for your student to be prepared for this online registration, please complete the form titled "El Camino College Community College District." The online process requires all the information on this page, including Social Security Number. (SSNs will be used for registration only and will not be released.) This form will also be collected on Wednesday, February 7 or Thursday, February 8.

Some students may have already successfully registered at El Camino College (or another community college) last year for a pathway class or for a seminar college class. If so, they will need to know their OpenCCC account information. If students have questions about this, they should talk to their counselor.

Again, please complete all attached forms and have your student bring them to class on **Wednesday, February 7 or Thursday, February 8.** Lastly, students must be a US Citizen or have an Alien Registration Number/Visa in order to receive college credits at this time. If this is a concern, please send an email or call the school.

If you have any additional questions, please email me at kparsons@davincischools.org.

Respectfully,

Kate Parsons Principal Da Vinci Design 310-725-5800

Kata Param



El Camino College 11th and 12th Grade Concurrent Enrollment Application

El Camino College
16007 Crenshaw Blvd.
Torrance, CA 90506-0001
Admissions Office: 310-660-3414
The El Camino Community College District is committed to providing equal employment and educational opportunities for all individuals, regardless of race, color, ancestry, religion, gender, national origin, martial status, sexual orientation,

handicap, age and Vietnam-era status.

◆ PLEASE PRINT ALL INFORMATION CLEARLY ◆ Section I: Student Information Semester: Summer ☐ Fall ☐ Winter ☐ Spring ☐ Year: 2018	
Name Last First	Birth Date / Age
Last First Address	
City: State:	Zip: Phone #
	ocial Security #
I have read and understand the expectations and responsibilities section on page the back of this application. Date	
Signature	
Section II: Parent Consent \(\sqrt{\text{N}} \) I have read and understand the expectations and responsibilities on page 2 this application and agree to all the conditions. I hereby give my consent to my son/daughter to attend El Camino College and enroll in the classes for which a recommendation has been made. *She/he \(\sqrt{\text{does not need accommodations at El Camino College due to disability.} \) disability. (*Students who need accommodations due to disability should make arrangements for these through their school districts in consultation with the Special Resource Center at El Camino College).	
conditions. I hereby give my consent to my son/daughter to at recommendation has been made. *She/he □does □does no disability. (*Students who need accommodations due to disability.)	ttend El Camino College and enroll in the classes for which a need accommodations at El Camino College due to illity should make arrangements for these through their school
conditions. I hereby give my consent to my son/daughter to at recommendation has been made. *She/he □does □does no disability. (*Students who need accommodations due to disability.)	ttend El Camino College and enroll in the classes for which a <u>st</u> need accommodations at El Camino College due to <u>illity</u> should make arrangements for these through their school Camino College).
conditions. I hereby give my consent to my son/daughter to at recommendation has been made. *She/he does does not disability. (*Students who need accommodations due to disability districts in consultation with the Special Resource Center at El Parent Signature Print Name Section III: Principal or Designee Course Recommend that the above named student enroll in the country has availed himself/herself of all opportunities to enroll and his/her participation does not cause our school to	tend El Camino College and enroll in the classes for which a of need accommodations at El Camino College due to ility should make arrangements for these through their school Camino College). Date
conditions. I hereby give my consent to my son/daughter to all recommendation has been made. *She/he does does not disability. (*Students who need accommodations due to disability districts in consultation with the Special Resource Center at Element Signature Parent Signature Print Name Section III: Principal or Designee Course Recommend I recommend that the above named student enroll in the contain has availed himself/herself of all opportunities to enroll and his/her participation does not cause our school to to 2 classes. Written permission from your school is required Admissions, to enroll in more than two classes). Course #1	mendation Date mendation Date mendation Date mendation burse(s) listed below. For summer only: I certify the student of iliniary along with approval from El Camino College's Director of Course #2 Parsons
conditions. I hereby give my consent to my son/daughter to all recommendation has been made. *She/he does does not disability. (*Students who need accommodations due to disability in consultation with the Special Resource Center at Elementary in	mendation Date mendation Date mendation Date mendation Date mendation Date mendation Date Date
conditions. I hereby give my consent to my son/daughter to all recommendation has been made. *She/he does does not disability. (*Students who need accommodations due to disability districts in consultation with the Special Resource Center at Element Signature Parent Signature Print Name Section III: Principal or Designee Course Recommend I recommend that the above named student enroll in the contain has availed himself/herself of all opportunities to enroll and his/her participation does not cause our school to to 2 classes. Written permission from your school is required Admissions, to enroll in more than two classes). Course #1	mendation ourse(s) listed below. For summer only: I certify the student lin an equivalent course at his/her school of attendance, exceed the 5 percent statutory limit. (Enrollment is limited ed, along with approval from El Camino College's Director of Course #2

EL CAMINO COLLEGE COMMUNITY COLLEGE DISTRICT

16007 Crenshaw Boulevard, Torrance, California 90506-0001
Telephone (310) 532-3670 or 1-866-ELCAMINO
www.elcamino.edu

Dear Parent, Your son/daughter is enrolling in an El Camino College course at their local high school. Through a close partnership with El Camino College, your student has the opportunity to articulate college credit or enroll in college classes for free. The following information is needed during the online enrollment process in class: Preferred Mailing Address (PO Boxes are ok) Address: City:______ State:_____ Zip:_____ **Social Security Number** Citizenship Status (If applicable) If your student is a non-US Citizen, please provide the following information: Alien Registration Number: or Visa Type:_____ Issue Date:____ Expiration Date:____ Military Status (If applicable) If a student's parent is serving on active duty, please provide: 1. Military Member's State of Legal Residency (military): 2. Military Member's Home of Record:_____ If a student's parent is a military veteran, please complete numbers 1 and 2 above as well as the discharge information below: Date of Discharge: Type of Discharge: **NOTE**: This paper will be collected from your student and shredded upon completion of the online application. If

you would like this form returned to your student to dispose of personally, please indicate so here:

<u>Questions/Concerns</u>? Contact the Career Pathways Office: Megan Ruane, mruane@elcamino.edu or 310.660.3593 ext. 7780 Tiffany Miller, tsmiller@elcamino.edu or 310- 660- 3589