



Application 2018-2019

7299 New Market Street SW, Tumwater, WA 98501

Phone: 360-570-4500 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 2nd year students with 1st 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 School Emergency 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 School 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 _____