

HARBOR LEARNING CENTER
ENROLLMENT APPLICATION

*In the application process, the Harbor Learning Center Team always acts in the best interest of the student and will refer the student to the appropriate program.
*Application is NOT a guarantee of enrollment.

Student Full Name: _____ Birthdate: _____

IF YOUR CHILD HAS GONE BY ANY OTHER NAMES ON ACADEMIC RECORDS, PLEASE SEE THE REGISTRAR OR LIST ON BACK OF PAGE

Current Grade Level: _____ Graduation Year: _____

Current/Last 3 Schools Enrolled in: _____ City & State: _____

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Are you currently enrolled in: AHS Skills Center Running Start Other _____

If so, do you plan to continue in the program while enrolled at Harbor Learning Center? Yes No

Program Interested In: Harbor Jr/Sr High (in-person) Open Doors (GED/Dip) Grays Harbor Academy (online)

Why are you interested in this program? _____

Have you ever or are you currently receiving Special Education Services (IEP)? Yes No 504 plan

Have you ever or are you currently receiving EL (English Language) Services? Yes No

Have you ever been suspended or expelled from school? Yes No If yes, please explain:

Living with: (Name) _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Message Number: _____ Email: _____

Are you a teen parent/pregnant? Yes No Due Date? _____ Childcare needed? Yes No

Age of child/Children _____

Are you currently on a truancy petition? Yes No

Are you on probation? Yes No Probation Officer's Name: _____ Number: _____

REQUIRED SIGNATURE AND DISTRICT INFORMATION ON THE BACK OF THIS FORM.

