



HIGH SCHOOL AND RUNNING START

APPLICATION FOR ADMISSION
 LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
 11605 132ND AVENUE NE
 KIRKLAND, WASHINGTON 98034-8506

WEBSITE: WWW.LWTECH.EDU EMAIL: ADMISSIONS@LWTECH.EDU PHONE: 425.739.8104 FAX: 425.739.8110

SECTION 1 - PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Address, including apartment number			City	State	Zip Code
Day Phone Ext.		Evening Phone Ext.			
Date of Birth (mm/dd/yyyy)			Gender (<i>providing this information is voluntary</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female		
E-mail Address			Previous Names 1. _____ 2. _____		
Student Identification Number	Note: The college you apply to will assign your Student Identification Number (SID). This number is required for administrative purposes to uniquely identify your educational records.				

SECTION 2 - COLLEGE & COURSE OF STUDY

Has either of your parents earned a bachelor's (4-year) degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please check here <input type="checkbox"/> if you have been in Washington State foster care for at least one year since your 16 th birthday.			
Which quarter do you plan to start? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Which year do you plan to start? _____	What is your preferred time of class attendance? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Both		YRQ-PLAN START
		Do you plan to transfer to a four-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No			STU-PRG APPLY

SECTION 3 - TESTING INFORMATION

Have you taken the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date earned. Month and year: _____			
Where did you earn your GED? School or organization name: _____					
Which of the following pre-college tests have you taken? <input type="checkbox"/> ASSET/COMPASS <input type="checkbox"/> Accuplacer <input type="checkbox"/> SLEP <input type="checkbox"/> SAT <input type="checkbox"/> ACT				Other tests taken? _____	
In what year did you take your last pre-college test? _____					
RESIDENCY CODE	FEE PAY STATUS	ADMISSION NUMBER	DATE REC'D	DATE ENTERED	ENTERED BY

Applicant's Certification: I certify that all statements on this form are true to the best of my knowledge.

Signature: _____ Today's Date: _____

Lake Washington Institute of Technology does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, gender, marital status, disability, or status as a disabled or Vietnam era veteran. Response or non-response to any of the questions listed as voluntary in this application will not affect your consideration for admission.



Running Start Enrollment Verification Form

Student Name: _____
Last Name First Name MI

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **SSID#:** _____

Responsible Parent/Guardian: _____

College: _____ **College SID #:** _____

Check if this is a revision

New Student

Returning Student

Student Enrolled in Multiple Colleges

Spring Quarter Eligibility Adjustment Form (SQEAF) attached

School Yr: _____ **College Term:** College Quarter College Semester
Fall, Winter, Spring Qtr. / 1st or 2nd sem.

High School: _____ **District:** _____
Available for meeting district graduation requirements only (WAC 392-169-055(4)).

Grade Level: Junior Senior 5th Yr Senior

For the college term ^Δ above, the student will be enrolled in high school and skill center classes equaling _____ full-time equivalent (FTE).

Student may register for a maximum of _____ college credits, without incurring college tuition costs, based on the above stated high school/skill center FTE.

Comments: _____

Running Start Funding Limit Table			
Enrolled High School		Tuition-Free College Credit	
Weekly Minutes *	FTE	Max FTE	Max Credits
0 - 307	0.00 - 0.20	1.00	15
308 - 412	0.21 - 0.27	0.93	14
413 - 502	0.28 - 0.33	0.87	13
503 - 607	0.34 - 0.40	0.80	12
608 - 712	0.41 - 0.47	0.73	11
713 - 802	0.48 - 0.53	0.67	10
803 - 907	0.54 - 0.60	0.60	10 **
908 - 1,012	0.61 - 0.67	0.53	8
1,013 - 1,102	0.68 - 0.73	0.47	7
1,103 - 1,207	0.74 - 0.80	0.40	6
1,208 - 1,311	0.81 - 0.87	0.33	5
1,312 - 1,402	0.88 - 0.93	0.27	4
1,403 or more ***	0.94 or more ***	0.20	3

Recommended Running Start Classes:

College Course (Dept. & Number)	# of College Credits	=	High School Equivalency	# of HS Credits
		=		
		=		
		=		
		=		

Signature of High School Counselor	Date	Signature of College Running Start Advisor	Date
High School Counselor Printed Name	Phone Number	College Running Start Advisor Printed Name	Phone Number

Student & Parent/Guardian

I understand that:

- The student is responsible for understanding when his or her choice of schedule will result in tuition charges. If the student enrolls for more high school and college credits than are identified in the Running Start State Funding Limit Table, the student is responsible for:
 - paying all college tuition and fees associated with exceeding the college credits identified in the table; or
 - withdrawing from the excess college or high school course(s).
- The student is required to pay any class/lab fees charged for college classes.
- Enrollment in specific college classes cannot be guaranteed – even if the classes are needed to fulfill district high school graduation requirements.
- If the student begins Running Start in winter or spring term, eligibility for the previous term(s) that year is forfeited.
- To add/withdraw from a course, the student must complete the college Add/Drop process by the college deadline and notify the high school counselor.
- The student is responsible for ensuring that college courses completed as part of the Running Start program will meet high school graduation requirements.
- If the student plans to transfer, it is the student’s responsibility to determine college admissions policies/deadlines and whether credits will transfer.
- The student gives permission for college staff to release his/her grades to the high school and to discuss various aspects of his/her program participation with the high school/district officials.

I acknowledge that I have read, understand, and will comply with the conditions of Running Start participation and the expectations of college course enrollment.

Student Signature (REQUIRED)	Date	Parent/Guardian Signature (REQUIRED)	Date
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COMPLETING THE RUNNING START ENROLLMENT VERIFICATION FORM (RSEVF)

PURPOSE: The RSEVF ensures that a student's monthly enrollment does not exceed the allowable combined 1.20 full-time equivalent (FTE) limitation. This form provides the college the FTE available for Running Start enrollment, provides the high school with the enrolled colleges classes, and notifies the student and their parents/guardians if tuition charges will occur.

The RSEVF is required to be completed each college term for each student enrolling in college classes through the Running Start program, including home-based and private school students. Students attending more than one college for any college term are required to have a separate RSEVF for each college. When a student will be attending multiple colleges, the appropriate box in the upper right hand corner of the RSEVF must be checked.

If the student's high school or college enrollment changes during the college term, a revised RSEVF must be completed and the appropriate box in the upper right hand corner of the RSEVF must be checked.

FTE AND ANNUAL AVERAGE FTE (AAFTE) LIMITATIONS: Running Start students may not be claimed for a combined high school and college enrollment that exceeds 1.20 FTE for any month except January. Neither the high school nor college enrollment can individually exceed 1.00 FTE, except for students enrolled in a high school and skill center.

When a student is enrolled in both a high school and a skill center and claimed for more than a combined 1.0 FTE, the available Running Start enrollment is limited to a 0.20 FTE. When a student is enrolled in both the high school and skill center and taking less than a 1.0 FTE, the standard Running Start calculation applies.

This 1.20 FTE limitation applies to the annual average FTE (AAFTE), where a Running Start student may not be claimed for a combined high school and college enrollment that exceeds 1.20 AAFTE for the school year. High school and skill center AAFTE is the 10-month average of the FTE reported for the months September through June. Running Start AAFTE is the 9-month average of the FTE reported for the months October through June.

Students that exceed the 1.20 FTE or AAFTE may be charged tuition by the college for the credits in excess of this limitation.

When the high school first semester and the college winter quarter overlaps in January, a Running Start student can be claimed for more than a 1.20 FTE for that month only. When planning for the winter quarter and the high school has a semester calendar, counselors should use the second semester to determine the available FTE for winter quarter. When this overlap occurs, the student may be subject to a reduced FTE or to paying tuition for the spring college quarter, if the 1.20 AAFTE would be exceeded. Completion of the Spring Quarter Eligibility Adjustment Form (SQEAF) will identify students at risk of exceeding the 1.20 AAFTE and will calculate the reduced available FTE for the spring quarter. For students whose spring quarter available FTE is reduced, a completed SQEAF must be attached to the spring quarter RSEVF and the appropriate box in the upper right hand corner of the RSEVF must be checked. Students attending more than one college for the spring quarter must have the SQEAF attached to each college's RSEVF.

For more information on the 1.20 Running Start FTE limitation, refer to Bulletin No. 037-15.

INSTRUCTIONS FOR COMPLETING THE RSEVF

STUDENT SECTION: The RSEVF begins with the student completing the first section of the form. Students who are under the age of 18 at the beginning of the college term, must provide their parent/guardian information. The student's high school student identification number (SSID) is available at the high school guidance office. If the student does not know his/her college student identification number (SID), refer to earlier completed RSEVFs. If the student is new to the program, the college SID is available on the processed college application.

HIGH SCHOOL COUNSELOR/RUNNING START ADVISOR SECTION: The high school counselor and Running Start advisor complete this section.

School Year: Indicate the school year.

College Term: Select the college term that the student will be enrolling. For colleges on a quarter calendar, indicate which quarter – Fall, Winter, or Spring. For colleges on a semester calendar, indicate which semester – 1st and 2nd.

High School and School District: Fill in the student's primary high school and resident school district.

Grade Level: Indicate the student's grade level. Students in 11th and 12th grade are eligible to enroll in a Running Start program. Fifth year seniors are limited to take Running Start classes that will fulfill the district's graduation requirements only, pursuant to WAC 392-169-055(4) and must have participated in Running Start during their 11th or 12th grade year.

Determining the Student's High School FTE: FTE in high school and skill center classes is calculated based on a class's weekly enrolled minutes and eligible passing time. Fifteen hundred weekly minutes equals 1.0 FTE. Refer to the high school and skill center master bell schedule available at the registrar or school district business office for the exact weekly minutes and the FTE for each high school class. Add the FTE for each enrolled class to determine the student's total high school and skill center FTE.

Determining the Student's Available Running Start FTE: Running Start FTE is based on the enrolled college credits. Fifteen college credits equal 1.0 FTE. Use the Running Start Funding Limit Table on the front page to determine a student's available Running Start FTE. Find the row with the student's high school and skill center FTE. Refer to the Max FTE column to determine a student's maximum Running Start FTE. The Max Credits column converts the maximum Running Start FTE to Running Start credits.

Recommended Running Start Classes: The student, with the help of the high school counselor and Running Start advisor, should fill out the requested college courses. The high school equivalency portion of the table can be completed by the student if an official high school list of equivalencies is available. Otherwise, this section is completed by the high school counselor.

Signatures of High School Counselor and Running Start Advisor: Both the high school counselor and Running Start advisor should review the form for accuracy, enter his/her printed name, date, phone number, and signature.

STUDENT & PARENT/GUARDIAN SECTION: The student and parents should review the completed form for accuracy and understanding, then sign and date the acknowledgement at the bottom of the form.

DISTRIBUTION OF RSEVF AND RECORDS RETENTION: Copies of the completed form should be retained by both the high school and college. The original form is kept by the student and his/her parent or guardian.

RUNNING START RESPONSIBILITY AGREEMENT

STUDENT ID: _____ Quarter You Plan to Start: _____

I, _____, a student in Lake Washington Institute of Technology's Running Start Program, am aware of the following:

I, _____, a parent/guardian of a student in Lake Washington Institute of Technology's (LWTech) Running Start Program, am aware of the following:

	Student	Parent
All LWTech courses will become part of the student's permanent record. Only students and the appropriate school district and college officials have access to student's college grades and records. To obtain student's grades or records, parents/guardians must have a release form signed by the student. At the end of each quarter, students can go to LWTech Enrollment Services and request an official college transcript be sent to their high school if desired although final grades will be forwarded to the high school on behalf of the student each quarter by the running start advisor.		
RS students are attending an educational program in an adult environment. Some classes may expose minors to educational material that contains nudity, strong language, or depictions of violence. Students may be exposed to alternative view points and material of an adult nature in college classes. As an institution of higher education in pursuit of academic excellence, LWTech welcomes the expression of diverse and opposing views that foster learning in a collegiate setting.		
In accordance with the guidelines stated in the Family Education Rights and Privacy Act ("FERPA") instructors will not discuss the student's progress with a parent. It is the student's responsibility to communicate with the instructor regarding progress and/or any other issue. RS students are held to the same standards as adults.		
It is the student's responsibility to read the course syllabi in order to understand course requirements, assessment methods, grading scale, and policies related to late assignments, participation, absences and other important course information. Students are expected to clarify any questions regarding the course with the instructor.		
Students and parents must be aware that the college calendar does not align with school district calendar. Students are responsible for arranging their college schedule so it does not conflict with their high school schedule. College courses are offered in three 11-week quarters beginning in September, January and March/April.		
The pace of the college quarter is such that missing class can have a significant impact on a student's grade and mastery of the material. It is strongly encouraged that students arrange schedules in order to attend all required classes. In those cases, where missing class is unavoidable, it is the student's responsibility to know the course syllabus and the impact of absences and late work.		
Students who achieve less than a 2.0 quarterly GPA will be placed on Academic Alert. A student achieving less than a 2.00 GPA for a second quarter in a row will be placed on Academic Probation. The third quarter in a row earning less than a 2.00 GPA will result in Academic Suspension for one quarter. The appeals process is outlined in the LWIT Handbook available on the college web site.		

<p>In order for a class to count towards a LWTech degree or certificate, or to be considered as meeting a prerequisite for a subsequent course, a minimum of 2.0 is required. However, the high school may award high school credit for grades below 2.0. Typically, the minimal passing grade to obtain high school credit is a D (1.0).</p>		
<p>Students are responsible for meeting all high school graduation requirements, as established by their high school, and for determining how high school and LWTech courses meet two-year and four-year college requirements. Students should see both their high school counselor and the Running Start Advisor (in W210) for academic advising.</p>		
<p>Students are responsible for all non-tuition costs at LWIT including *textbooks, required course materials, course/lab fees, tuition for credits in excess of a combined (high school and college) FTE of 1.2 and courses below 100 level. Students are responsible for transportation, completing all required Running Start forms each quarter, and reading all correspondence sent by the LWIT Running Start office. Please note that all tuition and fee rates are set by the Washington State Legislature, the State Board for Community and Technical Colleges and the Board of Trustees and are subject to change. LWTech reserves the right to change, without notice, any fees to comply with the state or college regulation or policies.</p> <p>*Students can participate in our textbook loan program by signing the Textbook Loan Agreement.</p>		
<p>Students and parents must be aware that while establishing low income status can waive certain fees, not all fees are waived. For example, program/course fees to cover special costs associated with certain programs and courses are not waived.</p>		
<p>Students are responsible for knowing all LWTech policies on enrollment, fees, attendance, progress, parking, dress, and conduct as written in the LWTech Student Handbook available on the college website.</p>		
<p>All course registration transactions (adds/withdraws) must be processed by the RS advisor. Before considering changes to your schedule, it is advised to consult with your high school counselor. A student may work with the RS advisor to officially withdraw from any course through the eighth week of the quarter. The last day to withdraw can be found on the LWTech Academic Calendar. Official withdrawals occurring after the tenth instructional day of the quarter are posted with a W on the student's permanent transcript. Withdrawals do not count in the GPA calculations and cannot be assigned by faculty in the grading process. Grades earned in college as a Running Start student may affect admission to other colleges in the future.</p>		
<p>A student may participate in Running Start for a maximum of 6 quarters. His/her eligibility terminates at the end of the 12th grade academic year. A second year senior who has participated in RS may enroll in RS, but only for those specific courses needed to graduate from high school.</p>		

Student signature _____ Parent signature _____

RUNNING START TEXT BOOK LOAN AGREEMENT

1. Complete the following information so we can create your account:

Legal Last name	Legal First Name	Middle Initial
Street address	City	Zip Code
Mailing address (if different than above)	City	Zip Code
Home number	Student Cell #	Email
Birthdate	(Gender)	

2. Below are the terms and conditions of the textbook loan agreement. By initialing each section and signing below, you agree to the terms and conditions.

	a) I am aware that LWTech/High School programs is offering a service by loaning me some textbooks. This only applies to books checked out from the LW Tech High School Programs book room which is located in West 212.
	b) I am responsible for the condition of the textbooks loaned to me. I bear the full responsibility for the return of the loaned textbooks.
	c) Loaned textbooks are always due the last day of the LWTech quarter. Failure to return textbooks by the last day of the quarter will result in billing for the full replacement cost of the textbook. There is no grace period.
	d) Loaned textbooks can only be returned to the LWTech High School Programs book room (where you checked them out). Books cannot be returned to the library or the college book store.
	e) If loaned textbooks are lost, stolen, or returned in damaged condition, I will pay full replacement costs of the textbook(s). Damage includes but is not limited to torn covers, torn pages, or liquid damage. No highlighting and writing in the loaned textbook is permitted.
	f) If I drop a course, the loaned textbooks must be returned immediately, even if I will be taking the course in a future term.
	g) I understand that the textbook loan is for one quarter only. If I need the textbook for future quarters, I must return the textbook to high school programs by the deadline and re-check out for future quarters.
	h) I understand that workbooks and books that cannot be reused, are not available for textbook loan.
	i) If textbooks on loan are not returned by the deadline or if I have outstanding charges, I acknowledge and accept that I will not be eligible for textbook loans until all outstanding fees are paid.
	j) Uncollected debts will be turned over to a collections agency where additional costs will be incurred.
	k) An enrollment block will be placed on my account if I have any unpaid debts.

I have read and fully understand the provisions and the terms of this Agreement as outlined and I agree to adhere to all conditions and terms as stated.

Printed Name: _____

Signature: _____ Date: _____



Student Information Release

1. Name of student making the request: _____
(Please print clearly, Last Name, First Name, M.I.)

2. Student ID Number: _____ - _____ - _____
(This is not the same as social security number however, it is possible to find students by social security number)

3. Person or office I am authorizing to release information:
Michelle Berry (or other High School Programs at LWTech staff)
(Name of LWTech Staff or Faculty Name)

4. Person, business, employer, school, or other party I am authorizing release of information to:

(List employer or institution to receive the information)

5. These are the specific items I am authorizing to be released (check all that apply):

___ Information as it relates to my entire academic experience at LWTech, including, GPA, grades, attendance, performance, in courses, etc.

___ Information related to Student Services records including funding information, program applications, advising notes, etc.

___ Information as it relates to particular course(s):

(Specify course number(s) and when taken)

___ Information as it relates to any student activity involvement.

___ Information is to be released through: _____
(Specify length of time by giving last date to release information)

___ Other (please specify):

6. My signature below signifies an unconditional release of information for the period of three years beyond my last quarter of attendance unless otherwise indicated in #5 above.

Student's Signature

Date Signed

7. Instructor, retain one copy; student, retain one copy; original to Enrollment Services.
Student Information Release Form – Student – Enrollment Services rev. 05-06-15



HIGH SCHOOL AND RUNNING START

REGISTRATION (ADD/DROP)

ALL NEW STUDENTS AND OTHERS AS DIRECTED BY STAFF MUST COMPLETE REVERSE

Enrollment Services
 11605 132ND AVE. NE, KIRKLAND, WA 98034-8506
 Check services online at <http://www.lwtech.edu/studenttoolbox>

PRINT CLEARLY • COMPLETE ALL UNSHADED AREAS • SIGN • NEW STUDENTS, COMPLETE REVERSE

Student ID Number (SID)* <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> SUM <input type="checkbox"/> FALL <input type="checkbox"/> WTR <input type="checkbox"/> SPR For year 20 _____	Did you attend LWTC before? <input type="checkbox"/> No <input type="checkbox"/> Yes, in year: _____	Day Phone () ()	Evening Phone () ()
Last Name (Family Name) <input style="width: 100%; height: 20px;" type="text"/>		First Name (print clearly as many letters as fit) <input style="width: 100%; height: 20px;" type="text"/>		Middle Initial (if any) <input style="width: 50px; height: 20px;" type="text"/>	
Address — Number & Street, Route & Box or P.O., or Apt # <input style="width: 100%; height: 20px;" type="text"/>			E-mail address (print clearly) <input style="width: 100%; height: 20px;" type="text"/> @		
City <input style="width: 100%; height: 20px;" type="text"/>		State <input style="width: 50px; height: 20px;" type="text"/>	Zip Code <input style="width: 50px; height: 20px;" type="text"/>	Date of Birth (MM/DD/YYYY; for example 07/30/1980) <input style="width: 100%; height: 20px;" type="text"/>	
Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			How will your course work relate to your current or future work? (Check one.) <input type="checkbox"/> 11 Gain skills for a new job or career <input type="checkbox"/> 12 Gain skills for my current job or career <input type="checkbox"/> 13 Improve skills for a career change <input type="checkbox"/> 14 Does not apply <input type="checkbox"/> 90 Other		
REQUESTED CLASS SCHEDULE (ADDS OR DROPS) Valid item numbers must be provided. See Class Schedule or go to http://www.lwtech.edu/studenttoolbox .					
Circle A = Add or D = Drop	Item No. Example: 9565	Course Department & Number Example: ENGL 101D	Credits – only for variable credit		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
A or D	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		
Advisor Signature (degree/cert. students)		Student Signature	Date	What is your main long-term purpose for attending this college? (Check one.) <input type="checkbox"/> 11 Take courses related to current or future work <input type="checkbox"/> 12 Transfer to a 4-year college and earn a degree <input type="checkbox"/> 13 High school diploma or GED <input type="checkbox"/> 14 Explore career direction <input type="checkbox"/> 90 Other	
				Registration staff use only – initial and date Agent of registrar Date reg. form received _____ Printed name _____	

LWIT Academy / Running Start / Notes

*Your SID is a college-assigned number unrelated to your social security number (SSN). To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure. **Your SSN will not be used as your SID.** If you are a new student, an SID will be assigned to you. The college provides equal opportunity in education and does not discriminate on the basis of age, color, national origin, sex or disability.
 HS Reg Form (rev. 13JUNE2007)

INSTRUCTIONS:

Complete the sections below if:

- You are a new student (never registered before at Lake Washington Institute of Technology);
- **OR** you are a continuing student and the information is needed to update your records.

WHAT RACE DO YOU CONSIDER YOURSELF TO BE? – Please mark only one box.

- White/Caucasian (800)
- Black/African-American (870)
- Alaskan Native or American Indian (597)
- Asian or Pacific Islander (621)
- Spanish or Hispanic Yes (717) No (999)
- Multicultural _____(799)
(Parents represent different racial ethnic groups.)
- Other race (998)

REASON FOR ENROLLING – Check only one.

Note: if you are pursuing a degree or certificate, you must apply for admission.

- | | |
|--|--|
| <input type="checkbox"/> F Associate (AAS) degree. Program (major):
_____ | <input type="checkbox"/> G Applicant |
| <input type="checkbox"/> F Certificate. Program (major):
_____ | <input type="checkbox"/> J Improve job skills |
| <input type="checkbox"/> B College/university transfer | <input type="checkbox"/> K Home, family life (e.g. parent education) |
| <input type="checkbox"/> E Adult Basic Education | <input type="checkbox"/> L Personal enrichment |
| <input type="checkbox"/> D Obtain HS diploma or GED certificate | <input type="checkbox"/> M See if I do well |
| | <input type="checkbox"/> X Undecided |
| | <input type="checkbox"/> Y Other _____ |

MEDICAL INSURANCE (Informational Only)

Depending on your program, Medical Insurance may be required. Training may require simulated, hands-on work experience.

You may purchase student accident insurance for a minimum sum. See Enrollment Services for further information.

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

What is your sexual orientation?

- 72 Bisexual
- 99 Gay
- 21 Lesbian
- 28 Queer
- 23 Straight/heterosexual
- 01 Other
- 57 Prefer not to answer

What is your gender identity?

- 22 Feminine
- 77 Masculine
- 52 Androgynous
- 35 Gender neutral
- 27 Transgender
- 01 Other
- 57 Prefer not to answer

SEX Male Female**WASHINGTON STATE OUTCOMES – Check one response per question. The college is required to collect this information.****How long do you plan to attend this college?**

11. One quarter
12. Two quarters
13. One year
14. Up to two years no degree planned
15. Long enough to complete a degree
16. Don't know
90. Other

What is your current work status while attending?

11. Full-time homemaker
12. Full-time employment
13. Part-time off-campus
14. Part-time on-campus
15. Not employed, seeking employment
16. Not employed, not seeking employment
90. Other

What is your prior level of education at entry to LWIT?

11. Less than high school graduation
12. GED
13. High school graduate
14. Some post high school, but no degree or certificate
15. Certificate (less than two years)
16. Associate degree
17. Bachelor's degree or above
90. Other

What was your family status when you started at LWIT?**Were you ...**

11. A single parent with children or other dependents in your care.
12. A couple with children or other dependents in your care.
13. Without children or other dependents in your care.
90. Other

College staff use only:

Part A

RUNNING START REGISTRATION FORM

Legal Last name		Legal First Name	Middle Initial
Street address		City	Zip Code
Mailing address (if different than above)		City	Zip Code
Home number	Student Cell #	Email	
(M/F)	Date of Birth	High School	Grade / School Year

Part B PRIMARY HOUSEHOLD/PARENT/GUARDIAN INFORMATION (residing with student)

Last Name <i>Check Primary Phone number</i>	First Name	M.I.	Last Name	First Name	M.I.
<input type="checkbox"/>			<input type="checkbox"/>		
Home Number			Home Number		
<input type="checkbox"/>			<input type="checkbox"/>		
Cell Number			Cell Number		
<input type="checkbox"/>			<input type="checkbox"/>		
Other Number			Other Number		
E-mail Address			E-mail Address		
Relationship to Student			Relationship to Student		

Address (if different than student address listed above)

Street Address	Apt #	City	State	Zip
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EMERGENCY CONTACT INFORMATION

In the event that we cannot reach a parent/guardian, please provide contact information for the person you would like us to contact. (Someone not living in your household)

EMERGENCY CONTACT (other than someone living in the household)

Last Name	First Name	Relationship to Student	Phone (include area code)
ADDRESS:	Street	City	State ZIP

PLEASE LIST ALL HEALTH CONCERNS (INCLUDING ALLERGIES OR RESTRICTIONS)

DO ANY OF THE LISTED HEALTH CONDITIONS AFFECT THE STUDENT'S EDUCATIONAL NEEDS Yes No

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date _____

VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment.

Legal Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Photo/Interview Release Form

I do hereby authorize Lake Washington Institute of Technology or its contracted agents to use my photograph and/or record a verbal interview for use in college publications, advertisements, marketing materials or releases to the public press. Specific uses are noted below. I understand that I will not be compensated for reproduction of either my photograph or testimony.

By signing below you are giving us permission to publish your information (interview, photo, testimony)

Legal Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I do NOT wish to participate and none of my information may be published

Name _____

SID _____

Date _____