



Frederickson Campus ~ 16117 Canyon Road East ~ Puyallup, WA 98375
Phone: 253.683.5950 ~ Fax: 253.683.5998 ~ www.pcskillscenter.org ~ info@pcskillscenter.org

2018-19 Application

Return completed application, copy of high school transcript and immunization record to PCSC

Student Information

Legal Last Name _____ Legal First Name _____ MI _____ Date of Birth ____/____/____ Gender ___M/___F
Current Grade _____ Current High School _____ Place of Birth (City & State) _____
Student Email _____ Student Cell _____ Student Lives With _____

Parent/Guardian Information

Parent/Guardian #1 Full Name _____ Relationship to Student _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (If different from above) _____ City _____ State _____ Zip _____
Primary Phone _____ Cell Phone _____ Work Phone _____
Parent/Guardian #2 Full Name _____ Relationship to Student _____ Email _____
Street Address (If different from above) _____ City _____ State _____ Zip _____
Primary Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Information

Emergency Contact #1 _____ Relationship to Student _____ Phone _____
Emergency Contact #2 _____ Relationship to Student _____ Phone _____

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 the school's appointed agent to do whatever is in the best interest of my child up to and including calling 911.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Program Choice - See List on Page 2

AM Session: 7:55am-10:25am or PM Session: 11:15am-1:45pm. Classes run Monday through Friday unless otherwise noted. PCSC follows the Bethel School District calendar.

First Choice _____ Year: 1 or 2 Session: AM PM

Second Choice _____ Year: 1 or 2 Session: AM PM

Year 2 Program Instructor Signature (Required): _____

Note: Students are responsible for their own transportation for all off-site programs. Not all school districts provide transportation to/from the skills center.

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 No

Does the student have an IEP? Yes No

Does the student have a 504 plan? Yes No

Case Manager _____ Phone _____ Email _____

Medical Condition (i.e., asthma, EpiPen, allergies, etc.) Yes No Is the student required by court action to attend school? Yes No

Does the student have discipline issues? Yes No **If yes, please provide a copy of discipline record with application**

Does the student have attendance issues? Yes No **If yes, please provide a copy of attendance record with application**

Counselor Signature (Required) _____ Date _____

2018-2019 PCSC Programs

Programs are offered the Frederickson Campus both AM and PM sessions unless noted. Year 1 or Year 2 option unless noted.

On-Site Programs

- Aerospace Composites Year 1 Only
- Aerospace Machining/Fabiation
- Automotive Technology
- Construction Trades
- Criminal Justice Year 1 Only
- Culinary Arts
- DigiPen Video Game Development/AP Comp Science

~ Program fees apply to all PCSC programs

~ Students must provide own transportation to: All off-site programs, clinicals, internships, and field studies

- Fire Science & Emergency Services
- Medical Careers/NA-C Year 1 Only*
- PC Networking & Hardware Repair
- Pre-Pharmacy Technology Year 1 Only
- Pre-Physical Therapy & Sports Medicine
- Pre-Veterinary Technology

Medical Careers - Students MUST:

Have NO Criminal History
Be a senior & 17 years old by August 2018

Off-Site Programs

Cosmetology Year 1 Only
July 2018-August 2019

Cosmetology - Students MUST:

Be a senior & 17 years old by August 2018

Health/Medical

DOES YOUR STUDENT HAVE A LIFE-THREATENING OR OTHER MEDICAL CONDITION THAT REQUIRES MEDICATION AT SCHOOL OR A SCHOOL HEALTH CARE PLAN ? YES NO

If Yes, please describe: _____

DOES YOUR STUDENT TAKE MEDICATION FOR THIS CONDITION? YES NO

If Yes, where is the medication taken? _____ At School _____ At Home

Please note: A copy of the student's medication and treatment order must address the life-threatening medical condition and must be on file with the school prior to the first day of attendance. Reference RCW 28A.210.320

Ethnicity/Race Information

School districts in Washington State are required to report student data by ethnicity and race categories to the state's 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?

YES NO (If yes, please circle 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? (Circle all that apply below)

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

The Pierce County Skills Center is an Equal Opportunity Employer and complies with all federal rules and regulations, including Title IX, RCW 28A.640, RCW 28A.642 and Section 504. Bethel does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any disability, or use of a trained service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Please contact Title IX officer Bryan Strelski, Director of Athletics and Security at 253.683.6055, Section 504 coordinator Lori Haugen, Executive Director of Special Education at 253.683.6920 or Civil Rights coordinator, Debbie Carlman, Director of Equity and Achievement, at 253.683.6035 with any questions or complaints. Under the Open Records Act, the public is afforded full access to information concerning the administration and operations of the school district (policy 4040). This information is limited to records not protected by state and federal privacy laws. For more information on access to school district records, call the records custodian, Kathryn Kemp at 253.683.6000.