



Frederickson Campus • 16117 Canyon Road East • Puyallup WA 98375
Phone: 253.683.5950 Fax: 253.683.5998 www.pcskillscenter.org

Date Received: _____
Approved: _____
Start Date: _____

2012-2013 Application

How did you hear about the Pierce County Skills Center: Counselor/School Advertisement Friend Website/Internet Other: _____

Student Information

Legal Last Name _____ First Name _____ MI _____ Date of Birth ____/____/____ Gender: M F Grade _____
Current High School _____ Counselor Name _____ SSN (Optional) _____ Place of Birth (City/State) _____
Student Email _____ Student Cell _____ Student Lives With _____

Parent/Guardian Information

Parent/Guardian #1 Full Name _____ Relationship to Student _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (If different from above) _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent/Guardian #2 Full Name _____ Relationship to Student _____ Email _____
Address (If different from above) _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Information

Emergency Contact #1 _____ Relationship to Student _____ Phone _____
Emergency Contact #2 _____ Relationship to Student _____ Phone _____

I authorize Pierce County Skills Center to have access to all of the student's school records. I understand that completing this application does not guarantee enrollment at Pierce County Skills Center. I further understand that my student's Social Security number will be used for the purpose of processing and identifying records routinely associated in all reports.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Program Choice — See List on Page 2

AM Session: 7:55am-10:25am PM Session: 11:15am-1:45pm

Classes are Monday through Friday unless otherwise noted. PCSC follows the Bethel School District calendar.

First Choice _____ AM PM AS Second Choice _____ AM PM AS

Note: Students are responsible for their own transportation to off-site programs; see our brochure or website for program details.

TO BE COMPLETED BY SENDING HIGH SCHOOL COUNSELOR ONLY

Sending High School _____ Grad Date _____ Current Grade Level _____ Current GPA _____ Credits Completed _____
Previously attended PCSC? Yes No WASL/HSPE Met: Math _____ Reading _____ Writing _____ Science _____ WAAS/DAW: Yes No

Does the student have an IEP? Yes No Does the student have a 504 plan? Yes No

Case Manager _____ Phone _____ Email _____

Medical Condition (i.e., asthma, Epipen, allergies, etc.) Yes No Is the student required by court action to attend school? Yes No

Does the student have a discipline record (detentions, suspensions, etc.)? Yes No

Counselor Signature (Required) _____ Date _____

2012-2013 PCSC Programs

Programs are offered at the Frederickson Campus both AM and PM sessions unless noted.

Aerospace Composites Building Trades \$ Cosmetology - Off-site \$ ✂ 🚗 Criminal Justice DigiPen Game Design AP DigiPen Robotics/Mechatronics Environmental Explorations AP	Fire Science & Emergency Services Hospitality & Tourism 🚗 Medical Careers (NAC) \$ + 🚗 PC Networking & Hardware Repair Pre-Physical Therapy & Sports Medicine 🚗 Pre-Veterinary Technician 🚗	Satellite Campus Maritime Trades - Foss HS After School Programs (AS) - Lincoln HS Monday through Thursday, 2:45-5:15pm Machining Welding
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\$ Program Fees AP Advanced Placement: Tests are optional	✂ Cosmetology—Students <u>MUST</u>: Be a senior <u>and</u> 17 years old at time of enrollment See website for class hours	+ Medical Careers—Students <u>MUST</u>: Have NO Criminal History Be 17 years old by June 2013
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🚗 Students must provide own transportation to: All off-site programs, clinicals, internships and field studies

DOES YOUR STUDENT HAVE A LIFE-THREATENING or OTHER MEDICAL CONDITION? Yes ____ No ____

If Yes, please describe: _____

Please note: The medication and treatment order must address the life-threatening/medical condition and must be on file with the school prior to the first day of attendance. Reference RCW 28A.210.320

Ethnicity/Race Information

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of the Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the Federal government, the Washington State Legislature, and the Superintendent of Public Instruction.

Is your child of Hispanic or Latino origin? No Yes (If yes, check all that apply below)

Central American Cuban Dominican Latin American Mexican/Mexican American/Chicano Puerto Rican South American Other Hispanic

What race do you consider your child? (Check all that apply below)

- | | | | | | | | |
|---|--------------------------------------|---|---|--|--|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Jamestown S'Klallam | <input type="checkbox"/> Port Gamble Clallam | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Spokane | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Lower Elwa Klallam | <input type="checkbox"/> Quileute | <input type="checkbox"/> Squaix Island | <input type="checkbox"/> Other American Indian Tribe/ Alaska Native |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Fijian | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Lummi | <input type="checkbox"/> Quinault | <input type="checkbox"/> Stillaguamish | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Makah | <input type="checkbox"/> Samish | <input type="checkbox"/> Suquamish | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Marian Islander | <input type="checkbox"/> Colville | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Swinomish | |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Tulalip | |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Yakama | |

PCSC is an Equal Opportunity Employer and complies with all federal rules and regulations, including Title IX, RCW 28A.640., RCW 28A.642 and Section 504. PCSC does not discriminate on the basis of sex, race creed, religion, color, national origin, age. Honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability include student participation in educational programs and extracurricular activities. Contact the Bethel School District Assistant Director of Human Resources, Debbie Carlman, at 253.683.6000 or the Executive Director of Special Services, Bob Maxwell at 253.683.6921 about 504 compliance.