

General Information	Last Name		First Name		Middle Name		Jr. / Sr. / III			
	Social Security Number		Date of Birth		Gender (Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male		Are you, your spouse, or your parent / legal guardian a law enforcement officer, firefighter or judge/justice? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Mailing Address (Number and Street)				Apt. / Bldg.		City		State	Zip Code
	Permanent Address (if different from above)				Apt. / Bldg.		City		State	Zip Code
	Home Phone		Cell Phone		Email Address (Example: xxxxxxxx@xxxxx.xxx)					
	Emergency Contact Name /		Phone Number		How did you hear about the course? <input type="checkbox"/> (1) Advertisement <input type="checkbox"/> (2) Employer / Union <input type="checkbox"/> (3) Court Order <input type="checkbox"/> (4) Internet / Facebook <input type="checkbox"/> (5) Friend / Relative <input type="checkbox"/> (6) Teacher / Counselor <input type="checkbox"/> (7) Drive By <input type="checkbox"/> (8) Other: _____					
	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO		Race (Check All That Apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White							

Residency	What is your residency status?									
	Coenrolled (High School):		<input type="checkbox"/> (3) In-County Resident		<input type="checkbox"/> (2) Out-of-State Resident		<input type="checkbox"/> (B) Out-of-County Resident		<input type="checkbox"/> (0) Foreign Exchange Student	
	Postsecondary (Adult):		<input type="checkbox"/> (4) Florida Resident		<input type="checkbox"/> (5) Out-of-State Resident		<input type="checkbox"/> (6) In-State Evacuee		<input type="checkbox"/> (7) Out-of-State Evacuee	
In what Florida county do you reside? <input type="checkbox"/> Hillsborough <input type="checkbox"/> Other: _____										
What is your citizenship status? <input type="checkbox"/> (C) U.S. Citizen <input type="checkbox"/> (P) Permanent Resident Alien <input type="checkbox"/> (A) Nonresident Alien <input type="checkbox"/> (X) Unknown or Not Reported										

Education	What is your highest level of schooling? (Check One)							
	<input type="checkbox"/> (ZZ) No school grades completed <input type="checkbox"/> Completed at least part of 1st through 11th grade Highest Grade Completed (Enter 1 - 11) _____				<input type="checkbox"/> (16) Completed some college, but did not earn a certificate or degree <input type="checkbox"/> (17) Earned a career certificate <input type="checkbox"/> (18) Earned an associate of applied sciences degree <input type="checkbox"/> (19) Earned an associate of science degree <input type="checkbox"/> (20) Earned an associate of arts degree <input type="checkbox"/> (21) Earned a bachelor's degree <input type="checkbox"/> (22) Attained beyond a bachelor's degree			
	<input type="checkbox"/> (12) Completed 12th grade, but did not earn a diploma or equivalency <input type="checkbox"/> (D1) Earned a high school diploma <input type="checkbox"/> (G1) Earned a high school equivalency <input type="checkbox"/> (15) Earned a special diploma / special certificate of completion							
	Where did you receive your highest level of schooling? <input type="checkbox"/> U.S. (including U.S. territories, U.S. military schools, or American schools overseas) <input type="checkbox"/> Non-U.S. school							
Name and City/State of Last School Attended _____ Date of Last Attendance _____								

Federal / State	Please check all that apply.							
	<input type="checkbox"/> Yes <input type="checkbox"/> No English not native or primary language - need assistance to read, understand, speak, or write English <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving assistance under the W.A.G.E.S. Act				<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have your rights been restored?			
	What is your current military status?							
<input type="checkbox"/> (Y) No Military History <input type="checkbox"/> (D) Eligible Dependent		Active: <input type="checkbox"/> (A) Active Duty Personnel <input type="checkbox"/> (N) National Guard <input type="checkbox"/> (R) Reserves		Veteran: <input type="checkbox"/> (V) Served prior to 9/11/2001 <input type="checkbox"/> (W) Served on or after 9/11/2001 <input type="checkbox"/> (E) Prior Service, Dates Unknown				

THE SCHOOL SYSTEM PROVIDES SERVICES FOR PERSONS WITH DISABILITIES. IF YOU NEED ASSISTANCE IN THE COURSE OF YOUR STUDIES, PLEASE CONTACT A SCHOOL ADMINISTRATOR.

Acknowledgement	TUITION REFUND POLICY, PRIVACY ACT NOTICE, NON-DISCRIMINATION POLICY, AND STUDENT ACKNOWLEDGEMENT							
	ADULT EDUCATION BLOCK TUITION - Refunds will not be given if the student has attended class. CONTINUING EDUCATION COURSE TUITION - Refunds will be given only if class is cancelled.							
	POSTSECONDARY ADULT VOCATIONAL (PSAV) AND APPLIED TECHNOLOGY DIPLOMA (ATD) PROGRAM TUITION - A student who withdraws from one of these programs will receive a refund of prorated tuition if the student withdraws on or before 10 percent of the scheduled course hours have commenced. After 10 percent of the scheduled course hours have commenced, no refund will be provided.							
	PRIVACY ACT NOTICE - Federal law requires you to give your correct Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to the school district for the purpose of filing information returns with the IRS. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Failure to comply may result in an IRS penalty (Section 6109 of the Internal Revenue Code).							
All information given is true and correct to the best of my knowledge, and I understand the refund information as stated above.								
Student Signature _____				Date _____				
<i>The School District of Hillsborough County does not discriminate nor tolerate harassment on the basis of race, color, ethnicity, national origin, religion, gender, gender identity, sexual orientation, age, disability, marital status, genetic information or pregnancy in its educational programs, services or activities, or in its hiring or employment practices; and it will take immediate action to eliminate such harassment, prevent its recurrence, and address its effects. The following person has been designated to handle inquiries regarding non-discrimination policies: Dr. Pansy Houghton, Executive Officer, Compliance. 813-272-4000; pansy.houghton@sdhc.k12.fl.us; Office of the Chief of Staff, 901 E. Kennedy Blvd., Tampa, Florida 33602.</i>								

Office Use	BLOCK 1 TUITION		BLOCK 2 TUITION		Primary Exceptionality _____ District Student Number _____		CTE ONLY		Site No.	
	Date Paid _____		Date Paid _____		Disaster Affected Student? <input type="checkbox"/> Specify: _____		First-Time Student? <input type="checkbox"/> (Y) 1st Time/Not Dual Enrolled		0362	
	Tuition _____		Tuition _____		CREDIT STUDENTS ONLY		<input type="checkbox"/> (D) 1st Time/Dual Enrolled		Subsite No.	
	Receipt No. _____		Receipt No. _____				Pgm of Studies: _____ Stu Grad Cohort (YY-YY): _____ - _____		<input type="checkbox"/> (N) Not first-time student	

STUDENT DATA SUMMARY

(Not for use by community education or coenrolled students)

Last Name	First Name	Middle Name	Jr. / Sr. / III	District Student Number
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The following questions are requested by federal and state agencies supplying education funding. Please be assured that any information provided will not prevent your enrollment or participation in the course or program.

Employment	<p>EMPLOYMENT STATUS (Select One)</p> <p><input type="checkbox"/> (E) Employed</p> <p><input type="checkbox"/> (S) Employed but with Notice of Termination or in transition out of military service</p> <p><input type="checkbox"/> (U) Not Employed (looking and eligible for employment)</p> <p><input type="checkbox"/> (N) Not in Labor Force (not seeking employment, not eligible for employment, or incarcerated)</p>
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Student Background Information	<p><u>For the remaining questions, please select all that apply to the student seeking enrollment.</u></p> <p>SINGLE PARENT / SINGLE PREGNANT WOMAN</p> <p><input type="checkbox"/> (S) Single Parent</p> <p><input type="checkbox"/> (W) Single Pregnant Woman</p> <p><input type="checkbox"/> (B) Both a single parent and a single pregnant woman</p> <p>DISPLACED HOMEMAKER</p> <p><input type="checkbox"/> (A) Previously unemployed or underemployed while caring for home and family (unpaid)</p> <p><input type="checkbox"/> (B) Previously supported by public assistance or family and now unemployed or underemployed</p> <p><input type="checkbox"/> (C) Parent whose youngest child will become ineligible to receive assistance from TANF (formerly AFDC) within the next two years and who is unemployed or underemployed</p> <p><input type="checkbox"/> (D) Unemployed dependent spouse of a member of the Armed Forces who is on active duty or is deceased or disabled as a result of military service</p> <p>MIGRANT / SEASONAL FARMWORKER</p> <p><input type="checkbox"/> (A) Low-income individual (or their dependent) employed primarily in agriculture or fish farming for 12 months out of the last two years, currently unemployed or underemployed</p> <p><input type="checkbox"/> (B) Seasonal farmworker (or their dependent) whose agricultural labor requires travel such that the farmworker is unable to return to a permanent place of residence within the same day</p> <p>HOMELESS</p> <p><input type="checkbox"/> (A) Homeless without a fixed, regular nighttime residence</p> <p><input type="checkbox"/> (B) Homeless but staying in nontraditional housing (Example: park, abandoned building, or bus station)</p> <p><input type="checkbox"/> (C) Migratory child who has changed school districts in the last 3 years due to parent's seasonal employment</p> <p>OTHER</p> <p><input type="checkbox"/> (C) Perceived employment barrier(s) due to the student's attitudes, beliefs, customs, or practices.</p> <p><input type="checkbox"/> (E) Previously or currently subject to any stage of the criminal justice process for committing a crime or delinquent act</p> <p><input type="checkbox"/> (A) Currently a patient or resident of a medical or special institution (but not incarcerated or homeless)</p>
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Confirmation	<p>I have reviewed this form. Student Initials: _____ Date: _____</p>
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Office Use	- Office Use Only -						
Presented to student for review; no changes since prior survey.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Survey</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Staff Signature</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="padding-top: 5px;">Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.</td> <td style="border-bottom: 1px solid black; text-align: center;">Survey</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>	Survey	Staff Signature	Date	Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.	Survey	Date
Survey	Staff Signature	Date					
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Last Name		First Name		Middle Name		Jr. / Sr. / III		District Student Number		Site No. 0362		Subsite No.	
Basic Information	SEQUENCE NO.	CASAS-											
	COURSE NO.												
	COURSE TITLE		L6 / L7	L1/L2	L3	L4	L4/5	L5	L 5/6	L6			
	ENTRY DATE		EA1	EA1	EA1	EA1	EA1	EA1	EA1	EA1			
	FEE STATUS		M P R	M P R	M P R	M P R	M P R	M P R	M P R	M P R	M P R	M P R	M P R
	FINANCIAL ASSISTANCE	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H	Z A B C D E F G H
	TUITION RESIDENCY	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z	D F N Z
	DISABILITY ACCOMMODATION	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z	A B C I N Z
	FEFP	TABE-											
ADV. CRS. TITLE													
BEGIN DATE													
END DATE													
BEGIN TIME													
END TIME													
DAYS OF WEEK	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	M T W R F S N	
LOCATION													
ROOM		206	217	M-2 M-1	108 M-4	M-10	M-3 M-8	M-6	M-7				
INSTRUCTOR		NIEDBALEC	RODRIGUEZ	KIM PEREZ	Whiteside Dovi	TORRES	McCarthy Turro	KAUFMAN	Montegny M-9				
DAY SCHOOL NO.												MacFarlane	
DAY SCH GRADE													
AUTH. LETTER	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
DUAL ENROLLED	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
CTE FULL-TIME	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
BASIC SKILLS EXAM													
TUITION AMOUNT		\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	
OTHER FEES		\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	
TOTAL AMOUNT		\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	

TUITION RESIDENCY

D - Non-Florida resident paying differential out-of-state fee
 F - Florida resident for tuition purposes
 N - Non-Florida resident for tuition purposes
 Z - Residency determination not required (example: community education, apprenticeship, coenrolled, or dual enrolled)

DISABILITY ACCOMMODATION

A - Self-Identified WFE Level A Support
 B - Self-Identified WFE Level B Support
 C - Self-Identified WFE Level C Support
 I - Self-Identified NOT WFE evaluated
 N - Self-Identified but did not request or require services
 Z - Not Identified / Not Applicable

BASIC SKILLS EXAM

Y - Has Mastered
 N - Not Tested
 P - Tested, Not Mastered
 A - Exempt: Associates Degree or Higher
 B - Exempt: Demonstrates Readiness
 C - Exempt: Industry Certification or Licensure Exam
 D - Exempt: Registered Apprenticeship
 F - Exempt: AWD per Local Policy
 G - Exempt: Program Less than 450 Clock Hours
 Z - Not Applicable (Continuing Ed)

FINANCIAL ASSISTANCE (CIRCLE ALL THAT APPLY)

A - Pell Grant
 B - SEOG: Supplemental Educational Opportunity Grant
 C - Work Study
 D - ITA: Individual Training Account through Workforce Investment Act (WIA)
 E - Other Need-Based Financial Assistance (Scholarships/Loans)
 F - District Financial Aid (Need-Based Only)
 G - Florida Work Experience
 H - Florida Public Postsecondary Career Education Student Assistance Grant
 Z - Did NOT receive need-based financial assistance for course

COMMON FEE STATUS CODES - SEE FEE STATUS MATRIX FOR ADDITIONAL VALUES

R - Fee Required
 C - Fee Exempt (Coenrolled)
 K - Fee Exempt (Apprenticeship)
 M - Fee Exempt (DCF Custody)
 N - Fee Exempt (Welfare Transition)
 P - Fee Exempt (Homeless)
 Q - Fee Exempt (Dual Enrolled)
 W - Fee Waived by School Board Policy