



CENTERS OF LEARNING

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APPLICATION FOR ADMISSION

1st - 12th Grades

Date: _____ Grade in September: _____

Student Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____

Date of Birth: _____ Birthplace: _____ Male ___ Female: ___

Pupil lives with: _____ Home Language: _____

Family's home church affiliation: _____ Address: _____

School last attended: _____ Dates: _____

Reason for leaving: _____

Address: _____
Street City State Zip

Approximate GPA: _____ Other Schools Attended: _____

Is student currently failing any classes? _____ Which ones? _____

Is student currently receiving U's in behavior in any classes? _____ Which ones? _____

Has the student ever received disciplinary actions by school or police officials? _____

What was the infraction? (i.e. fighting etc.) _____

If so, what was the action? (i.e. detention, suspension, expulsion or court proceedings) _____

Has student ever received educational or psychological testing, tutoring, remediation, or special educational services? _____

If so, what was the diagnosis? _____

What grade level(s) were services provided _____

What services were provided (i.e. Resource program, special day classes, speech, vision services, etc?) _____

* Has student ever been placed on an Individualized Educational Plan (IEP)? _____

If so, what is the IEP diagnosis and what services were recommended or received? _____

Date of last IEP meeting _____ Please supply COL with a copy of the most recent complete IEP.

* Is student taking any medications or receiving educational therapy? _____

If so, for what diagnosis? _____

*Please provide documentation of any tutoring, remediation or special services, IEP's, tutoring records, etc) with the completed application. Failure to disclose educational or psychological testing and/or remediation or disciplinary action will result in the student's dismissal from Centers of Learning.

