



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.

Please complete both page 1 and 2

