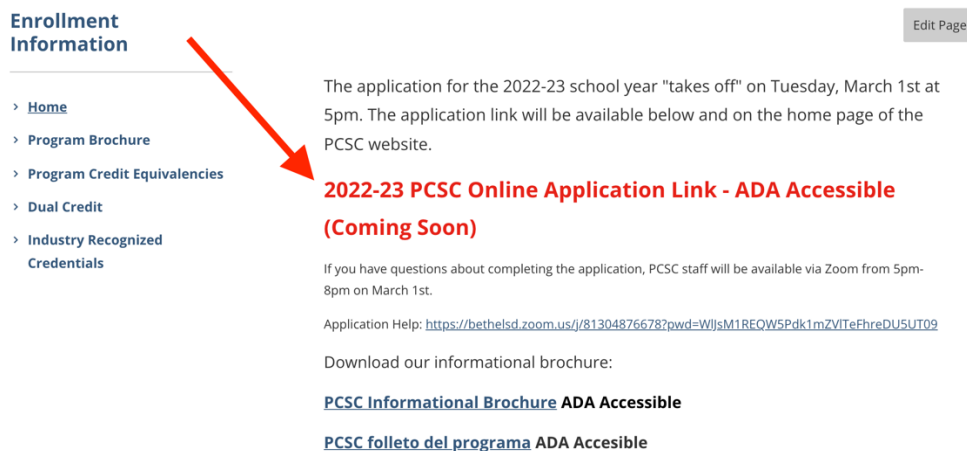


NEW! PCSC Online Application Process

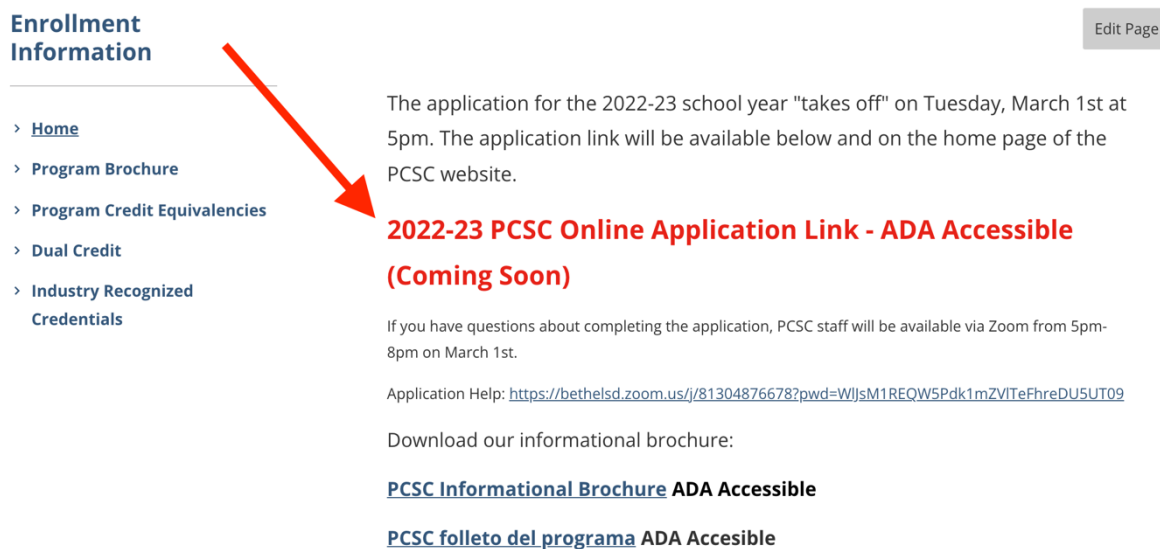
1. Go to www.pcskillscenter.org. Click on the PCSC Enrollment button.




2. Click on the 2022-23 PCSC Online Application link.



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



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



PCSC
PIERCE COUNTY SKILLS CENTER
2022-2023 Application
Phone: 253.800.4800 ~ www.pcskillscenter.org

GENERATED
ON SUBMIT

Student Information

Legal Last Name Legal First Name Middle Name

Date of Birth Gender

Current Grade Current School

Place of Birth (City & State)

Student Email (Required)

Student Cell Number

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 - See Program List on Page 2

First Choice ☒ Select...

Second Choice ☐ Select...

Year 2 Program ☐ Select...

Counselor:

High School

IEP:

ELL:

Case Manager

Medical Condition

Does the student

Does the student

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

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, check all that apply below)

☐ 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="checkbox"/> African American/Black	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Malaysian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Hmong	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Melanesian
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Thai	<input type="checkbox"/> Micronesia	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Marian Islander	<input type="checkbox"/> Samoan
<input type="checkbox"/> Tongan	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Colville
<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Hoh	<input type="checkbox"/> Jamestown S'Klallam	<input type="checkbox"/> Kalispell	<input type="checkbox"/> Lower Elwa Klallam
<input type="checkbox"/> Lummi	<input type="checkbox"/> Makah	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Nooksack
<input type="checkbox"/> Port Gamble Clallam	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Quileute	<input type="checkbox"/> Quinalt	<input type="checkbox"/> Samish
<input type="checkbox"/> Sauk-Suiattle	<input type="checkbox"/> Shoalwater	<input type="checkbox"/> Skokomish	<input type="checkbox"/> Snoqualmie	<input type="checkbox"/> Spokane
<input type="checkbox"/> Squaxin Island	<input type="checkbox"/> Stillaguamish	<input type="checkbox"/> Suquamish	<input type="checkbox"/> Swinomish	<input type="checkbox"/> Tulalip
<input type="checkbox"/> Yakama	<input type="checkbox"/> Other Washington Indian Tribe	<input type="checkbox"/> 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: 01/31/2022

Student Signature Click to sign here Date: 01/31/2022

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: 01/31/2022

Student Signature Click to sign here Date: 01/31/2022

Please select next recipient below

Send to this recipient

PCSC PCSC Registrar

Email info@pcsc.org

Submit form / Enviar formulario

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.

Counselor Section

High School _____ Current Grade Level _____ Grad Year _____

IEP: _____ 504 Plan: _____ **If yes, please attach a copy of 504 to application**

ELL: _____ Case Manager: _____

Case Manager Phone: _____ Email: _____

Medical Condition: _____ Is the student required by court action to attend school? _____

Does the student have discipline issues? _____ **If Yes, attach copy of discipline record to application**

Does the student have attendance issues? _____ **If Yes, attach copy of attendance record to application**

Approve/Deny:

Counselor Signature: _____ Date: _____

...

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 beginning the week of April 18th.