



WORK
-it-OUT

Work-It-Out
2410 East Cherry Street
P.O. Box 22090
Seattle, WA 98122-0090
www.workitoutseattle.org

**CREST PROGRAM
APPLICATION**

Office use only

YRQ
SID

- Instructions: 1. Complete & sign application
2. Mail to the attention of CREST Cohort Project
3. Submit Request for Student Information Form
***Response or non-reponse to any fields listed as voluntary will not affect your consideration for admission.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Previous Names			Birthday	
Address, including apartment #		City	State, ZIP	
E-mail Address _____ @ _____		Gender (Providing information is voluntary) ____ Male ____ Female ____ Other		
Day Phone # () -		Evening Phone # () -		

ACADEMIC HISTORY

Last school attended	City, State, ZIP	Years Attended (YYYY) From: _____ To: _____	Did you graduate? (circle one) Yes, Year _____ No, Highest grade level ____
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RACE/ETHNICITY INFORMATION

Ethnic Group and Race Categories

The federal government requires that **both** these questions be answered and provides on the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both.

1. Is this student Hispanic or Latino? (*choose only one*)

___ No, not Hispanic or Latino

___ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the student race? (*select all that apply*)

___ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

___ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

___ **Black or African American** (A person having origins in any of the Black racial groups of Africa)

___ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ **White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Signature: _____

Today's Date: _____

GUIDANCE NOTICE TO STUDENTS

Guidance program are provided in Work-It-Out Program.

The guidance program is part of the comprehensive education provided to all students through activities that focus on positive approaches to school, learning, knowledge and skills for employment. The guidance program includes the following components:

1. Academic guidance which assists students and their parents to acquire knowledge of the curricula choices available to students to plan a program of studies, to arrange and interpret academic testings, and to seek postsecondary academic opportunities.
2. Career guidance, which helps students to acquire information and to plan action about work, jobs, apprenticeships, and postsecondary educational and career opportunities.

The guidance program is academic, personal and/or social in nature and assists students to develop an understanding of themselves and the rights and needs of others; and to define individual goals, reflecting their interests, abilities, and aptitudes.

Such guidance may be provided as follows:

3. In groups in which generic issues of social development are addressed.
4. Through structured individual or small group multisession counseling that focuses on the specific concerns of the participant(s) (e.g., critical thinking, conflict management, or collaboration and team building).

Students may elect to not participate in (to "opt out" of) academic or career guidance at any time. Students electing to do so should understand electing to "opt-out" will prelude them from further participating with the Work-It-Out Program.

(Please select one)

_____ I elect to participate in the following:

Academic or career guidance that is provided by the Work-It-Out program.

Personal/social counseling that is provided by the Work-It-Out program.

_____ I elect to NOT participate in the following:

Academic or career guidance that is provided by the Work-It-Out program.

Personal/social counseling that is provided by the Work-It-Out program.

I understand that if I elect to not participate in academic or career guidance, then I'm not eligible to participate in the Work-It-Out program.

Student Signature

Date

Student's Name (Please print) _____



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REQUEST FOR STUDENT RECORDS

To: _____
Name of School Last Attended

Address of School: _____
Street Address

City State, ZIP

Student Name: Last, First Middle

Date Last Attended: _____

Please forward all records for the above student to include, but not limited to, academic, discipline, health, legal, test, and special services. Also, include marks interpretation, special clinical or diagnostic studies, and any other information that may be helpful.

To: **Registrar - Work It Out**
Attn: CREST Cohort Project
2410 East Cherry Street
P. O. Box 22090
Seattle, WA 98122-0090

Student/Parent/Guardian Signature

Date