



Application 2017-2018

7299 New Market Street SW, Tumwater, WA 98501

Phone: 360-570-4500 www.newmarketskills.org

Fax application to: 360-570-4502 or drop off at New Market

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
 (2nd year students with 1st year supplies)
 Automotive Service Technology \$ 35
 Collision Repair Technology \$ 55
 (\$ 35 for 2nd year students with 1st year supplies)
 Construction Trades \$ 25
 Commercial Graphic Design AP \$ 40 (AM only)
 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___ Please send a copy of the IEP or 504 plan along with this application.		
Case Manager _____	Phone _____	Email _____
Case Manager Signature (Required if IEP is indicated above) _____		Date _____
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 _____
Counselor Signature (Required) _____	Phone _____	Date _____