



ADVANCED SUMMER SCHOOL STUDENT REGISTRATION FORM

(To be completed by Parent/Guardian of student)

Select Summer School Course to be enrolled:

☐ ADV CONST ☐ ADV COSMO ☐ ADV COSMO 2 ☐ ADV RESTAURANT ☐ ADV DENTAL ☐ CAREER CHOICES (LOCATION) _____

Student Information:

STUDENT'S LEGAL NAME: (Last, First, Middle)

IF STUDENT HAS CHANGED THEIR NAME, PLEASE LIST PREVIOUS NAME:

BIRTHDATE: (mm/dd/yyyy)	GENDER: (Male/Female)	BIRTHPLACE: (City/State/Country)	GRADE LEVEL:
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PRIMARY LANGUAGE SPOKEN BY STUDENT: *(Please check one)* ☐ ENGLISH ☐ RUSSIAN ☐ SPANISH ☐ UKRAINIAN
☐ OTHER _____

PRIMARY LANGUAGE SPOKEN AT HOME: *(Please check one)* ☐ ENGLISH ☐ RUSSIAN ☐ SPANISH ☐ UKRAINIAN
☐ OTHER _____

Special Services:

IS YOUR STUDENT CURRENTLY ENROLLED IN AN ELL PROGRAM? ☐ YES ☐ NO

HAS YOUR STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? ☐ YES ☐ NO

IF YES, DOES YOUR STUDENT HAVE A CURRENT IEP PLAN? ☐ YES ☐ NO If yes, please bring a current IEP document to the Skills Center.

DOES YOUR STUDENT HAVE A CURRENT 504 PLAN? ☐ YES ☐ NO If yes, please bring a current copy of 504 to the Skills Center.

DOES YOUR STUDENT HAVE AN INDIVIDUALIZED HEALTH PLAN? ☐ YES ☐ NO If yes, please bring a current copy of IHP to the Skills Center.

Sending School Information:

HIGH SCHOOL THAT STUDENT ATTENDS:	DISTRICT:
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Ethnicity of Student: ANSWER QUESTIONS 1 & 2. BOTH RESPONSES NEEDED PER WASHINGTON OSPI & FEDERAL REQUIREMENTS

QUESTION 1: Is your child of Hispanic or Latino origin? (Please check all that apply)	<input type="checkbox"/> NOT HISPANIC/LATINO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> CUBAN	<input type="checkbox"/> DOMINICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> MEXICAN/CHICANO MEXICAN AMERICAN	<input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> OTHER HISPANIC / LATINO
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QUESTION 2: What race do you consider your child? (Please check all that apply)	<input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> WHITE OR CAUCASIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> THAI <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN or CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MELANESIAN <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER <input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT	<input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE CLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINULT <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> SWINOMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKIMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
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OFFICE USE ONLY:

Q1 DATA

☐ STAFF

☐ PARENT

Q2 DATA

☐ STAFF

☐ PARENT

Family/Household 1: Parent/Guardian (with whom the student lives)

PARENT/GUARDIAN 1 NAME: (Last, First, Middle Initial)		RELATIONSHIP TO STUDENT:	
E-MAIL:		PRIMARY PHONE: USED FOR DISTRICT NOTIFICATIONS ()	TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
ADDRESS: (Where Student Lives)	City/State/Zip	SECONDARY PHONE: ()	TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
MAILING ADDRESS: (If different from above)		City/State/Zip	
PARENT/GUARDIAN 2 NAME (SAME HOUSEHOLD): (Last, First, Middle Initial)		RELATIONSHIP TO STUDENT:	
E-MAIL:		PHONE IF DIFFERENT FROM ABOVE: ()	TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK

Does the student have an additional family parent/guardian? ☐ YES ☐ NO If yes, please provide additional information in Family 2 Section

Family/Household 2: Parent/Guardian

PARENT/GUARDIAN 1 NAME: (Last, First, Middle Initial)		RELATIONSHIP TO STUDENT:	
E-MAIL:		<input type="checkbox"/> SHARED/PARTIAL CUSTODY <input type="checkbox"/> NON-RESIDENTIAL / NON-CUSTODIAL	
MAILING ADDRESS:	City/State/Zip	PRIMARY PHONE: ()	TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
SHOULD THIS HOUSEHOLD RECEIVE DISTRICT MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SECONDARY PHONE: ()	TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
PARENT/GUARDIAN 2 NAME: (Last, First, Middle Initial)		RELATIONSHIP TO STUDENT	
EMAIL:		PHONE IF DIFFERENT FROM ABOVE: ()	TYPE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK

Legal Restrictions:

ARE THERE ANY CURRENT WASHINGTON STATE RESTRAINING COURT ORDERS OR LEGAL RESTRICTIONS IN EFFECT PREVENTING A NON-CUSTODIAL PERSON FROM VISITING THE SCHOOL, HAVING ACCESS TO SCHOOL REPORTS/RECORDS, OR REMOVING YOUR STUDENT FROM SCHOOL? ☐ YES ☐ NO If "yes," legal papers must be on file with the school.

IF YES, WHOM IS THE RESTRAINING ORDER OR LEGAL RESTRICTION AGAINST? _____

NAME(S) AND RELATIONSHIP TO STUDENT: _____

Emergency Contacts: (LOCAL AREA ONLY, PLEASE.)

When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child. **Emergency contacts have permission to release your child from school and/or pick them up.**

#1 EMERGENCY CONTACT: (Other than parent/guardian) Last, First, Middle Initial		RELATIONSHIP TO STUDENT
PRIMARY PHONE NUMBER: ()	SECONDARY PHONE NUMBER: ()	OTHER PHONE NUMBER: ()
#2 EMERGENCY CONTACT: (Other than parent/guardian) Last, First, Middle Initial		RELATIONSHIP TO STUDENT:
PRIMARY PHONE NUMBER: ()	SECONDARY PHONE NUMBER: ()	OTHER PHONE NUMBER: ()
#3 EMERGENCY CONTACT: (Other than parent/guardian) Last, First, Middle Initial		RELATIONSHIP TO STUDENT:
PRIMARY PHONE NUMBER: ()	SECONDARY PHONE NUMBER: ()	OTHER PHONE NUMBER: ()

Health Information:

MY CHILD HAS HEALTH/MEDICAL CONDITION(S): ☐ YES ☐ NO *If yes, please list health/medical condition(s) below.

HEALTH/MEDICAL CONDITION(S): Please list and describe your student's health/medical condition(s) (Such as asthma, diabetes, seizures, bee sting, etc.)

Special Instructions related to health/medical condition(s) listed above:

Current medication(s) student is taking:

Date of most recent tetanus shot: ____/____/____

Insurance Information:

DOES YOUR STUDENT HAVE HEALTH INSURANCE? ☐ YES ☐ NO

NAME OF HEALTH INSURANCE COMPANY: _____

PARENT SIGNATURE / STUDENT RELEASE AUTHORIZATION / EMERGENCY CONSENT: In the event that school is unable to contact the parent/guardian, I authorize that my child may be released to the Emergency Contact(s), listed above. Additionally, I understand that in the event of accident or illness, every effort will be made to contact the parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. I agree to assume all costs involved that may arise from emergency medical treatment and procedures. I also understand that completing this application does not guarantee that my student will be admitted to the Clark County Skills Center Advanced Summer School class.

LEGAL PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

____/____/____
DATE