



# 2019 WVTSC SUMMER ACADEMY

Phone: 509.662.8827 www.wenatcheeschools.org/wvtsc Fax:509.662.5993

How to Apply Student: 1) Complete Form / Use Pen-Print Clearly 2) Return to School Counselor \*Required Information

Have you attended WVTSC before? No [ ] Yes [ ] If yes, what program: \_\_\_\_\_

\*Current School \_\_\_\_\_ \*School Grade you will be next year: 9 10 11 12 GED

\*Legal Last Name \_\_\_\_\_ \*Legal First Name \_\_\_\_\_ \*MI \_\_\_\_\_

\*Street Address \_\_\_\_\_ \*City \_\_\_\_\_ \*ZIP \_\_\_\_\_

Mailing Address / PO BOX (If Different From Above) \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

\*Lives With: Both Parents [ ] Father [ ] Mother [ ] Self [ ] Mother/Step Father [ ] Father/Step Mother [ ] Agency [ ] Other [ ]

\*Primary language spoken in the home: English [ ] Spanish [ ] Both [ ] Other language [ ] List Language \_\_\_\_\_

Gender: M F Age: \_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Last School Attended \_\_\_\_\_

\*Student Cell \_\_\_\_\_ \*Student Email \_\_\_\_\_

\*Student Place of Birth (City & State) \_\_\_\_\_ \*Country born in \_\_\_\_\_

Ethnicity: Hispanic [ ] American Indian [ ] Asian [ ] Black [ ] White [ ] Multicultural [ ] Pacific Islander [ ]

Have you ever received formal education outside of the United States in your native language? No [ ] Yes [ ]

If yes, what date did you first enroll in a public school in the United States? Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

\*Medical Concerns: No [ ] Yes [ ] If yes, list \_\_\_\_\_ Medications \_\_\_\_\_

Do you have a 504 / IEP for Special Education Needs? Yes [ ] No [ ]

\*Emergency Contact (Not Parent): \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Contact # \_\_\_\_\_

|                            |                          |              |
|----------------------------|--------------------------|--------------|
| Parent/Guardian Full Name: | Relationship to Student: | Primary Ph # |
| Parent Email:              |                          |              |
| Parent/Guardian Full Name: | Relationship to Student: | Primary Ph # |
| Parent Signature:          |                          | Date:        |

Summer Academy – 2 Sessions 8:00a – 3:00p  
Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice

| Wenatchee Valley Tech – 327 E Penny Rd. Wenatchee WA 98801 |                 |  |  |
|--|-----------------|--|--|
| PROGRAM  | Elective Credit | JUNE 18 <sup>th</sup> - JULY 3 <sup>rd</sup> | JULY 8 <sup>TH</sup> – JULY 24 <sup>TH</sup> |
| Automotive Technology/Collision Repair                     | .5              |  |  |
| Cosmetology  | .5              |  |  |
| Construction   | .5              |  |  |
| Culinary Arts  | .5              |  |  |
| Nursing  | .5              |  |  |
| Digital Media/Video Game (Audio / Video)                   | .5              |  |  |
| Law Enforcement / Firefighting                             | .5              |  |  |
| Machining  | .5              |  |  |

**TO BE COMPLETED BY SENDING SCHOOL COUNSELOR ONLY**

Counselor Print Name: \_\_\_\_\_ Student SSID Number: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

1) Sign to approve application 2) Attach Student Immunization

3) Send 504 / IEP Plan and/or Medical Plan 4) Email forms to [bowen.p@wenatcheeschools.org](mailto:bowen.p@wenatcheeschools.org) or fax to 509-662-5993