



Southwest Alaska Vocational & Education Center

Building 647, King Salmon AFB
P.O. Box 615
King Salmon, Alaska 99613

REGISTRATION

FAX to (907)246-4607

LAST FIRST MIDDLE BIRTH DATE ***REQUIRED**

ADDRESS SOCIAL SECURITY NUMBER

CITY STATE ZIP CODE EMAIL ADDRESS

PHONE NUMBER(S) Are you lodging in the dorm? YES NO

Required Information

Ethnicity

- AK - Aleut
- AK - Inupiaq
- AK - Yup'ik
- AK - Tlingit
- AK - Athabascan
- AK Native - Other
- Native American
- Asian or Pac. Islander
- Black Non-Hispanic
- Hispanic
- Caucasian
- Other _____

Gender: Male Female Alaska Resident? Yes No U.S. Citizen? Yes No

High School Student? Yes No Veteran? Yes No

Check all that apply:

Military Credit Disabled Dual Credit for high-school student? Yes No

Have you taken classes at SAVEC before? Yes No M/YY of last class ____/____

Have you enrolled under a different name?

If so, please list name: _____

Occupational Goal _____ Current Employer _____

COURSE TITLE	DATES OF TRAINING

THIS SECTION IS FOR OFFICE USE ONLY – STUDENTS DO NOT COMPLETE

Funding Source or Sponsoring Grant (Please List): _____ TVEP CIP Code: _____

I understand that I am responsible for all applicable SAVEC regulations, course/activity costs whether or not I successfully complete the course/activity or courses/activities in which I am enrolling. I agree to allow SAVEC to share all information in this document with reporting and funding agencies. I agree to give SAVEC permission to take and use my picture and allow them to release information about me for publications and news releases. I also agree to release SAVEC and its employees/contractors/staff of all liability when using its facilities, grounds, and equipment including loaned/leased facilities & equipment. I understand that SAVEC has a **Zero-Tolerance** for drugs & alcohol on its property and smoking is only allowed outside.

X _____
Signature

Date