

Student Enrollment Form 2010-2011

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 _____ MI _____
 Address _____ City _____ Zip _____
 Home Phone _____ E-mail _____
 Date of Birth _____ Birthplace/Country _____ 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 12:25 - 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 - Forks/Sequim ♦	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Culinary Arts
<input type="checkbox"/>	N/A	N/A	Building Trades - Port Angeles ♦	N/A	<input type="checkbox"/>	N/A	Digital Media Technology
N/A	<input type="checkbox"/>	N/A	Building Trades - Sequim ♦	N/A	<input type="checkbox"/>	N/A	Information Technology Technician
<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 Resources
<input type="checkbox"/>	<input type="checkbox"/>	N/A	Cosmetology - Port Angeles* ♦	<input type="checkbox"/>	N/A	N/A	Welding - Peninsula College ♦ (8 - 10:45 a.m)
<input type="checkbox"/>	<input type="checkbox"/>	N/A	Cosmetology - Port Hadlock* ♦	N/A	<input type="checkbox"/>	N/A	Welding - Peninsula College ♦ (1 - 3:45 p.m.)
				N/A	N/A	<input type="checkbox"/>	Welding - Port Hadlock ♦ (3 - 8:30 p.m.— M-TH)

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, etc.) _____

Home High School _____ 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 direct to Mary Hebert, Title IX/RCW 28A.640 compliance officer, and/or Patti Dunlap Section 504/Title II compliance officer 360.457.8575 216 East Fourth Street, Port Angeles, Washington 98362-3023.

Office Use Only: Enrolled Date _____

Withdrawal Date _____



NAME _____

GRADE _____

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 | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mexican/Chicano | <input type="checkbox"/> Other Spanish/Hispanic/Latino |

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

- | | |
|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> White or Caucasian | <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 Clallam |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Puyallup |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Quinault |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samish |
| <input type="checkbox"/> Other Asian American | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Melanesian | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Micronesian | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Tualip |
| | <input type="checkbox"/> Yakama |
| | <input type="checkbox"/> Other Washington Indian |
| | <input type="checkbox"/> Other American Indian |

