

# Student Enrollment Form 2011-2012

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 12:30 - 3:15 p.m. • LA (late afternoon) 3:30 - 6:15 p.m.**

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

| <b>AM</b>                | <b>PM</b>                | <b>LA</b>                | <b>Program</b>                              | <b>AM</b>                | <b>PM</b>                | <b>LA</b>                | <b>Program</b>                                 |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | N/A                      | 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 ♦ (12 - 2:45 p.m.) | 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"/> | <input type="checkbox"/> | Cosmetology - Port Angeles* ♦               | <input type="checkbox"/> | N/A                      | N/A                      | Welding - Peninsula College ♦ (8 - 11:00 a.m.) |
|                          |                          |                          | Angeles Academy _____ The Hair School _____ | N/A                      | <input type="checkbox"/> | N/A                      | Welding - Peninsula College ♦ (1 - 4:00 p.m.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | N/A                      | Cosmetology - Port Hadlock* ♦               | N/A                      | N/A                      | <input type="checkbox"/> | Welding - Port Hadlock ♦ (3 - 6:30 p.m.—M-TH)  |

## Online Classes

Information Technology Technician

*All Courses and Times are Subject to Change*

\*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 \_\_\_\_\_ 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 Gail Frick, 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.

Office Use Only:      Enrolled Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

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   |