



FRANKLIN COUNTY SCHOOL ADULT EDUCATION

23-24 SCHOOL YEAR

Date enrolled \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender  Male  Female

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ethnicity:  Latino or Hispanic Origin  Have limited ability to speak, read, or write English and native language is not English

Race- Select all that apply:

American Indian or Alaskan Native  YES  NO Asian  YES  NO Black or African American  YES  NO

Native Hawaiian or another Pacific Islander  YES  NO White  YES  NO

Highest School Grade Completed (Select One)

No school grades completed  Completed at least part of 1<sup>st</sup> through 11<sup>th</sup> grade

Completed the twelfth grade, but did not attain a diploma or equivalency

Have a disability and attained a special diploma or high school certificate of attendance/completion from completing and Individual Education Plan (IEP)

\*Name of Last High School attended: \_\_\_\_\_

Was this U.S. Based School?  Yes  No

Employment Status: Select One-To be completed upon entry for each term/semester)

Employed

Employed but received notice of Termination or in transition out of military service

Unemployed (looking and eligible for employment)

Not in Labor Force (incarcerated, not eligible for employment, or not seeking employment)

Would like assistance in finding employment

Would like assistance in career/Job training

**Public Assistance (Select all that apply)**

- SNAP (EBT/ Food Stamps)
- SSI (Supplemental Security Income) Service
- TANF (Temporary Assistance for Needy families)
- WIC (Nutritional Assistance for Women, Infants and Children)

**Background (Select all that apply)-** To be completed upon entry for each term/semester):

The school system and the Florida College System provide services for persons with disabilities. If you need assistance during your studies, please notify an administrator.

**WDIS Data reporting: (please answer all that apply)**

- Youth in Foster Care (including aged-out)
- Single Parent     Single Pregnant Woman     Perceived employment
- Unemployment/underemployed previously dependent on public assistance or on the income of a relative
- Unemployed/underemployed is a parent whose youngest child will become ineligible Title IV Part A
- Unemployed/underemployed is a dependent spouse of a member of the Armed Forces on active duty whose income is significantly reduced
- Does not meet conditions (Does not apply)

**WIOA Date reporting: (please answer all that apply)****Homeless Individual or Runaway Youth**

- Lacks fixed, regular and adequate nighttime residence
- Primary nighttime residence not designed for human sleeping accommodation
- Migratory Child
- Under 18 and absent from legal residence
- Does not meet conditions (does not apply)

**Offender (have you ever been arrested?)**

- Not Ex-Offender (NO)     Ex-Offender (YES)

**Migrant and seasonal Farmworker**

- Migrant     Seasonal Farmworker     Does not meet conditions (does not apply)

**Employment**

- Student perceives hinderance to employment     Does not meet conditions (Does not apply)

**Military Status**

- Active -Duty Personnel     Eligible Dependent     Active member of the National Guard
- Veteran (Service Prior to 9/11/2001)     Active member of the Reserves     No Military Service

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\*This information is collected for DOE Data Reporting only and is kept confidential\*

Have you been a resident of Florida continuously during the last five (5) years:  YES  NO

**Emergency Contact Information (Required Information)**

Name:	Phone#	Relationship:
Name:	Phone#	Relationship:
Name:	Phone#	Relationship:

**Allergy Information**

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Have you been arrested resulting in a charge or juvenile action?  YES  NO

\*If you answered YES to any of these questions Please explain: (on additional form)

**If your child is under the age of 18 please complete the information below**

Parent or Guardian information:	
Father or Male Guardian	Mother or Female Guardian
Name: _____	Name: _____
Mailing Address if different: _____ _____	Mailing Address if different: _____ _____
Home #: _____	Home#: _____
Work #: _____	Work#: _____
Cell#: _____	Cell #: _____

**AFFIDAVIT:**

The information on this application is accurate to the best of my knowledge. By signing, I give permission for the use of the data included to be used in managing the program for which I am registering. I understand I agree to abide by all policies of all the Franklin County School Board and the Franklin Adult & Community Education Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*Parent MUST sign if Student is under the age of 18\*\***