

All applications must be complete in order to be enrolled.



Columbia Basin Technical Skills Center
900 E. Yonezawa Blvd., Moses Lake, WA 98837
Phone: 509-793-7000, FAX 509-793-7025

OUT OF DISTRICT
2019-2020 Application

STUDENT INFORMATION

Form with fields: Last Name, First Name, Middle Name, Gender, Current Grade Level, Birth Date, Student Cell Phone, Current School, Graduation Year, Birthplace: City, State, Country, What is the # of months attended school outside of the U.S.?, Initial date of U.S. school enrollment

LANGUAGE

What language did your child first learn to speak? What language does your child use most at home? What is the primary language used at home, regardless of the language spoken by your child? English Spanish Other:

ETHNICITY & RACE INFORMATION (Please complete both section 1 and 2.)

Section 1: Hispanic or Latino Origin

Is your child of Hispanic or Latino Origin? No Yes If yes, please mark all that apply: Central American Cuban Dominican Latin American Mexican/Mexican American/Chicano Puerto Rican South American Spaniard 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.) African American of Black (200) White (300) AMERICAN INDIAN OR ALASKAN NATIVE (400) ASIAN (500) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (600)

HEALTH ALERT INFORMATION

Does the student have any life-threatening health concerns of which the school should be made aware? No Yes Asthma Bee Sting Allergy Diabetes Food Allergy 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: Yes, I give my permission for photos to be used No, I do not give permission for photos to be used.

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Form with fields: 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

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 1<sup>st</sup> year or 2<sup>nd</sup> year student. \*\*

- |   |                                 |                                 |   |   |   |
|---|---------------------------------|---------------------------------|---|---|---|
| <input type="checkbox"/> Advanced Manufacturing         | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Automotive Technology            | <input type="checkbox"/> Engines and Brakes AM ONLY | <input type="checkbox"/> Electrical PM ONLY |
| <input type="checkbox"/> Video Game Programming         | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Automated Manufacturing & Design | <input type="checkbox"/> Year 1                     | <input type="checkbox"/> Year 2             |
| <input type="checkbox"/> Construction Trades            | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Cosmetology Char Glo             | <input type="checkbox"/> Year 1                     | <input type="checkbox"/> Year 2             |
| <input type="checkbox"/> Culinary Arts                  | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Cosmetology Elegance             | <input type="checkbox"/> Year 1                     | <input type="checkbox"/> Year 2             |
| <input type="checkbox"/> Pre Nursing Year 1 Only        |                                 |                                 | <input type="checkbox"/> Entrepreneurship/Marketing       | <input type="checkbox"/> Year 1                     | <input type="checkbox"/> Year 2             |
| <input type="checkbox"/> Criminal Justice Year One Only |                                 |                                 |   |   |   |

**\*No transportation available unless provided by your district. Check with your school counselor.\***

**SESSION**

Please indicate which session(s) you wish to attend:

- Session 1: Monday-Friday, 8:00 am - 10:30 am
- Session 2: Monday-Friday, 11:30 am - 2:00 pm
- Session3: Monday-Friday, 2:10 pm – 4:40 pm (Cosmetology)

**All CBTECH students are required to follow the Moses Lake School District Calendar for attendance purposes.**

**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: \_\_\_\_\_

**MUST BE COMPLETED BY HIGH SCHOOL COUNSELOR**

Previously attended CBTECH? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Counselor Name Printed Legibly	Counselor Signature
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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**      **Section 504/ADA Coordinator** Dave Balcom 1042 W. Ivy Ave, Moses Lake, WA 98837  
 Barb Shimek, 920 W. Ivy Ave, Moses Lake, WA 98837      509.793.7699, [dbalcom@mlsd.wednet.edu](mailto:dbalcom@mlsd.wednet.edu)  
 509.793.7725, [bshimek@mlsd.wednet.edu](mailto:bshimek@mlsd.wednet.edu)