

PUGET SOUND SKILLS CENTER

**18010 8TH AVENUE SOUTH
BURIEN, WA 98148**

**OFFICE – 206.631.7300
FAX – 206.631.7337**

**WWW.PUGETSOUNDSC.ORG
2020-21 APPLICATION FORM**

STUDENT NAME _____ GENDER M F Non-Binary BIRTHDATE _____
LAST FIRST

ADDRESS _____ UNIT # _____ CITY _____ ZIP _____

BIRTHPLACE: CITY: _____ STATE: _____ COUNTRY*: _____ *IF NOT USA, DATE OF US SCHOOL ENTRY: MM/DD/YYYY

SENDING SCHOOL _____ YEAR OF GRADUATION (CLASS OF) _____

STUDENT EMAIL _____ LANGUAGE FIRST LEARNED: _____

PRIMARY LANGUAGE STUDENT USES AT HOME _____ LANGUAGE FAMILY USES AT HOME _____

COMMUNICATION LANGUAGE TO HOME: _____

ETHNIC CODE – CHECK ONE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN	<input type="checkbox"/> WHITE <input type="checkbox"/> LATINO/HISPANIC <input type="checkbox"/> PACIFIC ISLANDER	*IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO *504: <input type="checkbox"/> YES <input type="checkbox"/> NO ELL: <input type="checkbox"/> YES <input type="checkbox"/> NO ELL LEVEL _____ *COPY OF IEP/504 REQUIRED WITH APPLICATION IEP TEACHER _____ PHONE NUMBER _____ - _____ - _____
--	---	---

MALE PARENT/LEGAL GUARDIAN _____

FEMALE PARENT/LEGAL GUARDIAN _____

RELATIONSHIP _____ LIVES WITH Y/N _____

RELATIONSHIP _____ LIVES WITH Y/N _____

HOME/WORK/CELL PHONE # _____

HOME/WORK/CELL PHONE # _____

CONTACT E-MAIL _____

CONTACT E-MAIL _____

1. Preferred Session? >>>>>

AM – 1ST SESSION (7:55 AM – 10:25 AM)
 PM – 2ND SESSION (11:15 AM – 1:45 PM)
 3RD–3RD SESSION (3:15 AM – 5:15 PM)

INDICATE 1ST, 2ND AND 3RD PROGRAM CHOICES BELOW:

AERONAUTICAL SCIENCE (THIRD SESSION)
 AEROSPACE MANUFACTURING/ENGINEERING
 ANIMATION
 AUTO BODY TECHNOLOGY
 AUTOMOTIVE TECHNOLOGY
 BIOMEDICAL RESEARCH & GLOBAL HEALTH
 COLLEGE IT
 CONSTRUCTION TECHNOLOGY
 CRIMINAL JUSTICE TRAINING
 CULINARY ARTS
 DENTAL ASSISTING
 DIGIPEN VIDEO GAME PROGRAMMING (AP)
 FASHION DESIGN & MARKETING
 FIRE & EMERGENCY SERVICES
 MARINE SCIENCE TECHNOLOGY
 NURSING ASSISTANT-CERTIFIED
 TRANSLATION & INTERPRETATION

Are you a returning student?
 Yes ___ No ___

If yes, what PSSC program have you taken in the past?

2. REQUIRED DOCUMENTATION TO COMPLETE REGISTRATION:

CURRENT TRANSCRIPT
 HIGH SCHOOL DISCIPLINE RECORD
 HEALTH ISSUES (LIFE THREATENING/HEALTH CONCERNS)
 IEP/504

>> APPLICATIONS WITHOUT ALL REQUIRED <<
 >>> INFORMATION AND DOCUMENTATION <<<
 >>> WILL REMAIN PENDING. <<<

EQUIVALENCY CREDIT STATEMENT:

FORMS AVAILABLE FROM INSTRUCTOR
 AND ARE DUE BY THE END OF FIRST
 SEMESTER TO THE PSSC REGISTRAR.
 PLEASE SEE REVERSE FOR DETAILS.

3. 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.