

# El Camino College K-12 Concurrent Enrollment Application

16007 Crenshaw Blvd.  
Torrance, CA 90506-0001  
Outreach Office: 310-660-3487  
Admissions Office: 310-660-3414

◆ PLEASE PRINT ALL INFORMATION CLEARLY ◆

**Section I: Student Information** Semester: Summer  Fall  Winter  Spring  Year: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Last First MI

Address \_\_\_\_\_ Email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

El Camino College ID #  or Social Security #  -  -

**I have read and understand the "Student" section on the back of this application.**

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

Name of School: \_\_\_\_\_ (Students enrolled in a Home Study Program must provide proof that the Home Study Program is registered with the State of California).

Grade in school at the time of K-12 enrollment \_\_\_\_\_ High School Graduating Class of \_\_\_\_\_

**Section II: Parent Consent**

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. I have read and understand the "Parents" section on the back of this form and agree to all the conditions. \*She/he  **does**  **does not need accommodations at El Camino College due to 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).

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Section III: Principal or Designee Course Recommendation**

I recommend that the above named student enroll in the course(s) listed below. (Enrollment is limited to 2 classes. Written permission from your school is required, along with approval from El Camino College's Director of Admissions, to enroll in more than two classes). **For summer only: I certify the student has availed himself/herself of all opportunities to enroll in an equivalent course at his/her school of attendance, and his/her participation does not cause our school to exceed the 5 percent statutory limit.**

Course #1 \_\_\_\_\_ Course #2 \_\_\_\_\_

\*Course(s) listed are to be taken for: College Credit  High School Credit  \*Both options may be checked if school allows dual credit.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Section IV: Required for K-10 Students Only -- ECC Division Dean Approval**

(Students applying for concurrent enrollment for the summer following their sophomore year are considered to be in the 11th grade and do not require division dean approval).

Division Dean's Signature for Course # 1 \_\_\_\_\_ Date \_\_\_\_\_  
 Division Dean's Signature for Course # 2 \_\_\_\_\_ Date \_\_\_\_\_

**Section V: Director of Admissions or Designee Approval Required To Enroll in More Than Two Classes**

Director of Admissions or Designee \_\_\_\_\_ Date \_\_\_\_\_  
 ECC Admissions Office Use \_\_\_\_\_ Date \_\_\_\_\_

*White Copy - El Camino College*

*Blue Copy - Student*