LOS ANGELES HARBOR COLLEGE APPROVAL FORM FOR K-12 STUDENTS

(K-8 Students must follow additional procedures. Refer to the bold box at the bottom of this page)

<u>Admission:</u> Any college in the Los Angeles Community College District may admit as a special part-time or full-time student, anyone who is in the age group of Kindergarten to 12th grade (K-12), who has completed the admission requirements set forth in Administrative Regulation E-87, and who in the opinion of the College President (or designee) may benefit from instruction (Board Rules 8100.05, 8100.06, 8100.07 and 8100.08; and Education Code Sections 48800; 48800.5; 76001).

<u>Fee:</u> Enrollment fees for Special Part-Time Student K-12 students will be waived pursuant to Board Rule 8100.07 and Education Code Section 76300 (f). Special Full-Time Students K-12 students (i.e., students enrolled in 12 units or more) are required to pay enrollment fees. <u>Residents of other states and foreign students are subject to non-resident tuition</u>. The Los Angeles Community College district charges a Health fee and, where applicable, a student representation fee.

Conditions: The student is expected to follow regulations and procedures established for all college students. Students shall receive credit for community college courses which they complete. Students are responsible for information in College Catalog and Class Schedule. Arrangements for receiving high school credit for course work completed 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 files an application for admission to the College for students in the age group of K-12 grade. A separate approval must be provided for each semester or summer session in which the student wishes to enroll. Parent/Guardian, student and school authorization signatures required before application can be processed. The Los Angeles Community College District and its colleges assume no responsibility for the supervision of minor students outside of the classroom setting. Parents and/or sponsoring agencies are responsible for ensuring that their children are appropriately supervised before class begins, after class finishes and if or when a class is cancelled and/or dismissed early.

Student Personal Information (Please print)

Student Name:						Soc. So	ec. No	/	
Student Address:		First			Initial	Birthdate:		1	1
	Street & Apt. Number						Month	Day	
-	City	State			ZIP	Pnone: () _		
when attending class enrolled in the Los A	daughter to enroll in a college-level cases on the Harbor College campus. Angeles Community College District; t, their minor status not withstanding	I understand that my child and I also understand that	will not b	e afford	ed any special statu	ıs or supervisi	on as a res	ult of his/her	minor status while
	Parent's (Guardian's) printed nan		_			(Guardian's) Si	gnature		Date
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SECTION A: CO	OMPLETE SECTION A IF YO	<u>DU ARE TAKING COL</u>	<u>LEGE</u>	CLASS	SES AT THE HIC	3H SCHOO	L CAMPI	<u>US</u> .	
I agree to enroll in I authorize the relea	n the following class(es) at Harbo ase of transcript information to my sc	r College. hool upon the school's writ	 ten reque	Fall est:	S	Spring		Summer	Year
A student signat	ure is required for Section A.		_						
1			2		Stu	udent's Signatu	re		Date
Course	e Title & Number	Section Number			Course Title & I	Number			Section Number
Course	e Title & Number	Section Number	4		Course Title & I	Number			Section Number
SECTION B: Co	OMPLETE SECTION B IF YO	<u>DU ARE TAKING A CL</u>	.ASS A	T THE	COLLEGE CAN	<u>/IPUS</u> .			
	ass(es) recommended by school in these classes on campus in perso		net regis	Fall tration.	S	Spring		Summer	Year
1			2						
Course	e Title & Number				Course Title & I	Number			
3	e Title & Number		4		Course Title & I	Number			
	nation This portion must be con	nnlated by the School Di	cincinal	or docid			uhlic or priv	vata cahaal	<u> </u>
	nunseled the student and recomn						DIIC OI PITV	raie scriooi.	5.
	Principal/APSCS/or Designee (Print	ed Name and Title)				gnature ne: ()	-	Date
School Address: _					1 1101		_/		
	Street	City			State ZIP				
LAUSD STUDENT	ONLY: District Student ID No.				School Location	Code			

K-8 students must provide a transcript and letter to the VP of Academic Affairs (or designee) in person, and be approved in writing prior to enrollment. The parent and student must make an appointment by calling 310.233.4020 and come to AD 104 to see the designated administrator.

11/8/2004 Revised - Continued on other side

	(For LA	HC Office Use Only)					
Appro	val of the Chief Instructional Officer (or designee) of Lo	os Angeles Harbor College					
-	Approved to Attend	Signature	Date				
	Not Approved to Attend	Signature					
Reaso	on(s) for refusal:	- Cignataro					
If sor	exy Registration Form meone other than the student will submit the obliowing proxy registration form.	college application during walk-in registration	on, please complete				
Stude	nts Name (Please print)	Student Social	al Security Number				
Stude	nt Signature						
	's Name (Please print) (Person authorized to sign for						
	you	ii onookiiot					
	Completed your Harbor Colle	ge application form and signed	d it?				
	Double checked your social s	ecurity number?					
	Completely filled out the Los Angeles Harbor College K-12 Approval Form?						
	Has your parent and principal or counselor signed this form?						
	Filled out either Section A or Section B on the LAHC K-12 Approval Form?						
	Completed the Proxy Registration section (if applicable)?						
	Met the prerequisites for the o	courses you plan to enroll in?					
	Counceling Contors (210) 222 422	0 or (210) 222 4221					

Counseling Center: (310) 233-4230 or (310) 233-4221 **Admissions Office:** (310) 233-4090