

# LOS ANGELES UNIFIED SCHOOL DISTRICT BULLETIN

## APPLICATION TO ATTEND A NON-AFFILIATED INSTITUTION/ORGANIZATION

To be completed by the LAUSD student		
Student First and Last Name:		Birthdate:
Student ID #:		Grade:
LAUSD School Name:		Graduation Year:

I am currently enrolled in an LAUSD school and request credit equivalent to the following LAUSD course:

\_\_\_\_\_ at \_\_\_\_\_

Course Title (e.g., CC Algebra 2AB)

Name of Non-Affiliated Institution/Organization

Non-Affiliated Institution/Organization

Street Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Student Name:	Student Signature:	Date:
Parent Name:	Parent Signature:	Date:

### To be completed by the Principal / Head Administrator of the Non-Affiliated Institution

#### VERIFICATION OF OTHER COURSEWORK/INSTRUCTION

(Student takes this form to be completed by the principal or head administrator of the non-affiliated institution/organization in which the student is submitting an application to concurrently enroll. Please include all information that is requested.)

While enrolled in grade \_\_\_\_\_ in a school of the Los Angeles Unified School District (LAUSD), the above-named student is submitting an application to receive instruction from an educational institution/organization of which I am the principal or head administrator.

The student will receive school instruction in: \_\_\_\_\_

Course Title (e.g., CC Algebra 2AB)

Does UCOP currently approve the course as a course?

Yes ☐

No ☐

(If the answer is 'no', the student should not proceed with enrollment for purposes of receiving high school credit or validation through LAUSD)

If yes, what is your institution's ATP/CEEB Code? \_\_\_\_\_

The beginning date of instruction is \_\_\_\_\_

Month

Date

Year

The ending date of instruction is \_\_\_\_\_

Month

Date

Year

The total clock hours of instruction for the course are \_\_\_\_\_

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## Principal / Head Administrator of the Non-Affiliated Institution Confirmation Signature:

Note: LAUSD approval and signature are required prior to the student enrolling in coursework for LAUSD credit or validation.

I acknowledge that the student named above is now attending \_\_\_\_\_, \_\_\_\_\_  
Name of LAUSD School

is currently in the Class of \_\_\_\_\_, and is submitting an application to receive instruction for

other coursework credit in \_\_\_\_\_ as indicated above.

Course Title

Full Name of Principal / Head Administrator

Official Job Title

Signature of Principal / Head Administrator

Date

## LAUSD SCHOOL SITE VERIFICATION (Completed by the school counselor/school administrator)

### LAUSD School Counselor or School Site Administrator Confirmation Signature:

I acknowledge that the student named above is now attending \_\_\_\_\_, \_\_\_\_\_  
Name of LAUSD School

is currently Class of \_\_\_\_\_, and is submitting an application to receive instruction for other

coursework credit in \_\_\_\_\_ as indicated above.

Course Title

**LAUSD Course Equivalency is:** Approved: ☐ Not Approved: ☐

(Attach the Evaluation and Request for Approval to Attend a Non-Affiliated Institution/Organization)

Full Name of Counselor

Job Title

Signature of Counselor

Date

Full Name of Administrator

Job Title

Signature of Administrator

Date