



# Grays Harbor College

## Running Start Application & Registration Form

360-538-4099

PRINT CLEARLY AND PRESS FIRMLY

GHC Student Identification Number \_\_\_\_\_ Quarter: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Year: 20\_\_\_\_ Sending High School \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Birth Date \_\_\_\_\_  Male

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_  Female

- Student Purpose: What is your main long-term goal for attending Grays Harbor College this quarter
- Take courses related to current or future work (11)
  - Transfer to a four-year college (12)
  - High School diploma or GED (13)
  - Explore career direction (14)
  - Personal enrichment (15)
  - Other (90)

- Optional: Are you of Spanish /Hispanic/Latino ethnicity?
- No (999)
  - Yes, Mexican, Mexican American, Chicano (722)
  - Yes, Puerto Rican (727)
  - Yes, Cuban (709)
  - Yes, Other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

- Please mark one or more boxes to indicate What race you consider yourself to be:
- White (800)
  - Alaska Native (015)
  - African American (872)
  - American Indian (597)
  - Native Hawaiian (653)
  - Other Asian (621)
  - Other Pacific Islander (681)
  - Filipino (608)
  - Chinese (605)
  - Korean (612)
  - Japanese (611)
  - Vietnamese (619)
  - Other Race (799) \_\_\_\_\_

Grays Harbor College does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a veteran. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Vice President for Student Services and/or Office of Human Resources, Grays Harbor College, 1620 Edward P. Smith Drive, Aberdeen WA 98520 (360) 532-9020

\_\_\_\_\_ Academic Running Start    \_\_\_\_\_ Vocational Running Start

Grade: 11<sup>th</sup> \_\_\_ 12<sup>th</sup> \_\_\_ Returning 12<sup>th</sup> \_\_\_ Graduation Year \_\_\_\_\_ E-mail address \_\_\_\_\_

**To be completed by high school:**

Line #	Dept.	Course #	Sec	Title	Cr	Time	High School Equivalent	HS Cr

**Student may enroll in alternate classes** \_\_\_\_\_ Counselor please initial

**DISABILITIES INFORMATION: (Optional)**  
 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?  Yes  No  
 Persons with disability may be eligible for support services and should contact Disability Support Services (360) 538-4068 and TTY/TDD (360) 538-4223 for information on services.

\_\_\_\_\_  
 Student Signature Date  
 The above signed hereby authorizes the release of college records and other student information to the high school named above.

\_\_\_\_\_  
 High School Official Date

\_\_\_\_\_  
 Running Start Advisor Date

Total Credits \_\_\_\_\_

Do you have an academic plan? Yes  No

\_\_\_\_\_  
 Parent Signature (application/first quarter only)

Original: Admissions

Yellow: Running Start Coordinator

Pink: High School