



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

Summer School 2018

Accepting Applications Beginning April 16  
Application Deadline June 4

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?  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 or Black (200)  White (300)

### AMERICAN INDIAN OR ALASKAN NATIVE (400)

Alaska Native  Chehalis  Colville  Cowlitz  Hoh  Jamestown S'Klallam  Kalispel  Lower Elwha Klallam  Lummi  Makah  Muckleshoot  Nisqually Nooksack  Port Gamble S'Kallam  Puyallup  Quileute  Samish  Sauk-Suiattle  Shoalwater Bay  Skokomish  
 Snoqualmie  Spokane  Squaxin Island  Stillaguamish  Suquamish  Swinomish  Tulalip  Yakima  Other Washington Indian  Other American Indian

### ASIAN (500)

Asian Indian  Cambodian  Chinese  Filipino  Hmong  Indonesian  Japanese  Korean  Laotian  Malaysian  Pakistani  Singaporean  
 Taiwanese  Thai  Vietnamese  Other Asian

### NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (600)

Native Hawaiian  Fijian  Guamanian/Chamorro  Mariana Islander  Melanesian  Micronesian  Samoan  Tongan  Other Pacific Islander

### HOME LANGUAGE INFORMATION

What language is spoken in the home?  English  Russian  Spanish  Ukrainian  Other: \_\_\_\_\_

### HEALTH ALERT INFORMATION

Does the student have any life-threatening health concerns of which the school should be made aware?  No

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)

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"/> Automotive Technology
<input type="checkbox"/> Video Game Programming	<input type="checkbox"/> Automated Manufacturing & Design
<input type="checkbox"/> Construction Trades	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Char Glo <input type="checkbox"/> Elegance
<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Digital Multimedia Design
<input type="checkbox"/> Pre Nursing	<input type="checkbox"/> Entrepreneurship/Marketing
<input type="checkbox"/> Criminal Justice	

**\*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](mailto: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](mailto:dbalcom@mlsd.wednet.edu)