



**PART 3: ACADEMY PROGRAM SELECTION**

Please indicate the students' 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice in the line next to the course names. A minimum number of students is required to run each section. Students may sign up for both session 1 & 2. The Advanced Culinary Arts & Catering requires prior course work either at the sending high school or through NCTA.

**Session 1A June 23-July 14**

**Main Campus—Mount Vernon**

- \_\_\_ Culinary Arts
- \_\_\_ Applied Medical Science (Pre-Nursing)
- \_\_\_ Criminal Justice
- \_\_\_ Dental Careers
- \_\_\_ Intro to Agriculture
- \_\_\_ Intro to Fire Science & Emergency Medicine
- \_\_\_ High School Health
- \_\_\_ Intro to Veterinary Assisting
- \_\_\_ Video Game Development

**Anacortes Campus —1606 R Avenue Anacortes 98221**

- \_\_\_ Aerospace Manufacturing
- \_\_\_ Marine Services

**Sedro-Woolley— Sedro Wooley HS (1235 3rd ST)**

- \_\_\_ Automotive Services
- \_\_\_ Construction— Wood Working

**Session 1B June 26—July 17**

**Whatcom —Meridian HS (194 West Laurel RD)**

- \_\_\_ High School Health
- \_\_\_ Robotics
- \_\_\_ Construction— Wood Working
- \_\_\_ Intro to Metal and Welding
- \_\_\_ Social Media Marketing

**Session 2A July 25—August 11**

**Main Campus—Mount Vernon**

- \_\_\_ Intro to Agriculture
- \_\_\_ Criminal Justice
- \_\_\_ Advanced Culinary Arts & Catering
- Prior Training \_\_\_\_\_

**PART 4: PARENT/GUARDIAN AND EMERGENCY INFORMATION**

\_\_\_ Parent \_\_\_ Guardian \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

First Last

Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_ Parent \_\_\_ Guardian \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

First Last

Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Additional adults authorized to pick up my student: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Person: Name \_\_\_\_\_ Phone # \_\_\_\_\_

I authorize the Northwest Career & Technical Academy to: Have access to any and all of my student's school records; to use my student's processing and identifying records routinely associated in all reports at local and state levels; to obtain my student's photo and/or statements as they relate to the mission of the Academy, and/or to the aid in the success and promotion of career & technical education.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ACADEMY USE ONLY**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_ 2017-2018 Enrolled

\_\_\_ Consortium District Member

\_\_\_ Alternative Selection Given

\_\_\_ Gender Balance \_\_\_ Grade Balance

Program Placement : \_\_\_\_\_

\_\_\_ Student Confirmation Sent

\_\_\_ Skyward Entered