

ADULT STUDENT INFORMATION FORM

Please Print in Ink

Last Name		First Name		Middle Name	Jr. / Sr. / III
Social Security Number	Date of Birth	Gender (Check One) Female Male		Are you, your spouse, or your parent / legal guardian a law enforcement officer, firefighter or judge/justice? YES 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? (1) Advertisement (2) Employer / Union (3) Court Order (4) Internet / Facebook (5) Friend / Relative (6) Teacher / Counselor (7) Drive By (8) Other: _____			

Are you of Hispanic or Latino ethnicity? YES NO Race (Check All That Apply)

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
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What is your residency status?

Coenrolled (High School):	(3) In-County Resident	(2) Out-of-State Resident	(B) Out-of-County Resident	(0) Foreign Exchange Student
Postsecondary (Adult):	(4) Florida Resident	(5) Out-of-State Resident	(6) In-State Evacuee	(7) Out-of-State Evacuee

In what Florida county do you reside? Hillsborough Other: _____

What is your citizenship status? (C) U.S. Citizen (P) Permanent Resident Alien (A) Nonresident Alien (X) Unknown or Not Reported

What is your highest level of schooling? (Check One)

(ZZ) No school grades completed	(16) Completed some college, but did not earn a certificate or degree
Completed at least part of 1st through 11th grade	(17) Earned a career certificate
Highest Grade Completed (Enter 1 - 11) _____	(18) Earned an associate of applied sciences degree
(12) Completed 12th grade, but did not earn a diploma or equivalency	(19) Earned an associate of science degree
(D1) Earned a high school diploma	(20) Earned an associate of arts degree
(G1) Earned a high school equivalency	(21) Earned a bachelor's degree
(15) Earned a special diploma / special certificate of completion	(22) Attained beyond a bachelor's degree

Where did you receive your highest level of schooling? U.S. (including U.S. territories, U.S. military schools, or American schools overseas) Non-U.S. school

Name and City/State of Last School Attended _____ Date of Last Attendance _____

Please check all that apply.

Yes No (Y) English not native or primary language - need assistance to read, understand, speak, or write English	Yes No Have you ever been convicted of a felony?
Yes No (Y) Receiving assistance under the W.A.G.E.S. Act	Yes No If yes, have your rights been restored?

What is your current military status?

(Y) No Military History	Active: (A) Active Duty Personnel (N) National Guard (R) Reserves
(D) Eligible Dependent	Veteran: (V) Served prior to 9/11/2001 (W) Served on or after 9/11/2001 (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.

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 _____

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.

BLOCK 1 TUITION	BLOCK 2 TUITION	Primary Exceptionality	District Student Number	CTE ONLY	Site No.
Date Paid _____	Date Paid _____	Disaster Affected Student?	Specify: _____	First-Time Student?	Subsite No.
Tuition _____	Tuition _____	CREDIT STUDENTS ONLY		(Y) 1st Time/Not Dual Enrolled	
Receipt No. _____	Receipt No. _____	Pgm of Studies: _____		(D) 1st Time/Dual Enrolled	
		Stu Grad Cohort (YY-YY): _____		(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

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 STATUS (Select One)

- (E) Employed
- (S) Employed but with Notice of Termination or in transition out of military service
- (U) Not Employed (looking and eligible for employment)
- (N) Not in Labor Force (not seeking employment, not eligible for employment, or incarcerated)

For the remaining questions, please select all that apply.

SINGLE PARENT / SINGLE PREGNANT WOMAN

- (S) Single Parent
- (W) Single Pregnant Woman
- (B) Both a single parent and a single pregnant woman

DISPLACED HOMEMAKER

- (A) Previously unemployed or underemployed while caring for home and family (unpaid)
- (B) Previously supported by public assistance or family and now unemployed or underemployed
- (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
- (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

MIGRANT / SEASONAL FARMWORKER

- (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
- (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

HOMELESS

- (A) Homeless without a fixed, regular nighttime residence
- (B) Homeless but staying in nontraditional housing (Example: park, abandoned building, or bus station)
- (C) Migratory child who has changed school districts in the last 3 years due to parent's seasonal employment

OTHER

- (C) Perceived employment barrier(s) due to the student's attitudes, beliefs, customs, or practices.
- (E) Previously or currently subject to any stage of the criminal justice process for committing a crime or delinquent act
- (A) Currently a patient or resident of a medical or special institution (but not incarcerated or homeless)

I have reviewed this form. Student Initials: _____ Date: _____

- Office Use Only -

Presented to student for review; no changes since prior survey.

Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.

Survey	Staff Signature	Date
Survey	Staff Signature	Date