PUGET SOUND SKILLS CENTER

18010 8TH AVENUE SOUTH
BURIEN, WA 98148

OFFICE – 206.631.7300
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WWW.PUGETSOUNDSC.ORG
2021-22 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 HIGH SCHOOL_____YEAR OF GRADUATION (CLASS OF) _____

LANGUAGE FIRST LEARNED _____ PRIMARY LANGUAGE STUDENT USES AT HOME _____

LANGUAGE FAMILY USES AT HOME_____ COMMUNICATION LANGUAGE TO HOME _____

ETHNIC CODE – CHECK ONE		*IEP: ☐ YES ☐ NO *504: ☐ Yes ☐ No ELL: ☐ YES ☐ NO
☐ BLACK ☐ AMERICAN INDIAN ☐ ASIAN	☐ WHITE ☐ LATINO/HISPANIC ☐ PACIFIC ISLANDER	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 _____

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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 IN THE HIGH SCHOOL
___ 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?

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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.

STUDENT SIGNATURE – REQUIRED   DATE   COUNSELOR SIGNATURE – REQUIRED   DATE