

PUGET SOUND SKILLS CENTER

18010 8TH AVENUE SOUTH
OFFICE - 206-631-7300

BURIEN, WA 98148
FAX - 206-631-7337

WWW.PUGETSOUNDSC.ORG
2011-12 APPLICATION FORM

STUDENT NAME _____ STUDENT ID# _____ BIRTHDATE _____
LAST FIRST

ADDRESS _____ UNIT # _____ CITY _____ ZIP _____

PARENT/GUARDIAN HOME PHONE # _____ - _____ - _____ UNLISTED PARENT/GUARDIAN CELL PHONE # _____ - _____ - _____

SENDING HIGH SCHOOL _____ YEAR OF GRADUATION (CLASS OF) _____

STUDENT E-MAIL _____

ETHNIC CODE - CHECK ONE

- BLACK
- NATIVE AMERICAN
- ASIAN
- WHITE
- LATINO/HISPANIC
- PACIFIC ISLANDER

SEX - CHECK ONE

- MALE
- FEMALE

CURRENT IEP/504 – CHECK ONE? YES NO ^{*}

IEP TEACHER _____

PHONE # _____ - _____ - _____

*** COPY OF IEP/504 REQUIRED WITH APPLICATION**

FEMALE PARENT/GUARDIAN WITH WHOM YOU ARE LIVING _____

RELATIONSHIP _____

WORK PHONE # _____ - _____ - _____

PARENT E-MAIL _____

MALE PARENT/GUARDIAN WITH WHOM YOU ARE LIVING _____

RELATIONSHIP _____

WORK PHONE # _____ - _____ - _____

PARENT E-MAIL _____

1. SELECT YOUR 1ST, 2ND, AND 3RD CHOICES FOR CAREER TRAINING:

INDICATE WITH 1, 2, & 3 ON APPROPRIATE LINE
 Session ZERO HOUR 6:20AM – 7:55AM
 SESSION 1 (AM) 7:55AM – 10:25AM
 SESSION 2 (PM) 11:15AM – 1:45PM
 SESSION 3 & ONLINE (TIMES VARY) 2:00PM – 4:30PM

INFORMATION TECHNOLOGY

- | | | | | |
|-------|-------|-------|-------|--|
| N/A | _____ | _____ | _____ | DIGIPEN ANIMATION ACADEMY (AP) |
| N/A | _____ | _____ | _____ | DIGIPEN VIDEO GAME PROGRAMMING (AP) |
| _____ | _____ | _____ | _____ | DIGITAL MEDIA ART (AP) |
| _____ | _____ | _____ | _____ | ENGINEERING DESIGN (AP) |
| _____ | _____ | _____ | _____ | MICROSOFT@IT ACADEMY (FORMERLY COMP. NETWORKING) |

BUSINESS, MARKETING, & MANAGEMENT

- | | | | | |
|-------|-------|-------|-------|----------------------------|
| N/A | _____ | _____ | _____ | CULINARY ARTS |
| _____ | _____ | _____ | _____ | FASHION DESIGN & MARKETING |

HUMAN SERVICES

- | | | | | |
|-----|-------|-------|-------|------------------------------|
| N/A | _____ | _____ | _____ | CRIMINAL JUSTICE TRAINING |
| N/A | _____ | _____ | _____ | FIRE SERVICES |
| N/A | _____ | _____ | _____ | TRANSLATION & INTERPRETATION |

SCIENCE & HEALTH

- | | | | | |
|-----|-------|-------|-------|-----------------------------|
| N/A | _____ | _____ | _____ | DENTAL ASSISTING |
| N/A | _____ | _____ | _____ | MARINE SCIENCE TECHNOLOGY |
| N/A | _____ | _____ | _____ | NURSING ASSISTANT CERTIFIED |

TRADES & INDUSTRY

- | | | | | |
|-----|-------|-------|-------|--|
| N/A | N/A | N/A | N/A | AIRCRAFT SERVICE TECHNOLOGY (STARTS 2012-13) |
| N/A | _____ | _____ | _____ | AUTO BODY TECHNOLOGY |
| N/A | _____ | _____ | _____ | AUTOMOTIVE TECHNOLOGY |
| N/A | _____ | _____ | _____ | CONSTRUCTION TECHNOLOGY |
| N/A | _____ | _____ | N/A | WELDING CAREERS |

2. REQUIRED ATTACHMENTS TO COMPLETE REGISTRATION:

- CURRENT TRANSCRIPT
- DISCIPLINE RECORD
- HEALTH HISTORY FORM

EQUIVALENCY CREDIT STATEMENT:

COMPLETED FORMS FOR THIS PROCESS ARE DUE TO THE PSSC REGISTRAR BEFORE THE END OF FIRST SEMESTER.

4. I AM APPLYING FOR:

- 1ST SEMESTER ONLY
- 2ND SEMESTER ONLY
- FULL YEAR

I UNDERSTAND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE I WILL BE ADMITTED TO PUGET SOUND SKILLS CENTER. APPLICATIONS WITHOUT ALL REQUESTED DOCUMENTATION ATTACHED WILL REMAIN PENDING.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF COUNSELOR

DATE