



# Application 2018-2019

7299 New Market Street SW, Tumwater, WA 98501  
Phone: 360-570-4500 [www.newmarketskills.org](http://www.newmarketskills.org)

Fax application to: 360-570-4502, drop off at New Market, or send in U.S. Mail

Date Received	_____
Approved	_____
Start	_____
School 53	_____
#FTE	_____
SSID	_____

Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

Student Lives With: Father \_\_\_ Mother \_\_\_ Both \_\_\_ Guardian \_\_\_ On Own \_\_\_ Student's Place of Birth (City, State, Country) \_\_\_\_\_

Language \_\_\_\_\_ Native Language \_\_\_\_\_ Home Language \_\_\_\_\_

**Parent/Guardian #1 Full Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian #2 Full Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Does your student have a medical condition that requires a school health plan? YES \_\_\_ NO \_\_\_

Does your student carry or take medication at school? YES \_\_\_ NO \_\_\_

Does your student carry an Epi-pen? YES \_\_\_ NO \_\_\_ Does your student carry an inhaler? YES \_\_\_ NO \_\_\_

**If yes to any of the above, please describe** \_\_\_\_\_

Please note: The 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

### Required for Federal and State Reporting:

**Student Ethnicity** Not Hispanic \_\_\_ Hispanic \_\_\_

**Student Race** American Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Pacific Islander \_\_\_ White \_\_\_ 2 or more races \_\_\_

**Has the student previously attended New Market Skills Center? (Including Summer School) YES \_\_\_ NO \_\_\_**

I authorize New Market to have access to all of my student's school records. I understand that completing this application does not assure my student's enrollment at New Market Skills Center.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Name: \_\_\_\_\_

## New Market Skills Center Application (Page 2)

**Session 1: 7:50 AM – 10:20 AM, Mon-Fri**

**Program Choices: See List below**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Session 2: 11:10 AM – 1:40 PM, Mon-Fri**

**Program Choices: See List below**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Note:** Check with your counselor for your transportation schedule to and from New Market. Students are responsible for their own transportation to off-site programs. New Market follows the Tumwater School District calendar for holidays and inclement weather.

### 2018-2019 New Market Skills Center Programs

Automotive Service Technology \$ 30

(Beginning and Advanced Students)



Collision Repair Technology \$ 55

(\$35 for 2<sup>nd</sup> year students with 1<sup>st</sup> year supplies)


Commercial Graphic Design AP \$ 40

(AM only)

Construction Trades \$ 25

Cosmetology - Centralia \$ 150   

Cosmetology – Olympia \$ 100   

Criminal Justice 



Culinary Arts \$ 45 

Cyber Security (AM only)

DigiPen Computer Science AP

Firefighting & EMS Careers \$ 60

Pre-Veterinary Technician \$ 30 

Professional Medical Careers \$ 35  


Small Business Start Up



\$ = Program Fees

AP = Advanced Placement tests are optional

 = Food Handler's Permit required

 = PM only and requires additional hours

 = Students must provide own transportation to:  
all off-site cosmetology programs, clinical rotations,  
and internships.

 = Students must pass criminal background  
check to participate in clinicals and some field trips  
 = Must be 17 at time of state exam

#### COMPLETED BY SENDING HIGH SCHOOL COUNSELOR ONLY

Sending High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ NMSC Start Date \_\_\_\_\_

Resident School District \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Previous NMSC Student? Yes  No

Does student have a Health Care Plan? Yes  No  Does student have an IEP? Yes  No  Does student have an academic 504 plan? Yes  No

Please send a copy of the Health Care Plan, IEP, or 504 plan along with this application.

Case Manager \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Case Manager Signature (Required if IEP is indicated above) \_\_\_\_\_ Date \_\_\_\_\_

Is the student required by court action to attend school? Yes \_\_\_ No \_\_\_ If yes, does he/she have a PO? Yes \_\_\_ No \_\_\_ Becca Status

Name of PO \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Counselor Signature (Required) \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_