



West Sound Technical
101 National Ave North
Bremerton WA 98312
360-473-0550 360-478-5090 fx

Program Choice	AM session	PM session	3 rd Session	A day	B day
1.	_____				
2.	_____				
3.	_____ limited options				

Primary Student Application 2010
Completion of this form does not guarantee enrollment!

I. PARENT – STUDENT SECTION

Student Name _____ Grade _____
 Current School _____ Birth Date _____
 Student resides with: Father ___ Mother ___ Both _____ Primary Parent contact name _____
 Home phone _____ Work phone _____ Cell phone _____ Email _____
 Address _____ City _____ Zip _____
 Student cell _____ Student email _____

My son/daughter has my permission to apply for training at WST. I authorize WST to have access to my child's school records including IEP information. I understand that daily attendance is critical to program completion and awarding of credit. I understand that my child is required to make up time from any missed session. I understand that if any issues with attendance or behavior occur, my child might be withdrawn from WST.

Parent Signature _____ Date _____

II. COUNSELOR SECTION:

Counselor Name _____ Contact number _____ email _____
 Credits earned to date _____ Cumm. GPA _____ Projected graduation date _____
 Counselors Signature _____

WASL/HSPE Status	WAAS / DAW Y N	Date Taken	Score	Passed	If no, remediation plan
Reading	Y N				
Writing	Y N				
Math	Y N				

If student has never attempted the WASL/HSPE/ WAAS– what is the plan for testing and/or meeting standards requirement?

Does student have an IEP? Yes No Date of last IEP review _____ Defined Disability _____
 Case Manager _____ Contact number _____ email _____

In the last semester how many days has the student missed school? (Excused and Unexcused) _____
 What is the reason for student absences? _____

In the past semester, how many times has the student been late to a class? _____
 What is the reason for student late arrivals? _____

In the past semester, how many times has the student been disciplined or suspended? _____
 What is the reason for the discipline? _____
 Has the student ever been suspended or expelled for Exceptional Misconduct? _____

Is the student required by court action to attend school? Yes No If Yes, does he/she have a PO? Yes No
 PO contact name and telephone _____

Appointment Date _____ Appointment Time _____ WST Program _____

ETHNIC ORIGIN optional (Circle one)	
American Indian	Black
Pacific Islander	Asian
Alaskan Native	White
Hispanic/Latin	
Mix origin	_____

To Be Completed by West Sound Technical Skills Center Staff

III. WEST SOUND TECH INSTRUCTOR SECTION: Probability of Success Survey

Reading/Writing (Waived if WASL/HSPE passed) _____ Instructor OK _____
 Math (Waived if WASL/HSPE passed) _____ Instructor OK _____
 Motor Skill Assessment (Program specific) _____ Instructor Ok _____
 Student enrollment approved by teacher and/or student advocate and/or director _____
 Student Handbook issued to student by _____ Date _____
 Enrollment Approved for _____ Program Start Date _____ Session: AM PM 3rd session

IV. WEST SOUND TECH STUDENT ADVOCATE – REGISTRAR SECTION

Application information complete Interview w/ teacher complete Probability of Success Survey complete
 Enrollment/Start date _____

Enrollment Directions

- Complete Section I and II of the application
- Call West Sound Tech to make an interview appointment (360-473-0550)
- Bring your completed application to the interview.

Enrollment Checklist

Skills Center Member School District Students

- WST Application
- 504/Accommodations/IEP if applicable (to be provided by the start of school in the Fall)

Home School Student residing in a Member School District

- WST Application
- Immunization Record or opt out form
- 504/Accommodations/IEP if applicable (to be provided by the start of school in the Fall)
- Intent to Home School signed by district – parent to provide copy

Private School Student residing in a Member School District

- WST Application
- 504/Accommodations/IEP if applicable (to be provided by the start of school in the Fall)

GED Student residing in a Member School District

- WST Application
- Immunization Record
- 504/Accommodations/IEP if applicable (to be provided by the start of school in the Fall)
- Evidence of GED certificate or working towards a GED provided by student
- Copy of Request for Approval to Test GED Certificate (for student under 19 currently in a GED program)

Online School Student residing in a Members School District but enrolled with a Non Member School District

- WST Application
- Immunization Record
- 504/Accommodations/IEP included with application if applicable (to be provided by the start of school in the Fall)
- Copy of Application for Student Transfer to Non Resident District
- Online class progress report and / or transcript

Non-Member School District Student

- WST Application
- 504/Accommodations/IEP if applicable (to be provided by the start of school in the Fall)