



# Application 2017-2018

7299 New Market Street SW, Tumwater, WA 98501

Phone: 360-570-4500 [www.newmarketskills.org](http://www.newmarketskills.org)

Fax application to: 360-570-4502, drop off at New Market, or send in U.S. Mail

Date Received	_____
Approved	_____
Start	_____
School 53	_____
#FTE	_____

Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

Student Lives With Father \_\_\_ Mother \_\_\_ Both \_\_\_ Guardian \_\_\_ On Own \_\_\_ Student's Place of Birth (City, State, Country) \_\_\_\_\_

Parent/Guardian Full Name _____	Email _____
Street Address _____	City _____ Zip _____
Mailing Address (if different than above) _____	City _____ Zip _____
Parent/Guardian (1) Home Phone _____	Work _____ Cell _____
Parent/Guardian (2) Home Phone _____	Work _____ Cell _____
Emergency Contact Person #1 _____	Relationship _____ Phone _____
Emergency Contact Person #2 _____	Relationship _____ Phone _____

DOES YOUR STUDENT HAVE A LIFE-THREATENING OR OTHER MEDICAL CONDITION THAT REQUIRES MEDICATION AT SCHOOL OR A SCHOOL HEALTH PLAN? YES \_\_\_ NO \_\_\_

DOES YOUR STUDENT CARRY AN EPIPEN? YES \_\_\_ NO \_\_\_

DOES YOUR STUDENT CARRY AN INHALER? YES \_\_\_ NO \_\_\_

If yes to any of the above, please describe \_\_\_\_\_

Please note: The medication and treatment order must address the life threatening medical condition and must be on file with the school prior to the first day of attendance. Reference RCW 28A.210.320

### Required for Federal and State Reporting:

Student Ethnicity Not Hispanic \_\_\_ Hispanic \_\_\_

Student Race American Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Pacific Islander \_\_\_ White \_\_\_ 2 or more races \_\_\_

Has the student previously attended New Market Skills Center? YES \_\_\_ NO \_\_\_

I authorize New Market to have access to all of my student's school records. I understand that completing this application does not assure my student's enrollment at New Market Skills Center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## New Market Skills Center Application (Page 2)

**Session 1: 7:50 AM – 10:20 AM, Mon-Fri**

**Program Choices: See List below**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Session 2: 11:10 AM – 1:40 PM, Mon-Fri**

**Program Choices: See List below**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Note:** Check with your counselor for your transportation schedule to and from New Market. Students are responsible for their own transportation to off-site programs. New Market follows the Tumwater School District calendar for holidays and inclement weather.

### 2017-2018 New Market Skills Center Programs

Advanced Auto Service Technology \$ 30

(2<sup>nd</sup> year students with 1<sup>st</sup> year supplies)



Automotive Service Technology \$ 35

Collision Repair Technology \$ 55



(\$ 35 for 2<sup>nd</sup> year students with 1<sup>st</sup> year supplies)


Construction Trades \$ 25

Commercial Graphic Design AP \$ 40

Cosmetology - Centralia \$ 300  

Cosmetology - Shelton \$ 300  

Cosmetology - Tumwater \$ 300  

Criminal Justice 

Culinary Arts \$ 45 

Cyber Security

DigiPen Computer Science AP

Firefighting & EMS Careers \$ 60

Pre-Veterinary Technician \$ 30 


Professional Medical Careers \$ 50  


Small Business Start-Up

**\$ = Program Fees**

**AP = Advanced Placement tests are optional**

 = **Food Handler's Permit required**

 = **Students must provide own transportation to:**  
all off-site cosmetology programs, clinical rotations,  
and internships.

 = **Students must pass criminal background check** to participate in clinicals and some field trips

 = **Must be 17 at time of state exam**

#### COMPLETED BY SENDING HIGH SCHOOL COUNSELOR ONLY

Start Date: \_\_\_\_\_

Sending High School _____	Graduation Date _____	Current Grade Level _____
Resident School District _____	Current GPA _____	Credits Completed _____
Previously attended New Market Skills Center? Yes ___ No ___		
Does student have an IEP? Yes ___ No ___ Is the student on a 504 plan? Yes ___ No ___ <b>Please send a copy of the IEP or 504 plan along with this application.</b>		
Case Manager _____	Phone _____	Email _____
<b>Case Manager Signature (Required if IEP is indicated above)</b> _____		<b>Date</b> _____
Is the student required by court action to attend school? Yes ___ No ___ If yes, does he/she have a PO? Yes ___ No ___ Becca Status _____		
Name of PO _____	Phone _____	Email _____
<b>Counselor Signature (Required)</b> _____	<b>Phone</b> _____	<b>Date</b> _____

It is the policy of the Tumwater School District No. 33 not to discriminate on the basis of race, creed, religion, color, national origin, age, sex, sexual orientation, marital status, or non-job-related physical, sensory or mental disabilities in its educational programs, activities, employment procedures and personnel practices as required by state and federal laws. Inquiries regarding compliance procedures may be directed to the School District's Personnel Office.

Tumwater School District, 621 Linwood Avenue SW, Tumwater, WA 98512 Telephone: (360) 709-7000