

All applications must be complete to reserve your place. All applications must include completed Health form.

STUDENT INFORMATION			
Last Name		First Name	Middle Name
Gender	Current Grade	Birth Date	Student Cell Phone
Current School			Graduation Year
ETHNICITY & RACE INFORMATION (Please complete both section 1 and 2.)			
Section 1: Hispanic or Latino Origin			
Is your child of Hispanic or Latino Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please mark all that apply:			
<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Latin American <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spaniard <input type="checkbox"/> Other Hispanic/Latino			
Section 2: Race			
What race do you consider your child? (Please mark all that apply being sure to select a least one.)			
<input type="checkbox"/> African American of Black (200) <input type="checkbox"/> White (300) AMERICAN INDIAN OR ALASKAN NATIVE (400) <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"/> Kalispel <input type="checkbox"/> Lower Elwha Klallam <input type="checkbox"/> Lummi <input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually Nooksack <input type="checkbox"/> Port Gamble S'Kallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater Bay <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaquamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish) <input type="checkbox"/> Tulalip <input type="checkbox"/> Yakima <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other American Indian ASIAN (500) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <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"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (600) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander			
HOME LANGUAGE INFORMATION			
What language is spoken in the home? <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other: _____			
HEALTH ALERT INFORMATION			
Does the student have any life-threatening health concerns of which the school should be made aware? <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergy <input type="checkbox"/> Other: _____			
PHOTO RELEASE AUTHORIZATION			
The student's photo may be taken for inclusion in: District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles, and/or letters relating to school activities. Please choose one of the following options:			
<input type="checkbox"/> Yes, I give my permission for photos to be used. <input type="checkbox"/> No, I do not give permission for photos to be used.			
PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)			
Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1--First & Last Name		Parent/Guardian #2--First & Last Name	
Primary Phone	Cell Phone	Primary Phone	Cell Phone

Family #2 Information (WHERE STUDENT DOES NOT RESIDE)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Parent/Guardian #1--First & Last Name		Parent/Guardian #2--First & Last Name	
Primary Phone	Cell Phone	Primary Phone	Cell Phone

#1 EMERGENCY CONTACT INFORMATION (Not Parent/Guardian)	#2 EMERGENCY CONTACT INFORMATION (Not Parent/Guardian)	#3 EMERGENCY CONTACT INFORMATION (Not Parent/Guardian)
First & Last Name	First & Last Name	First & Last Name
Primary Phone	Primary Phone	Primary Phone
Relationship to Student	Relationship to Student	Relationship to Student

CLASS CHOICE

Please select the class(s) that you are most interested in attending:

**** Please indicate if you are a 1st year or 2nd year student. ****

- | | |
|---|---|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Video Game Programming | <input type="checkbox"/> Cosmetology |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Char Glo |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Elegance |
| <input type="checkbox"/> Pre Nursing | <input type="checkbox"/> Criminal Justice |
| | <input type="checkbox"/> Entrepreneurship/Marketing |

No transportation available by Moses Lake School District/CBTECH.**PARENT/GUARDIAN & STUDENT SIGNATURES***I authorize CBTECH to have access to all of my student's records. I understand that completing this application does not guarantee student's enrollment at CBTECH Skills Center.*

PARENT Signature: _____ Date: _____

STUDENT Signature: _____ Date: _____

Moses Lake School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator & Civil Rights Compliance Coordinator

Name and/or Title*: Barb Shimek
 Address: 920 W. Ivy Ave, Moses Lake, WA 98837
 Telephone Number: 509.793.7725
 Email: bshimek@mlsd.wednet.edu

Section 504/ADA Coordinator

Name and/or Title*: Dave Balcom
 Address: 1042 W. Ivy Ave, Moses Lake, WA 98837
 Telephone Number: 509.793.7699
 Email: dbalcom@mlsd.wednet.edu

Summer School is 13 days (subject to changes due to MLSD end of year scheduling):**June 14, 17-21, 24-28 and July 1 and 2. Class is from 8:00 am to 3:30 pm.**