

Student Enrollment Form 2014-2015

North Olympic Peninsula Skills Center

905 West 9th Street
 Port Angeles, WA 98363
 Phone: 360.565.1533 Fax: 360.417.9068

Student Information

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ E-mail _____
 Student Lives With: Both Parents _____ Father _____ Mother _____ On Own _____ Other _____
 Date of Birth _____ Birthplace _____ Gender M ___ F ___
 Student Cell Number _____ Ethnicity: **Please fill out reverse side of form**

Guardian Information

Parent/Guardian Name _____ Relationship _____
 Work Phone _____ Cell Phone _____
 Emergency Contact Person _____ Relationship _____
 Emergency Contact Phone _____ Emergency Contact Cell Phone _____

AM 7:45 - 10:45 a.m. • PM 12:30 - 3:15 p.m. • LA (late afternoon) 3:30 - 6:15 p.m.

AM	PM	LA	Program	AM	PM	LA	Program
<input type="checkbox"/>	N/A	N/A	Automotive Technology - Forks/Sequim ♦	<input type="checkbox"/>		<input type="checkbox"/>	Broadcast Media Production: PA-TV ♦
N/A	N/A	<input type="checkbox"/>	Commercial Art Entrepreneur	(Onsite class M & W, 2:50 - 4:50 p.m. , Offsite varies, & Online component)			
<input type="checkbox"/>	N/A	N/A	Green Building Trades - Port Angeles ♦	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Culinary Arts (AM class, 8:30-11:15am)
N/A	<input type="checkbox"/>	N/A	Building Trades - Sequim ♦ (12 - 2:45 p.m.)	N/A	N/A	N/A	Law Enforcement/Criminal Justice
<input type="checkbox"/>	<input type="checkbox"/>	N/A	Collision Repair**♦	<input type="checkbox"/>	N/A	N/A	Medical Careers ♦
N/A	<input type="checkbox"/>	N/A	Composites Technology	N/A	<input type="checkbox"/>	N/A	Natural & Cultural Resources 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cosmetology - Port Angeles* ♦	N/A	N/A	<input type="checkbox"/>	Natural Resources Options (Forks, PA, Sequim) ** ♦
			Studio 121 School of Cosmetology	<input type="checkbox"/>	N/A	N/A	Welding - Peninsula College ♦ (8 - 11:00 a.m.)
<input type="checkbox"/>	<input type="checkbox"/>	N/A	Cosmetology - Port Hadlock* ♦	N/A	<input type="checkbox"/>	N/A	Welding - Peninsula College ♦ (1 - 4:00 p.m.)
<input type="checkbox"/> Information Technology Technician-Online Class				<i><u>All Courses and Times are Subject to Change</u></i>			

* Students should check with cosmetology schools regarding any additional fees or costs and class times.

** Students should check with the Skills Center for start times on these classes.

♦ Off-site community based programs - students provide transportation

Please enroll me in the course listed above at North Olympic Peninsula Skills Center. I authorize the release of information from my student file to the Skills Center as part of this application.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICIAL COUNSELOR USE ONLY

Previously attended NOPSC? Yes No Running Start Yes No I.E.P. Yes No 504 Plan Yes No

Medical Alert (i.e., asthma inhaler, epipen, etc.) _____

Home High School _____ Periods Enrolled _____ Class of _____ Current Grade _____

Resident District _____ Counselor Signature _____ Date _____

Port Angeles School District No. 121 complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, sex, age, disability, or disabled or Viet Nam veteran status. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to Kelly Pearson, Title IX/RCW 28A.640 compliance officer, and/or Dr. Jane Pryne, Section 504/Title II compliance officer 360.457.8575, 216 East Fourth Street, Port Angeles, Washington 98362-3023.

Ethnicity and Race Data Requirements: New standards for collecting and reporting ethnicity and racial data have been adopted that allow individuals to more accurately identify themselves; are required for federal education funding and accountability reporting; align with other agencies that are using the new standards; are consistent with census data and other national data sets, used for policy analyses; and better reflect population changes.

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> NOT HISPANIC/LATINO | <input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> CUBAN | <input type="checkbox"/> CENTRAL AMERICAN |
| <input type="checkbox"/> DOMINICAN | <input type="checkbox"/> SOUTH AMERICAN |
| <input type="checkbox"/> SPANIARD | <input type="checkbox"/> LATIN AMERICAN |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> OTHER HISPANIC/LATINO |

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> ALASKA NATIVE |
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CHEHALIS |
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> COLVILLE |
| <input type="checkbox"/> CAMBODIAN | <input type="checkbox"/> COWLITZ |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> HOH |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> JAMESTOWN |
| <input type="checkbox"/> HMONG | <input type="checkbox"/> KALISPEL |
| <input type="checkbox"/> INDONESIAN | <input type="checkbox"/> LOWER ELWHA |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> LUMMI |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> MAKAH |
| <input type="checkbox"/> LAOTIAN | <input type="checkbox"/> MUCKLESHOOT |
| <input type="checkbox"/> MALAYSIAN | <input type="checkbox"/> NISQUALLY |
| <input type="checkbox"/> PAKISTANI | <input type="checkbox"/> NOOKSACK |
| <input type="checkbox"/> SINGAPOREAN | <input type="checkbox"/> PORT GAMBLE KLALLAM |
| <input type="checkbox"/> TAIWANESE | <input type="checkbox"/> PUYALLUP |
| <input type="checkbox"/> THAI | <input type="checkbox"/> QUILEUTE |
| <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> QUINAULT |
| <input type="checkbox"/> OTHER ASIAN | <input type="checkbox"/> SAMISH |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> SAUK-SUIATTLE |
| <input type="checkbox"/> FIJIAN | <input type="checkbox"/> SHOALWATER |
| <input type="checkbox"/> GUAMANIAN or CHAMORRO | <input type="checkbox"/> SKOKOMISH |
| <input type="checkbox"/> MARIANA ISLANDER | <input type="checkbox"/> SNOQUALMIE |
| <input type="checkbox"/> MELANESIAN | <input type="checkbox"/> SPOKANE |
| <input type="checkbox"/> MICRONESIAN | <input type="checkbox"/> SQUAXIN ISLAND |
| <input type="checkbox"/> SAMOAN | <input type="checkbox"/> STILLAGUAMISH |
| <input type="checkbox"/> TONGAN | <input type="checkbox"/> SUQUAMISH |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> SWINOMISH |
| | <input type="checkbox"/> TULALIP |
| | <input type="checkbox"/> YAKAMA |
| | <input type="checkbox"/> OTHER WASHINGTON INDIAN |
| | <input type="checkbox"/> OTHER AMERICAN INDIAN |