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 ____________

Barbering ____________

Manicuring ____________

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 2022-2023 school year for (check one box below):

<table>
<thead>
<tr>
<th>Enrollment Hours</th>
<th>Home School District</th>
<th>Aberdeen School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 hours/3 credits (2:00pm-5:00pm)</td>
<td>Up to 1.06 Annual FTE*</td>
<td>.54 Annual FTE</td>
</tr>
<tr>
<td>4 hours/4 credits (1:00pm-5:00pm)</td>
<td>Up to .88 Annual FTE*</td>
<td>.72 Annual FTE</td>
</tr>
<tr>
<td>5 hours/5 credits (12:00pm-5:00pm)</td>
<td>Up to .70 Annual FTE*</td>
<td>.90 Annual FTE</td>
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*Actual FTE at home school districts will be determined by individual student schedules and will be communicated with the Aberdeen School District. The above distributions are dependent on the 1.6 super FTE legislation and are subject to change if legislation changes.

By ____________________________
Sending Counselor

________________________________________  __________________________
Parent or Guardian                      Student

This form must be returned to Twin Harbors Skills Center 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 98520
Phone: (360) 538-2038    Fax: (360) 538-2057
Twin Harbors, A Branch of New Market Skills Center
SCHOOL REGISTRATION INFORMATION

DATE ______________ HOME HIGH SCHOOL ______________

PROGRAM □ Automotive □ Electrical Engineering and Refrigeration Careers
□ Professional Medical Careers – Nursing □ Criminal Justice
□ Medical Assistant □ Cosmetology

For District Use

Student # __________________________________

Entry Date __________________________________

Withdrawal Date _____________________________

Assigned Grade Level _________________________

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>STUDENT’S LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>GENDER</th>
<th>NAME STUDENT GOES BY</th>
<th>CURRENT GRADE LEVEL</th>
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<thead>
<tr>
<th>STUDENT’S LEGAL NAME (If different than above)</th>
<th>NAME STUDENT GOES BY (If different than above)</th>
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<tr>
<th>STUDENT’S PRIOR NAME (If applicable)</th>
<th>CURRENT GRADE LEVEL</th>
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<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>CITY OF BIRTH</th>
<th>STATE OF BIRTH</th>
<th>COUNTRY OF BIRTH</th>
<th>DATE ENTERED THE U.S.</th>
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<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>APT.</th>
<th>PRIMARY PHONE</th>
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<thead>
<tr>
<th>PHYSICAL STREET ADDRESS (If different than above)</th>
<th>CITY</th>
<th>ZIP CODE</th>
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Is a language other than English the primary language used in your home? □ Yes □ No

¿Habrá un lenguaje con el excepción del inglés es la lengua primaria que utiliza su hogar?

Si es si, lista de lenguajes

Is your child’s primary language a language other than English? □ Yes □ No

¿El lenguaje primario de su hijo es un lenguaje que no ingles?

Si es si, lista de lenguajes

Reference to WAC 392-160-005:
“Primary language” means the language most often used by a student (not necessarily parents or others) for communication in the student’s place of residence. “Lenguaje Primaria” significa la lengua más de uso frecuente por un estudiante (no necesariamente por los padres, los guardianes, o’ otros) para la comunicación en el hogar de los estudiantes.

Is your current address a temporary living arrangement? □ Yes □ No

If yes, is this temporary living arrangement due to loss of housing or economic hardship? □ Yes □ No

PRIMARY HOUSEHOLD INFORMATION

<table>
<thead>
<tr>
<th>STUDENT LIVES WITH</th>
<th>BOTH PARENTS</th>
<th>MOTHER ONLY</th>
<th>FATHER ONLY</th>
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<th>RELATIONSHIP</th>
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<th>EXTENSION</th>
<th>CELL PHONE</th>
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PARENT/GUARDIAN

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<thead>
<tr>
<th>MILITARY</th>
<th>Yes □ No □</th>
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<tbody>
<tr>
<td>BRANCH</td>
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04/10
## EMERGENCY INFORMATION

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**FAMILY PHYSICIAN**

**PHONE**

## SCHOOL HISTORY

**HAS THIS STUDENT EVER BEEN SUSPENDED OR EXPULSED FROM SCHOOL?**  
☐ Yes  ☐ No  If yes, please explain

**HAS THIS STUDENT RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES IN THE LAST YEAR?**  
☐ Yes  ☐ No  If yes, check those that apply

- ☐ SPEECH/LANGUAGE THERAPY
- ☐ MIGRANT
- ☐ SPECIAL EDUCATION
- ☐ SECTION 504
- ☐ BILINGUAL/ESL

- ☐ GIFTED/HIGHLY CAPABLE
- ☐ TITLE I/LAP
- ☐ INDIAN EDUCATION
- ☐ OTHER

## STUDENT HEALTH INFORMATION

**DOES THIS STUDENT HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE?**

- ☐ NOSEBLEEDS
- ☐ EAR PROBLEM
- ☐ ORTHOPEDIC PROBLEM
- ☐ BLADDER OR KIDNEY PROBLEM

- ☐ SPEECH CONCERN
- ☐ EATING PROBLEM
- ☐ NEUROLOGICAL DISORDER
- ☐ DENTAL PROBLEM

- ☐ HEARING PROBLEM
- ☐ HEADACHES
- ☐ MENTAL HEALTH CONCERN
- ☐ SKIN DISORDER

- ☐ ADHD/ADD
- ☐ EYE OR VISION PROBLEM
- ☐ FAINTING
- ☐ HEART/RESPIRATORY PROBLEM

- ☐ ASTHMA  If checked, does he/she use an inhaler? ☐ Yes  ☐ No
- ☐ DIABETES  If checked, does he/she take medication? ☐ Yes  ☐ No

- ☐ OTHER (Please describe) ____________________________  ☐ SEIZURE DISORDER  If checked, does he/she take medication? ☐ Yes  ☐ No

**IF YOU HAVE CHECKED ANY OF THE ABOVE, PLEASE EXPLAIN**

**PLEASE LIST ANY ALLERGIES**

**ARE THESE ALLERGIES A MEDICAL EMERGENCY?**  
☐ Yes  ☐ No  If yes, please describe emergency treatment

**DOES THIS STUDENT HAVE A LIFE-THREATENING ILLNESS OR DISORDER?**

**PLEASE DESCRIBE ANY HEALTH PROBLEMS THAT MAY AFFECT OR PREVENT THIS STUDENT'S PARTICIPATION IN ANY SCHOOL CLASSES OR ACTIVITIES**

**PLEASE INFORM THE SCHOOL OF ANY CHANGES TO YOUR CHILD'S HEALTH STATUS. THIS INFORMATION WILL BE SHARED WITH THOSE WHO NEED TO KNOW, IN ORDER TO PROVIDE SAFE CARE FOR YOUR CHILD WHILE IN SCHOOL.**

## MEDICATION AT SCHOOL

**PLEASE LIST ANY MEDICATIONS REQUIRED AT SCHOOL**

**PLEASE LIST ANY ROUTINE MEDICATIONS THIS STUDENT TAKES**

WASHINGTON STATE LAW REQUIRES THAT A MEDICATION AUTHORIZATION FORM BE COMPLETED AND SIGNED BY BOTH THE STUDENT'S PARENT AND DOCTOR BEFORE MEDICATIONS CAN BE TAKEN AT SCHOOL. THIS LAW APPLIES TO BOTH PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS. FORMS AND PARENT INFORMATION ARE AVAILABLE IN THE OFFICE, IF NEEDED.

04/10
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.

☐ YES, I GIVE MY PERMISSION  ☐ NO, I DO NOT GIVE MY PERMISSION

RESIDENCY VERIFICATION AND AUTHORIZATION

I AUTHORIZE THE BUILDING PRINCIPAL AND HIS/HER DESIGNEE TO GIVE CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MY CHILD BY A PHYSICIAN OR HOSPITAL IN THE STATE OF WASHINGTON. THIS AUTHORIZATION SHALL REMAIN IN EFFECT DURING THE TIME MY CHILD IS ENROLLED IN THE ABERDEEN SCHOOL DISTRICT.

NAME OF STUDENT

________________________________________

THE RESIDENCY INFORMATION IS TRUE AND CORRECT AS OF THIS DATE. I UNDERSTAND THAT FALSIFICATION OF AN ADDRESS OR THE USE OF ANY OTHER FRAUDULENT MEANS TO ACHIEVE AN ENROLLMENT OR ASSIGNMENT SHALL BE CAUSE FOR REVOCATION OF THE STUDENT’S ENROLLMENT AND ASSIGNMENT TO THE SCHOOL SERVING THE HOME ATTENDANCE AREA.

SIGNATURE OF PARENT/GUARDIAN

________________________________________

DATE

04/10
ABERDEEN SCHOOL DISTRICT NO. 5
ETHNICITY AND RACE DATA COLLECTION FORM

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>GRADE</th>
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<tbody>
<tr>
<td>STUDENT NAME</td>
<td>DATE</td>
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</tbody>
</table>

Is your child of Hispanic or Latino origin? (Check all that apply.)
¿Es su niño hispano/latino? (marque todo que aplica)

- NOT HISPANIC/LATINO
- MEXICAN/MEXICAN AMERICAN/CHICANO
- CENTRAL AMERICAN
- SOUTH AMERICAN
- LATIN AMERICAN
- OTHER HISPANIC/LATINO

What race(s) do you consider your child? (Check all that apply.)
¿Qué raza se considera usted su niño? (marque todo que aplica)

- AFRICAN AMERICAN/BLACK
- ALASKA NATIVE
- CHEHALIS
- COLVILLE
- COWLITZ
- HOH
- JAMESTOWN
- KALISPEL
- LOWER ELWHA
- LUMMI
- MAKAH
- MUCKLESHOOT
- NISQUALLY
- NOOKSACK
- PORT GAMBLE KLALAM
- PUYALLUP
- QUILEUTE
- QUINAULT
- SAMISH
- SAUK-SUIATTLE
- SHOALWATER
- SKOKOMISH
- SHIQUALMIE
- SPOKANE
- SQUAXIN ISLAND
- STILLGUAMISH
- SUQUAMISH
- SWINOMISH
- TULALIP
- YAKAMA
- OTHER WASHINGTON INDIAN
- OTHER AMERICAN INDIAN/
  ALASKA NATIVE - INDICATE TRIBAL
  AFFILIATION: __________________________

02/10
White/Building
Pink/Special Services
Aberdeen School District No. 5

STUDENT - ELECTRONIC INFORMATION NETWORKS
INDIVIDUAL USER ACCEPTABLE USE POLICY (AUP) CONSENT FORM

I verify that I have reviewed the District’s Policy and Procedures 2022 for Electronic Resources (available at www.asd5.org) and will follow the building and district guidelines listed on the back of this form. I agree to abide by the policy and procedures which I have reviewed and understand. I acknowledge and agree that I should not have any expectation of privacy when using the district’s computer or network system, email system, or information stored locally or on district servers. The district reserves the right to disclose any electronic documents to law enforcement officials or third parties as appropriate. All documents are subject to review by district staff at any time and the public disclosure laws of the State of Washington.

All users of the district’s electronic resources are responsible for the care of their device(s). Violation of any of the district’s policies and procedures may result in disciplinary action including, but not limited to, suspension of network privileges, computer access privileges, and/or termination of employment. I hereby waive any right of privacy to any and all material located in any location through the use of district equipment and networks.

Printed Name of Student

Signature of Student

School or Location

Printed Name of Parent/Guardian

Signature of Parent/Guardian

For Official Use Only

Original to Student Cumulative File
Signed AUP marked in student’s Skyward account

Please Review and Initial Building & District Guidelines (back side) Student (9-12) AUP, Updated 11/2015
ABERDEEN SCHOOL DISTRICT NO 5
BUILDING AND DISTRICT NETWORK GUIDELINES

The Aberdeen School District board of directors recognizes that an effective public education system develops students who are globally aware, civically engaged, and capable of managing their lives and careers. The board also believes that students need to be proficient and safe users of information, media, and technology to succeed in a digital world.

As a network user on the Aberdeen School District No. 5 network, I will follow the building and District guidelines.

I also understand and will abide by the following expectations:

1. Review District Policy 2022 (available at www.asd5.org) and accompanying procedures.
2. Keep my logins and password secure and safe. I will not share my passwords.
3. Use all computers and other technology in a safe and responsible manner.
4. Not use social media for harassment, cyber-bullying, or unethical practices.
5. Obey all school and library rules concerning web site use.
6. Use the District network and the Internet for school-related projects only.
7. Contact an administrator or teacher about any security problems.
8. Contact an administrator or teacher if I receive inappropriate messages.
9. Return any borrowed or checked out technology in good condition.
10. Complete the required training as scheduled in Advisory on network and computer use, Internet use student expectations for online safety.
11. Not send out personal information over the District network or the Internet.

It is the responsibility of every user to understand the expectations and follow the guidelines set in place in district Policy/Procedures 2022. Any attempts to defeat or circumvent the network security, or disregard acceptable use procedures, is a violation of policy and may result in loss of network and Internet access privileges as well as device usage while in the Aberdeen School District.

Student Initial ____________________ Parent Initial ____________________