



Los Angeles Unified School District
Local District 7

Dr. Theodore T. Alexander, Jr. Science Center School 2009 – 2010 Application

Please print clearly in CAPITAL LETTERS, using Black or Blue Ink.

Mail or Return to:

District transportation will not be provided.

Only one application per student will be accepted.

This application must be returned to the Local District 7 Office by Friday, January 16, 2009, 5:00 p.m.

You will be notified of your child's status by May, 2009

Local District 7
10616 S. Western Ave.
Los Angeles, CA 90047
(323)-242-1300

Receipt provided if application is brought to Local District 7. No receipt is provided for mailed applications.

1. School Now Attending:

Grid for school name

2. Student's Last Name: First Name: MI: Student's Birthdate: Gender (check one):

Grids for student name, MI, birthdate, and gender options

Student's Address - Number and Street: Apt: #

City: Zip Code:

Student Grade section with text boxes for current and next year's grade

3. Student's Ethnicity (check one only):

- 1. American Indian 2. Asian 3. Black/African American 4. Hispanic 5. White 6. Filipino 7. Pacific Islander Multiracial/Multiethnic

You may check the "Multiracial/Multiethnic" box; however you must also check federally identified race/ethnicity category to the left. Your application will not be processed unless an ethnicity (1-7) is checked.

4. Parent/Legal Guardian's Last Name First Name: MI:

Grids for parent name and MI

Home Phone: Work or Emergency Phone: Extension: Area Code Area Code

5. Dual Language Option (Kindergarten, 1st, 2nd, 3rd, 4th, 5th)

*Starting at Grade 2, students must have second grade proficiency in Spanish for the Dual Language Program. Yes No

6. Sibling at Alexander Science Center School Yes No

Sibling's Last Name Sibling's First Name: MI: Sibling's Birthdate: Month Day Year

SIBLING ENROLLMENT DOES NOT GUARANTEE ACCEPTANCE INTO SCHOOL

7. It is the responsibility of the parent/legal guardian to complete and sign the application correctly. Falsification of information will result in applicant's removal from the program.

Signature of Parent/Legal Guardian: Date: Month Day Year