DIXIE COUNTY ADULT EDUCATION STUDENT DATA SUMMARY FORM REQUIRED STUDENT INFORMATION

Date Form Completed:	

Last Name: Maiden Name: Social Security #: Address:	Student Email: Date of Birth:		Middle Name:
Street or PO Box City: Phone: Gender:	State: Alt Phone:	ZIP Code:	County:
Ethnicity: Latino or Hispanic Origin Race—Select all that apply: American Indian or Alaskan Native Asian Black or African America Native Hawaiian or other Pacific Islander White			
Highest School Grade Completed (S ☐ No school grades completed	select One):	•	oleted some college, but did earn a certificate or degree
☐ Completed at least part of 1 st thr Highest Grade Comple		☐ Earne	ed a Career Certificate ed and Associate of Applied Science degree
☐ Completed the 12 th grade, but die Diploma or equivalency ☐ Earned a high school diploma ☐ Earned a high school equivalency ☐ Have a disability and attained a h		□ Earne □ Earne □ Attaiı	ed an Associate of Science degree ed an Associate of Arts degree ed a Bachelor's degree ned beyond a Bachelor's degree
Attendance/completion from comp Education Plan (IEP) Where this level was achieved: U	leting and Individual	□ Not U.S. hase	ed school

Employment Status: (Select one—To be Complete upon entry for each term/semester):				
□ Employed				
☐ Employed but with	Notice of Termination or in t	ransition out of military servic	e	
☐ Not in labor force (incarcerated or not eligible for employment)				
☐ Not Employed (loo	king and eligible for employm	nent)		
Background (Select all that apply—To be completed upon entry for each term/semester):				
☐ Disabled	☐ On Public Assistance	☐ Living in Rural Area	☐ Youth in Foster Care	
☐ Single Parent	☐ Single Pregnant Woman	☐ Perceived employment ba	rriers	
☐ Previously or currently subject to any stage of the criminal justice process				
☐ Low-income individual (or their dependent) employed primarily in farming currently unemployed or finding difficulty obtaining work for 12 months out of the last two years				
☐ Migrant or seasonal farmworker (or their dependent)				
☐ Homeless without a fixed, regular nighttime residence				
☐ Homeless but staying in non-traditional housing (ex. Park, abandon building, or bus station)				
\square Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment				
☐ Previously unemployed or underemployed while caring for home and family (unpaid)				
□Previously supported by public assistance or family, and now unemployed or underemployed				
☐ Parent of a child within two years of no longer receiving TANF (formerly AFDC)				
☐ Unemployed dependent spouse of a member of the Armed Forces on active duty				

Emergency Contact Information		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
The student is to complete the following	g affidavit	
I hereby certify that the information on t	this application is accurate	e to the best of my knowledge. The
undersigned hereby acknowledge and fu	ally recognizes that this do	ocument does not constitute a contract and
that the sole and exclusive remedy is wit	thdrawal of the student fr	om the program. The undersigned
voluntarily and knowingly releases and a	agrees to save the School I	Board harmless from liability. In contract or
tort or otherwise, for any and all injuries	arising out of any actions	by other students, other individuals, or
employees of the School Board, except f	or certain tortuous acts o	f the School Board's agent, officers, and
employees to the extent and limit provide	ded in section 768.28, Flor	ida Statutes, the State of Florida's partial
waiver of sovereign immunity. This provi	ision is not to be construe	d as a waiver of any right of defense that the
Board may possess.		
Student Signature:		Date:

Date:_____

Teacher Signature:_____

This Section to be Completed by Adult Education Agency

Enrollment Date:	Separation Date:
Sign Release of Information on File: ☐ Yes	□NO
Program Enrollment Type—PSAV	
Fee Status (F.S. 239.117(2))	
Fee Required. Due \$	
Fee will be paid by Florida Crown Caree	r Source/Employer/Scholorship
Due \$Voucher/Letter	Attached
Instructor's Signature Student Schedule	
Program J400400	
PMT0070 Welder Assistant 1	
PMT0071 Welder Assistant 2	
PMT0072 Welder, SMAW 1	
PMT0073 Welder, SMAW 2	
PMT Welder	
Program J400410	
PMT0075 Advanced Welder 1	
PMT0076 Advanced Welder 2	