

# Student Enrollment Form 2009-2010

## North Olympic Peninsula Skills Center

905 West 9th Street  
Port Angeles, WA 98362  
Phone: 360.565.1533 Fax: 360.417.9068

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 Ethnic Origin:    American Indian    Asian    Black    Hispanic/Latin    White    Other

### Guardian Information

Parent/Guardian Name \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

**AM 7:45 - 10:45 a.m. • PM 12:25 - 3:10 p.m. • Late Afternoon 3:15 - 6:15 p.m. (Monday - Thursday)**

♦ Off-site community based programs - students provide own transportation

AM	PM	LA	Program	AM	PM	LA	Program
N/A	<input type="checkbox"/>	N/A	Automotive Technology - <b>Forks/Sequim</b> ♦	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Culinary Arts
N/A	<input type="checkbox"/>	N/A	Building Trades - <b>Port Angeles</b> ♦	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Digital Media Technology
N/A	<input type="checkbox"/>	N/A	Building Trades - <b>Sequim</b> ♦	N/A	<input type="checkbox"/>	N/A	Information Technology Technician
<input type="checkbox"/>	N/A	<input type="checkbox"/>	Collison 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 Resources
<input type="checkbox"/>	<input type="checkbox"/>	N/A	Cosmetology - <b>Port Angeles</b> * ♦	<input type="checkbox"/>	N/A	N/A	Welding - <b>Peninsula College</b> ♦
<input type="checkbox"/>	<input type="checkbox"/>	N/A	Cosmetology - <b>Port Hadlock</b> * ♦	N/A	<input type="checkbox"/>	N/A	Welding - <b>Peninsula College</b> ♦ (1 - 3:30 p.m.)

### Online Classes

Information Technology Technician

\*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.

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                      I.E.P.  Yes  No                      504 Plan  Yes  No

Medical Alert (i.e., asthma inhaler, epipen, ect.) \_\_\_\_\_

Home High School \_\_\_\_\_ Class of \_\_\_\_\_ Current Grade \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_