

ENROLLMENT APPLICATION

109 West Heron Street Aberdeen, WA 98520 chavezbeauty109@gmail.com



| Student Name: | |
|-------------------|---------------|
| First | Last |
| Address | City |
| State Zip Code | Phone Number |
| | |
| Date of Birth Age | Email |
| | |
| High School: | |
| | Current Grade |
| | |
| Gender: | |
| Male Female Other | |
| | |
| Choose One: | |
| Cosmetology | Manicuring |
| Barbering | Esthetician |
| | |
| Signature: | Date: |
| | |

School District Enrollment Release Chavez Beauty School

COSMETOLOGY COURSE

Twin Harbors, A Branch of New Market Skills Center

| | is released from | High School to attend |
|------------------------------------|--|--|
| Chavez Beauty School for the 2 | 022-2023 school year for (check or | ne box below): |
| Enrollment Hours | Home School District | Aberdeen School District |
| 3 hours/3 credits (2:00pm-5:00pm) | Up to 1.06 Annual FTE* | .54 Annual FTE |
| 4 hours/4 credits (1:00pm-5:00pm) | Up to .88 Annual FTE* | .72 Annual FTE |
| 5 hours/5 credits (12:00pm-5:00pm) | Up to .70 Annual FTE* | .90 Annual FTE |
| communicated with the Aberdo | districts will be determined by een School District. The above dis to change if legislation changes. | individual student schedules and will be stributions are dependent on the 1.6 super |
| By Sending Counse | elor | |
| Parent or Guard | ian | Student |

This form must be returned to <u>Twin Harbors Skills Center</u> before a student is allowed enrollment into the Cosmetology course. Enrollment hours at Chavez Beauty School are subject to change upon ongoing credit analysis. Students are eligible for hours in the summer as well.

The Cosmetology course operates Tuesday through Saturday. Saturdays are mandatory; hours are 9:00am - 3:00pm.

Return to:

Twin Harbors, A Branch of New Market Skills Center

Lynn Green, Director 410 North G Street Aberdeen, WA 95820

Phone: (360) 538-2038 Fax: (360) 538-2057

Twin Harbors, A Branch of New Market Skills Center SCHOOL REGISTRATION INFORMATION Student#____ DATE HOME HIGH SCHOOL Entry Date ____ PROGRAM Automotive Industrial Engineering Cosmetology ☐ Professional Medical Careers –Nursing ☐ Criminal Justice Withdrawal Date_ Medical Assistant SESSION Summer School Year Assigned Grade Level STUDENT INFORMATION **GENDER** FIRST NAME MIDDLE NAME STUDENT'S LAST NAME F M DATE OF BIRTH STUDENT'S LEGAL NAME (If different than above) CURRENT GRADE LEVEL STUDENT'S PRIOR NAME (If applicable) APT. PRIMARY PHONE MAILING ADDRESS ZIP CODE CITY PHYSICAL STREET ADDRESS (If different than above) PHOTO/VIDEO RELEASE YOUR CHILD'S PHOTO/VIDEO MAY BE TAKEN FOR INCLUSION IN DISTRICT PUBLICATIONS, PROGRAM OR DISTRICT WEB PAGES, LOCAL NEWSPAPERS, OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW. ☐ NO, I DO NOT GIVE MY PERMISSION YES, I GIVE MY PERMISSION

For District Use