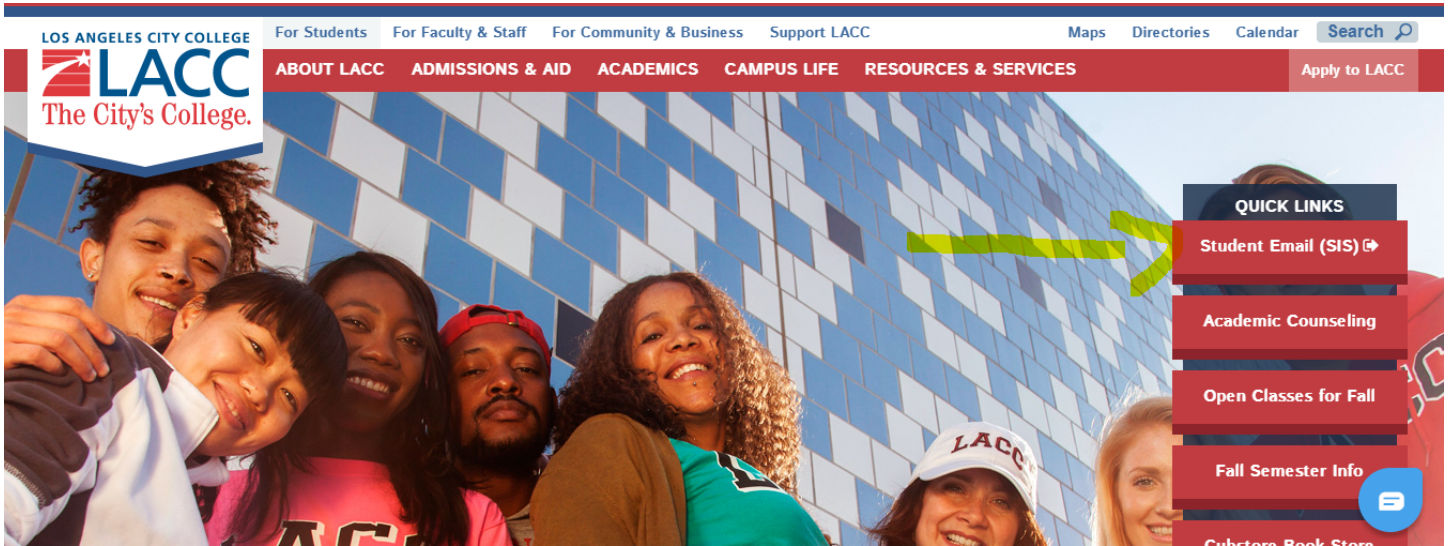


Step by Step – K-12 Supplemental Application Form *Dynamic Form (Student)

As a Middle or High School Student, you must complete a **new** Dynamic Form each semester/term listing all the courses that you are planning to take.

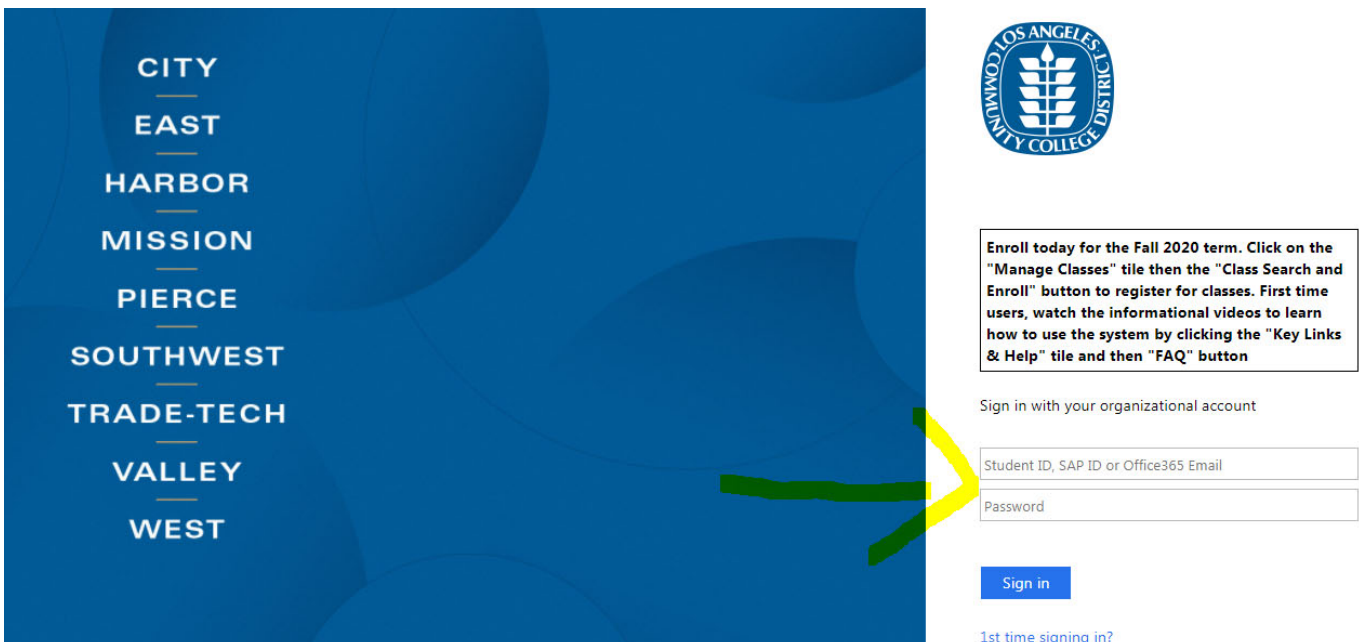
1. Visit www.lacitycollege.edu and click on “For Students”. Under “Quick Links” click on **Student email (SIS)**



2. A new tab/window will open. Enter your **LACC Student ID # and password**. If you have never logged in before, your default password is:

88@ + the first character of your last name (capitalized) + the month and day of your birthdate (MMDD)

For Example, Jane Doe, who was born on July the 4th, will have the default password: **88@D0704**



3. If you are setting up your password for the first time, you will need to re-enter your LACC Student ID; your Old Password (default password), and create a New Password following the specifications listed below.



Update Password

Your password expired, please update.
It **cannot** be a part of your name, email, userid or 3 prior passwords.

Contains at least **7** characters and **all four** of the following:

- Uppercase letters [A-Z]
- Lowercase letters [a-z]
- Number [0-9]
- Special character [@,!, \$, #, %]

Enter your user ID in the format "escsso\Student ID" or "escsso\SAP ID".

4. Once your new password is created, you will need to Sign-in again using your new updated password.



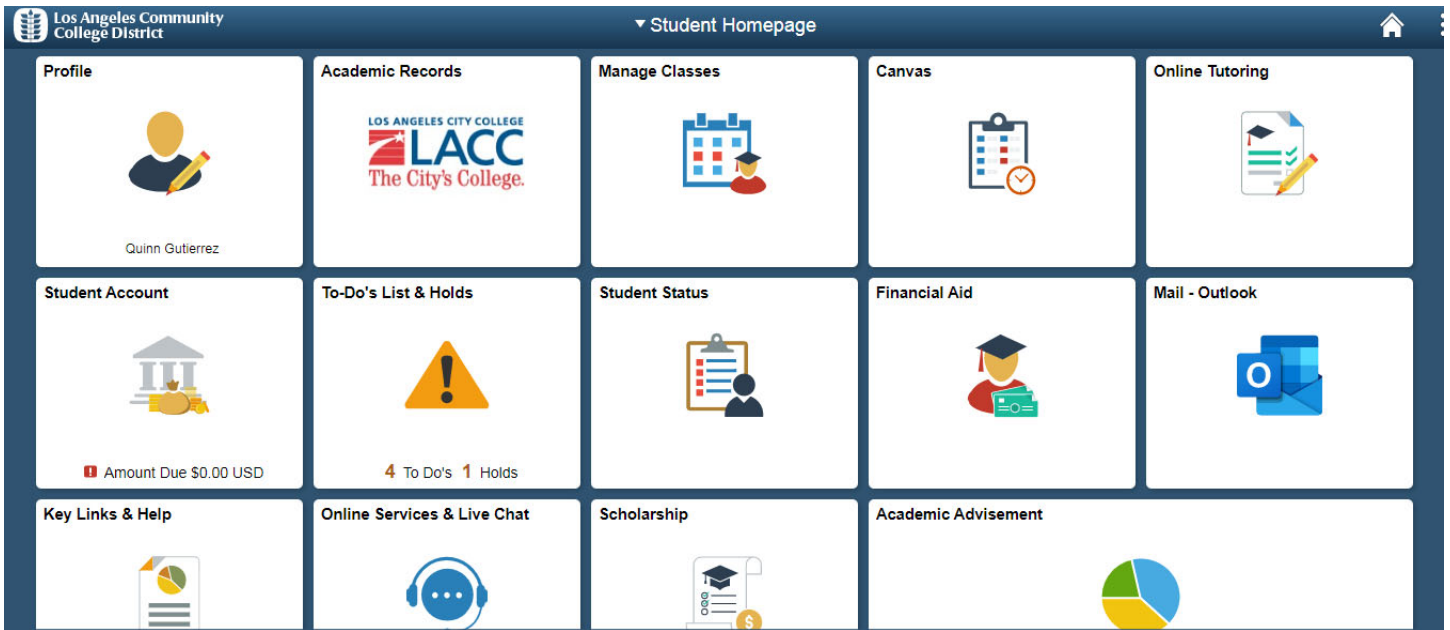
Update Password

Your password has been updated!

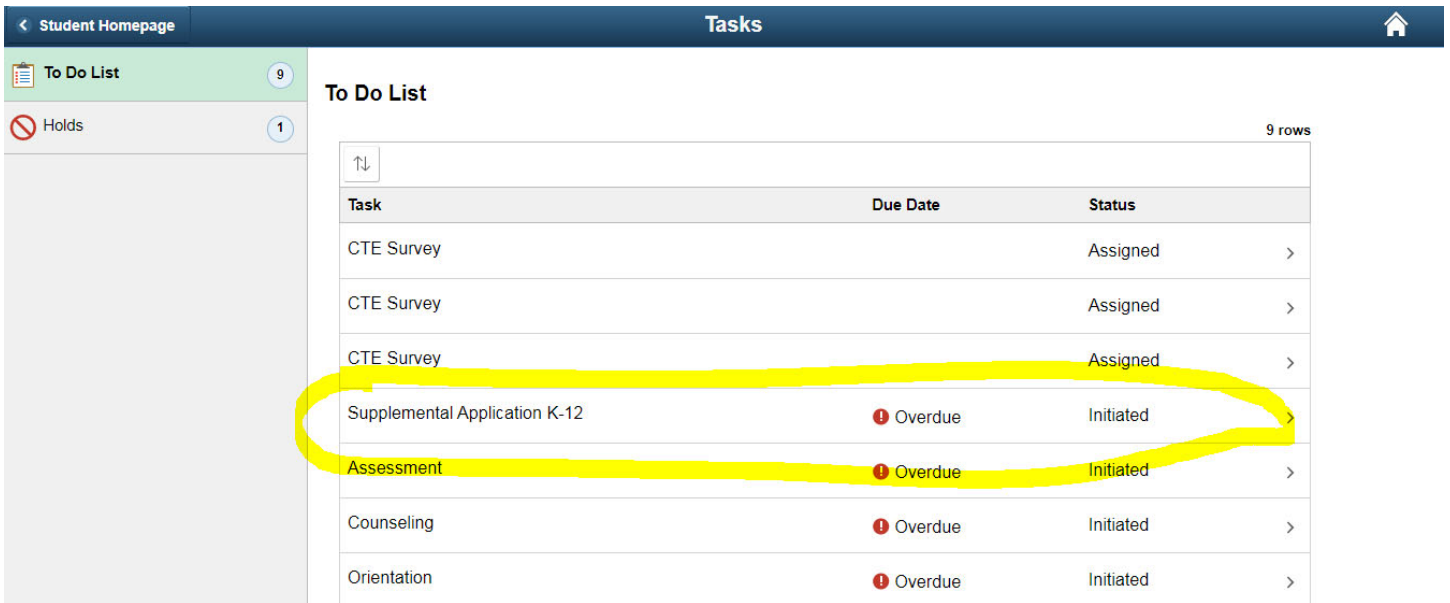
Please login with your new password.

[Click Here](#) to go back to the Sign-in page.

5. Your Student Portal screen will look like this.



6. To initiate your K-12 Dynamic Form go to "To-Do's Lists & Holds". Then select, "Supplemental Application K-12."



- Select the campus/college offering the class you are planning to take. For **Los Angeles City College** click under **“LACC SSO Link”**. This form will need to be completed and electronically signed by you, your parent/guardian (if you are under 18), and your K12 School Official (Most of the times, your College Counselor is the school official that approves this form).

Task Details

Supplemental Application K-12

Academic Career Credit

Career Number 0

Application Number 00690288

Status Initiated

Due Date 06/17/2020

To continue processing your admission's application, please submit the YS-1 Supplemental Application for Admission of Students in Grades K to 12. This form is available from your home campus link below.

The electronic form must be completed and signed by the (a) student; (b) parent/guardian if the student is younger than 18; and (c) the K-12 school official. The form will automatically be routed to the Admissions & Records Office at your home campus after the school official reviews and signs the form.

To view an instructional video on how to complete and submit the form, click the Key Links & Help tile followed by the FAQ tab.

[ELAC SSO Link](#)
[LACC SSO Link](#)
[LAHC SSO Link](#)
[LAMC SSO Link](#)
[LAPC SSO Link](#)
[LASC SSO Link](#)
[LATTC SSO Link](#)
[LAVC SSO Link](#)
[WLAC SSO Link](#)

Status	
Assigned	>
Assigned	>
Assigned	>
Initiated	>
Initiated	>
Initiated	>
Initiated	>
Initiated	>
Initiated	>

- A new tab will open with the **Supplemental Application K12 form** that you will need to complete.

LOS ANGELES CITY COLLEGE
LACC
 The City's College.

LOS ANGELES COMMUNITY COLLEGE DISTRICT
SUPPLEMENTAL APPLICATION FOR ADMISSION OF STUDENTS IN GRADES K-12

K-12 STUDENT INFORMATION

First Name: [Text] Last Name: [Text] MI: [Text] Date of Birth: [Text]

Address: [Text]

City: [Text] State: [Select] Zip: [Text]

Phone Number: [Text] Email Address: [Text]

Student Grade: [Select]

High School: [Select]

High School Information

Please add the first name, last name and school email address for your counselor:

Counselor First Name: [Text] Last Name: [Text] School Email Address: [Text]

Parent Information

First Name: [Text] Last Name: [Text] Email Address: [Text]

STUDENT AUTHORIZATION

I authorize the release of my transcript information to my school upon the school's written request.

[Signature Line] [Date]

COLLEGE ENROLLMENT INFORMATION

I am requesting enrollment/approval for the courses listed below.

I understand that I must meet all prerequisites before I can enroll in the below classes.

Term: [Select]

Course	Course Name	Course Number	Unit
Course 1:	US101K	0011	5
Course 2:	[Text]	[Text]	[Text]
Course 3:	[Text]	[Text]	[Text]
Course 4:	[Text]	[Text]	[Text]
Course 5:	[Text]	[Text]	[Text]
Course 6:	[Text]	[Text]	[Text]

Total Units: [Text]

Enrollment Status: [Select]

I have read and counseled the student and recommend the courses listed above to be taken for credit. (For K-12 students, please attach the student's transcripts and any learning plans in your opinion, the student will be able to gain from instruction at a community college, if this is a summer enrollment, I certify that there are no 3rd grade or higher classes at the school and that the total number of students referred from the school to community college does not exceed 5% of the school's total enrollment.)

[Signature Line] [Date]

COLLEGE APPROVAL

(to be completed by the College's Chief Instructional Officer or designee)

Approval Decision: [Select]

Comments: [Text Area]

9. First section “**K-12 Student Information**”. Make sure to complete all the information.

Important:

Fill out every field. **MI** (middle initial, if you have one).

For Student ID, please put your **LACC Student ID #**. It usually starts with #88... or #90...

Under **High School Information** – You will need to enter the name and email address of your school **counselor**.

If you are under 18, you must enter your parent/guardian’s name and email address. You **cannot** use your own (student) email address.

Make sure to click under **Student Signature** to enter your name and last name to record your electronic signature.

K-12 STUDENT INFORMATION

First Name: * Juan Last Name: * Alvarez MI: Date Of Birth: *

Address: *

City: * State: * Select Zip: *

Phone Number: * Email Address: * alvarejf@lacitycollege.edu Student ID: *

Student Grade: * -- Please Select --

High School: * -- Please Select --

High School Information

Please add the first name, last name and **school email address** for your counselor.

First Name: * Last Name: * School Email Address: *

Parent Information

First Name: * Last Name: * Email Address: *

STUDENT AUTHORIZATION

I authorize the release of my transcript information to my school upon the school’s written request.

*

Student Signature _____ Date _____

10. Second section: “**College Enrollment Information**”. Select the term you are applying form (Summer, Fall, Winter, Spring) and Year.

For Course name and number enter the class(es) you will be taking. **For Example:** “Psychology 11” or “Health 11”.

You **cannot** enter/edit any information under High School Official Only or High School Official Signature.

COLLEGE ENROLLMENT INFORMATION

I am requesting enrollment/approval for the courses listed below.

I understand that I must meet all prerequisites before I can enroll in the below classes.

Term: * Year: *

College: Los Angeles City College

Course Name	Course Number	Unit
SOC	001	3
Course 1: TUTOR	001T	
Course 2: * <input type="text"/>	* <input type="text"/>	* <input type="text"/>
Course 3: <input type="text"/>		
Course 4: <input type="text"/>		
Course 5: <input type="text"/>		
Course 6: <input type="text"/>		

High School Official Only
Please enter any updates/corrections or comments:

Total Units

Enrollment Status:
*

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.

*

High School Official Signature

Date

11. The last section will need to be completed by your parent/guardian. **As a student, make sure you go to the end of the page and "SUBMIT FORM".**

PARENT/GUARDIAN AUTHORIZATION

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.

*

Parent Signature

Date

COLLEGE APPROVAL

(to be completed by the College's Chief Instructional Officer (or designee))

Approval Decision: *

Comments/Notes:

*

Officer Signature

Date

12. NEXT STEPS:

As soon as you submit the form, your parent will get an email from Dynamic Forms. Please remind them to check their inbox and spam/junk folders. They will need to click on the link provided, and create an account with Dynamic Forms. Once they create the account, and verify their email address, they will be able to see your completed form and electronically sign it.

You **cannot** sign your own form. The form **must** be signed by your parent/guardian if you are under 18.

Questions? Feel free to send us an email at DualEnrollment@lacitycollege.edu