

# 2007-2008 Student Enrollment Form

## Academic Learning Lab

### 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 \_\_\_\_\_

#### Course Title

#### Previously Attempted

Yes  No

Yes  No

Yes  No

Please enroll me in the course(s) 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. I understand that I must meet with the Skills Center Director prior to me actually starting any class at the Academic Learning Lab.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (optional): \_\_\_\_\_ 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 \_\_\_\_\_