Santa Monica-Malibu Unified School District **ADULT EDUCATION CENTER** 2510 Lincoln Blvd., Rm. 8, Santa Monica CA 90405 **(310) 664-6222** www.smmusd.org/adulted

# APPLICATION FOR CONCURRENT ENROLLMENT IN ADULT SCHOOL CLASSES

**Student Last Name** (Apellido) **Student First Name** (Nombre) **Middle Name Initial** (Initial del Segundo Nombre) **Birth Date** (Fecha de Nacimiento) **Month** (Mes) **Day** (Día) **Year** (Año)

**Address** (Domicilio) **Street** (Calle) **Apt. #** (Departamento) **City** (Ciudad) **Zip Code** (Zona Postal)

**Area Code** (Zona) **Home Telephone** (Teléfono) **Area Code** (Zona) **Parent Cell #** (Celular) **Area Code** (Zona) **Student Cell #** (Teléfono)

**Parent E-MAIL Address** **Student E-MAIL Address** **Emergency Contact** (Name & Phone #) / **En caso de emergencia** (Nombre y Teléfono)

**Name of High School where enrolled** **Current Grade**

**The above-named student has permission to attend the Adult Education Center and enroll in (name of adult school class)**

**In order to receive high school credit in (high school course name)**

**Classes take place at the Adult Education Center,**
2510 Lincoln Blvd., Santa Monica CA 90405 (Office—Room 8)

**Section** **Course (Curso)** **M T W Th** **Day (Día)** **Time (Hora)** **am / pm** **Room # (Salón)**

The signatures below certify that the counselor, parent/guardian, and student have had a face-to-face counseling session. We understand that he/she has 6 months to complete this course and must reapply for admission after that time period. A grade will be given only upon completion of the course. A grade of IP (In Progress) will be given for any course not completed.

**High School Counselor Name** **Signature**

**Parent/Guardian Name & Relationship to student** **Signature**

**To Student:** I understand that I must attend all assigned days and conform to all Adult Education Center rules or I may be dropped from the program. I also certify that I have voluntarily enrolled in the Adult Education Center.

**Student Signature** **Date**

## Student Checklist for Concurrent Enrollment:

- ☐ Application for Concurrent Enrollment in Adult School Classes (one class per form) with signature of counselor, parent & student
- ☐ Copy of current high school schedule
- ☐ Copy of current transcript
- ☐ Call (310) 664-6222 ext. 76203 to make a registration appointment and bring above-referenced documents to this appointment.
- ☐ Questions — osaucedo@smmusd.org, lorena.martin@smmusd.org or hrousseau@smmusd.org

**AEC Staff** **Date**