



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

ADDRESS SOCIAL SECURITY NUMBER

CITY STATE ZIP CODE EMAIL ADDRESS

ARE YOU LODGING IN THE DORM? YES NO

EVENING PHONE DAY PHONE

DEMOGRAPHICS for statistical and record-keeping purposes only

<p>Ethnicity (Check Only One)</p> <p><input type="checkbox"/> AK - Aleut</p> <p><input type="checkbox"/> AK - Inupiaq</p> <p><input type="checkbox"/> AK - Yup'ik</p> <p><input type="checkbox"/> AK - Tlingit</p> <p><input type="checkbox"/> AK - Athabascan</p> <p><input type="checkbox"/> AK Native - Other</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Asian or Pac. Islander</p> <p><input type="checkbox"/> Black Non-Hispanic</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Caucasian</p> <p>Other _____</p>	<p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date (MM/DD/Year): _____ Alaska Resident <input type="checkbox"/></p> <p>High School Student <input type="checkbox"/> Dual Credit for HS student <input type="checkbox"/> Veteran <input type="checkbox"/> U.S. Citizen <input type="checkbox"/></p> <p>If No, what is your nation of birth? _____ Nation of Citizenship _____</p> <p>Military Credit <input type="checkbox"/> Disabled <input type="checkbox"/> Have you taken classes at SAVEC before? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>When and What Course? _____</p> <p>Have you enrolled under a different name? If so, please list name: _____</p> <p>Occupational Goal _____ Current Employer _____</p> <p>Date of Hire _____ Wage _____ Wage Frequency Hour / Week / Bi-Week / Month / Year</p>
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COURSE TITLE	DATES OF TRAINING
HACCP Class	June 12 - 13, 2017

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

SAVEC Training Partner Sponsoring Course:

___ Bristol Bay Campus, UAF ___ Alaska Works ___ BBAHC ___ SAVEC ___ AVTEC
 ___ BBEDC ___ Other (Please Specify): _____

Funding Source or Sponsoring Grant (Please List): _____

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