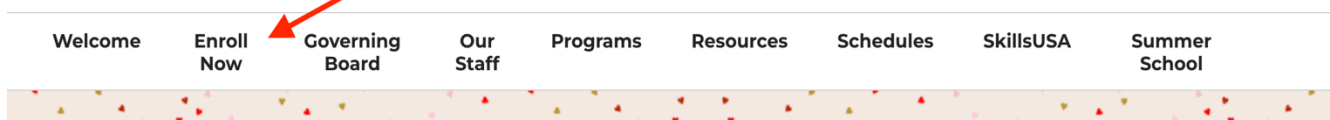


PCSC Online Application Process

1. Go to www.pcskillscenter.org. Click on the PCSC Enrollment button.



2. Click on the 2024-25 PCSC Online Application link.

HOME > ENROLL NOW

Enroll Now

2024-25 Application Information

The 2024-25 PCSC online application will go live on Monday, February 26, 2024 at 8:00am.

2024-25 Application Link: Link will be posted HERE at 8am on February 26th

- Applications received during the priority application window, February 26 through March 4, will be processed in a randomized order.
- Applications received after March 4 will be processed in order received on a space-available basis.
- Students may select the AM session, PM session or either session.
- Open to students entering the 11th or 12th grade in the Fall.

2024-25 PCSC PROGRAM BROCHURE

PCSC FOLLETO DEL PROGRAMA 2024-25

2023-24 INDUSTRY RECOGNIZED CREDENTIALS

2024-25 PROGRAM CREDIT EQUIVALENCIES

3. The link will take students to the online application. Enter your full name and email address.

2024-2025 PCSC Application

YOUR FULL NAME / SU NOMBRE COMPLETO


YOUR EMAIL / SU CORREO ELECTRÓNICO

Enter to receive confirmation of submission.

Go to form / Ir al formulario

A screenshot of the PCSC 2024-2025 Application form. The form is titled 'PCSC 2024-2025 Application' and includes sections for Student Information, Parent/Guardian Information, Program Choice, and Counselor Section. It contains various fields for personal and contact information, as well as checkboxes for program selection and counselor approval. A red arrow points from the 'Enroll Now' button in the previous image to this form.

4. Student/Parent completes the Student/Parent portion of the application.



2024-2025 Year 2 Student Application
Phone: 253.800.4800 ~ www.pcskillscenter.org

Student Information

Legal Last Name Legal First Name Middle Name
 Date of Birth Gender Student Cell Number
 Current Grade Current School
 Place of Birth (City & State)
 Student Email (Required - Not your school email)

Parent/Guardian Information

Parent/Guardian #1
 Last Name First Name
 Relationship to Student Email
 Street Address City State Zip
 Mailing Address (If different) City State Zip
 Primary Phone Cell Phone (If different) Work Phone

Parent/Guardian #2
 Last Name First Name
 Relationship to Student Email
 Street Address City State Zip
 Mailing Address (If different) City State Zip
 Primary Phone Cell Phone (If different) Work Phone

Program Choice
 Year 2 Program: Session:

Counselor Section

High School Current Grade Level Grad Year
 IEP: 504 Plan: If yes, please attach a copy of 504 to application MLL:
 Case Manager:
 Case Manager Phone: Email:
 Medical Condition:

Approve/Deny:
 Counselor Signature: Date:

Student Name:

Health Information
 DOES YOUR STUDENT HAVE A LIFE-THREATENING or OTHER MEDICAL CONDITION THAT REQUIRES A HEALTH PLAN OR MEDICATION AT SCHOOL?
 If Yes, please describe:
 Please note: The medication and treatment order must address the life-threatening/medical condition and must be on file with PCSC prior to the first day of attendance. Reference RCW 26A.210.320

Does your student have an IEP? Does your student have a 504 plan?

Emergency Contact Information

Emergency Contact #1
 Full Name Relationship to Student
 Phone

Emergency Contact #2
 Full Name Relationship to Student
 Phone

Ethnicity/Race Information
 School districts in Washington State are required to report student data by ethnicity and race categories to the Office of the Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the Federal government, the Washington State Legislature, and the Superintendent of Public Instruction.

Is your child of Hispanic or Latino origin? If yes, select all that apply:
 Central American Cuban Dominican Latin American Mexican/Mexican American/Chicano
 Puerto Rican South American Other Hispanic

What race do you consider your child? (Check all that apply below)

<input type="text"/> African American/Black	<input type="text"/> White/Caucasian	<input type="text"/> Asian Indian	<input type="text"/> Cambodian	<input type="text"/> Chinese
<input type="text"/> Filipino	<input type="text"/> Japanese	<input type="text"/> Korean	<input type="text"/> Laotian	<input type="text"/> Malaysian
<input type="text"/> Pakistani	<input type="text"/> Singaporean	<input type="text"/> Hmong	<input type="text"/> Taiwanese	<input type="text"/> Melanesian
<input type="text"/> Indonesian	<input type="text"/> Thai	<input type="text"/> Micronesia	<input type="text"/> Vietnamese	<input type="text"/> Other Asian
<input type="text"/> Native Hawaiian	<input type="text"/> Fijian	<input type="text"/> Guamanian/Chamorro	<input type="text"/> Marian Islander	<input type="text"/> Samoan
<input type="text"/> Tongan	<input type="text"/> Other Pacific Islander	<input type="text"/> Alaska Native	<input type="text"/> Chehalis	<input type="text"/> Colville
<input type="text"/> Cowitz	<input type="text"/> Hoh	<input type="text"/> Jamestown S'Klallam	<input type="text"/> Kalispell	<input type="text"/> Lower Elwa Klallam
<input type="text"/> Lummi	<input type="text"/> Makah	<input type="text"/> Muckleshoot	<input type="text"/> Nisqually	<input type="text"/> Nooksack
<input type="text"/> Port Gamble Clallam	<input type="text"/> Puyallup	<input type="text"/> Quileute	<input type="text"/> Quinalt	<input type="text"/> Samish
<input type="text"/> Sauk-Suiattle	<input type="text"/> Shoalwater	<input type="text"/> Skokomish	<input type="text"/> Snoqualmie	<input type="text"/> Spokane
<input type="text"/> Squaxin Island	<input type="text"/> Stillaguamish	<input type="text"/> Suquamish	<input type="text"/> Swinomish	<input type="text"/> Tulalip
<input type="text"/> Yakama	<input type="text"/> Other Washington Indian Tribe	<input type="text"/> Other American Indian/Alaska Native		

Parent/Student Acknowledgement
 I authorize the Pierce County skills center to have access to all of my student's records. I understand that completing this application does not guarantee a student's enrollment in the Pierce County Skills Center. In the event my child is injured or becomes ill and no legal parent/guardian can be reached, I hereby designate the director or school's appointed agent to do whatever is in the best interest of my child up to and including calling 911.

Parent/Guardian Signature Click to sign here Date: 2/22/2023
 Student Signature Click to sign here Date: 2/22/2023

5. Once the Student/Parent portion of the application is complete, click on red "Submit Form" button. The PCSC Registrar recipient box will autofill – just click on blue "Send to this recipient" button. The application, once submitted, will be assigned an application number based on the order it was submitted.

Parent/Student Acknowledgement
 I authorize the Pierce County skills center to have access to all of my student's records. I understand that completing this application does not guarantee a student's enrollment in the Pierce County Skills Center. In the event my child is injured or becomes ill and no legal parent/guardian can be reached, I hereby designate the director or school's appointed agent to do whatever is in the best interest of my child up to and including calling 911.

Parent/Guardian Signature Click to sign here Date: 2/22/2023
 Student Signature Click to sign here Date: 2/22/2023

Submit form / Enviar formulario

Please select next recipient below

PCSC PCSC Registrar

Email info@pcsc.org

Send to this recipient

6. PCSC registrar will review the application, then will forward it on to the appropriate personnel for Steps 3, 4 & 5. Counseling Secretary (or counselor) will complete the Counselor Information section and will attach immunization record, high school transcript and any additional supporting documentation (504 plan, attendance/discipline record, additional notes explaining mitigating factors for acceptance, etc.) High school counselor (Step 5) will approve/deny the application and will click on the red “I have reviewed this form” button.

TO BE COMPLETED BY SENDING HIGH SCHOOL COUNSELOR ONLY

RETURN COMPLETED APPLICATION, COPY OF HIGH SCHOOL TRANSCRIPT & IMMUNIZATION RECORD TO PCSC

High School				Grad Date		Current Grade Level		Current GPA		Credits Completed	
Previously Attended PCSC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
IEP? Yes <input type="checkbox"/>	No <input type="checkbox"/>	504 plan? *Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please include a copy of 504 with application				ELL? Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Case Manager				Phone				Email			
Medical Condition (i.e., asthma, EpiPen, allergies, etc.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						Is the student required by court action to attend school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the student have discipline issues?	*Yes <input type="checkbox"/>	No <input type="checkbox"/>		*If yes, please provide a copy of discipline record with application							
Does the student have attendance issues?	*Yes <input type="checkbox"/>	No <input type="checkbox"/>		*If yes, please provide a copy of attendance record with application							
Counselor Signature (Required)	Click to sign here			Approved	▼			Date	01/20/2021		

Add Attachments

Choose file(s)

I have reviewed this form

7. PCSC will review the application and will inform sending high schools and students of acceptance. Initial acceptance letters will be mailed/emailed by March 30th.