

PROGRAM REGISTRATION
 Immokalee Technical College
 The District School Board of Collier County
 508 N. 9th Street: Immokalee, FL. 34142



STUDENT NUMBER

LAST NAME		FIRST NAME		M.I.
TODAY'S DATE		SOCIAL SEC		
STREET ADDRESS			BIRTH DATE	
CITY		STATE	ZIP CODE	
MAILING ADDRESS <small>(if different from above)</small>		CITY	STATE	ZIP CODE
E-MAIL		PROGRAM		
PHONE DAY (____) _____ - _____		PHONE EVE (____) _____ - _____		
REFUND POLICY				
<small>100% refund of tuition & lab fees if class is cancelled by administration. 100% refund of tuition and lab fees minus \$30.00 for career certificate and continuing workforce education classes of more than four weeks in length if student withdraws prior to the start of class or within the first five business days of the first meeting day of class. No refunds after 5 business days. No refunds for Adult General Education classes or for Continuing Workforce Education classes less than four weeks in length. NO REFUNDS for books, insurance, uniforms, or any other associated costs or fees. REFUNDS, WHEN DUE, ARE MADE WITHIN 30 DAYS of the last day of attendance if written notification has been provided by the student, or from the date iTECH terminates the student or determines withdrawal by the student. No refunds will be made until all financial obligations have been cleared.</small>				
I HEREBY CERTIFY THAT ALL INFORMATION ENTERED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I HAVE READ THE REFUND POLICY.				
Signature _____			Date _____	

OFFICE USE ONLY						
Program Name	Program #	Section	PSAV Hrs	Tuit \$	AAAE \$	Total \$
Course Title	Course #	Course Start Date	Course End Date	Hours		

PSAV Tuition _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____
AAAE Tuition _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____
Lab Fee _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____
Insurance _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____
Uniform _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____
Exam _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____
Kit/Tools _____	Cash _____	Ck# _____	MO _____	Credit/Debit _____	Other _____

Fee: Required _____	Deferred _____	Waived _____	Date Paid _____
Processed By _____	Date _____	Receipt # _____	

iTECH Rules of Conduct: Summary

The following rules of conduct are a summary of the rules in the iTECH Catalog and the CCPS Student Codes of Conduct. Please refer to the document for an inclusive and detailed list of rules and expectations. These rules are expected to serve as a guide to students in the program and are not inclusive.

1. Students are expected to wear their iTECH name tag and identify themselves and the program they are attending to staff members, if asked.
2. Adult students must have an iTECH parking decal to park on campus. Students may not park in spaces designated for iTECH businesses or employees. Dual enrollment students must park in the IHS parking lot and walk to iTECH.
3. Students are expected to comply with the written or verbal directions of all school personnel.
4. Students are expected to report to classes on time and remain for the entire class time.
5. Students are expected to attend classes consistently. Failure to attend on a regular basis may result in the student's withdrawal from the program. (See specific attendance policies.)
6. Students are expected to respect the rights and property of other students, visitors, and staff at all times in all class locations
7. Use of tobacco products on school property is strictly prohibited.
8. Trash must be placed in trash cans or the appropriate recycling bins.
9. Defacement of school property is a violation of school board policy. All students are expected to refrain from behavior which is damaging to school property.
10. Food and beverages are not permitted inside of classrooms unless otherwise authorized.
11. No weapons of any kind are permitted.
12. Students are expected to dress appropriately for a school/work environment.
13. Possession or use of illegal substances or alcohol is prohibited at all times.
14. Alteration of grade reports, transcripts, cheating, and plagiarism may result in student withdrawal from the program.
15. Personal telephones or other electronic devices must be set on vibrate mode during class hours. These devices may **not** be used in classrooms unless otherwise authorized. In extraordinary situations, students who anticipate an emergency phone call should consult with the instructor **in advance** to avoid disciplinary action for unauthorized use of a phone.
16. iTECH adult students and high school dual enrolled students are to refrain from interacting with each other except when under the supervision or direction of an Immokalee Technical College staff member. Violation of this provision may result in immediate removal from the program.

Student Signature _____

Date _____

**THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY, FLORIDA
AUTHORIZATION TO RELEASE DIRECTORY INFORMATION**

In accordance with State and Federal law (FERPA), protecting the confidentiality of student information, as well as School Board Policy 8330, the providing of student directory information is limited. We are mindful, however, that photographers for school pictures and yearbook pictures, as well as, vendors for cap and gowns, class rings, and graduation announcements may seek directory information in the forms of your child's name, address, school identification number, and telephone number to carry out their services.

Please check the appropriate boxes below noting whether you agree or do not agree to provide such directory information. If we do not receive this form back within fourteen (14) days, we will assume you have consented to the release of directory information to the photography companies and graduation vendors described above and to be interviewed, photographed, recorded on audio tape or videotaped by the school district and may appear in print publications, on television or on the internet.

Date: _____

Student: _____

Parent/Guardian: _____

Photo-Video Media Release

I consent to having my child interviewed, photographed, recorded on audio tape or videotaped by the school district, for the reporting of programs taking place at (insert school name) with full knowledge that the end product may appear in print publications (including the school yearbook), on television or on the internet.

I do not consent to having my child interviewed, photographed, recorded on audio tape or videotaped by the school district, for the reporting of programs taking place at (school name) with full knowledge that the end product appear in print publications (including the school yearbook), on television or on the internet. My child's photo will not be in the school yearbook.

Release of Directory Information

Yes, the school may release directory information (student name and identification number only) in order to have my child's picture taken by the photography company.

No, the school may not release directory information (student name and identification number only). My child's picture will not be taken by the photography company and will not be included in the school yearbook.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, and their agents, servants, or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recording or other images either of my child or created by my child or others.

Signature of Student ONLY if student is 18 years of age or older

Signature of Parent/Guardian

Relationship

THE SCHOOL DISTRICT OF COLLIER COUNTY, FLORIDA
DEPARTMENT OF WORKFORCE EDUCATION
ADULT STUDENT NOTICE OF SOCIAL SECURITY NUMBER DISCLOSURE

Section 119.071(5)(a)2-4., Florida Statutes requires agencies to notify individuals of the purpose(s) that require the collection of Social Security numbers for the following purposes:

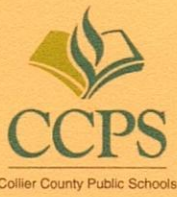
- The Internal Revenue Service and Social Security Administration require a Social Security number on a Form 1098T, which is used to report the amount of tuition a student has paid and/or the amount of financial aid that a student has received during the calendar year.
- The database software systems used by Workforce Education require collection of Social Security numbers as the primary personal identification of adult students for reporting program enrollment to the Florida Department of Education. Social Security numbers are subsequently used to match current and former enrollment records with employer records to track adult student placements in the job market.
- Social Security numbers are used as identifies for processing fingerprints with the Federal Bureau of Investigation and the Florida Department of Law Enforcement for those career and technical programs that require it.
- Social Security numbers may be requested by the Department of Children and Families for students served through the Refugee Education Program.
- Social Security numbers are used by the Florida Department of Education as a standardized identification number for General Education Diploma (GED) test takers.
- Social Security numbers may be required of students in the process of applying for financial aid and are required on all Free Application of Federal Student Aid (FAFSA) applications.
- Requests by students for verification of enrollment and/or transcripts to be provided to third parties may require use of Social Security numbers.

The Social Security numbers of all current and former adult students are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution (Public Records Law).

Signature

Date

Print Full Name



THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY, FLORIDA

AUTHORIZATION TO RELEASE OR RECEIVE INFORMATION

DATE _____ SCHOOL _____

STUDENT NAME _____ Date of Birth _____ Student I.D. # _____

ADDRESS _____

This authorization will allow Collier County Public Schools to release or receive the following:

- Official School Transcript
- Health Data
- Standardized Test Scores
- Treatment Plan/Summary
- Psychological Reports / IEP
- Other (Specify) _____

TO or FROM:

- Any **funding agency** that provides support for my education.
- **Parent** _____
- **Other** _____

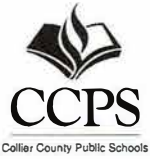
Signature _____

The Federal Family Rights and Privacy Act does not require parent permission for sending records to a school to which a student is transferring. In such case no parent authorization may appear here.

Please Print Name Relationship

Address State Zip

** Place copy in student's cumulative folder **



Immokalee Technical College

Criminal History Self Disclosure Affidavit

Have you ever been charged with a crime (even if adjudication was withheld) which resulted in, or if still pending, could result in probation, community service restitution, a jail sentence, or the revocation or suspension of your driver's license? Driving under the influence is not considered a minor offense and must be included. You are not required to include traffic violations which only resulted in a fine.

YES **NO**

IF YES, PLEASE EXPLAIN IN THE BOX PROVIDED. (Additional Documents may be required.)

I HEREBY CERTIFY THAT ALL INFORMATION ENTERED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION OR FAILURE TO DISCLOSE INFORMATION MAY RESULT IN MY DISMISSAL FROM IMMOKALEE TECHNICAL COLLEGE.

Signature (Firma/Siyati) _____

Date (Fecha/Dat) _____

Immokalee Technical College

508 N. 9th Street
Immokalee, FL. 34142
239.377.9900

Certified Statement for Residency and Application Information

Applicants 18 years of age or older and married applicants under 18 years of age must complete this section. Unmarried applicants under 18 must have this section completed by a parent or legal guardian.

My presence in the State of Florida, is and during the requisite 12-month qualifying period immediately preceding the first day of classes, was for the purpose of maintaining a bona fide domicile, rather than for the purpose of maintaining a mere temporary residence or abode incident to enrollment in an institution of higher education.

Check the box that applies to you:

- I am a Florida resident according to the criteria stated above.
- I am an Out-of-state student for tuition assessment, coming from the State/Country of _____.

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence affidavit may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned pursuant to 837.06, Florida Statutes.

I further certify that I will abide by all regulations of the school and the laws of the State of Florida. I agree that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol during enrollment at Immokalee Technical Center.

Signature of Applicant

Date

If applicant is under 18 years of age, both the student and the parent/legal guardian or spouse must sign this application. For any additional information of the residency classification, please contact a campus guidance counselor or financial aid specialist at the campus you plan to attend.

Signature of Applicant

Date

SECTION I

To be completed by the student at registration. The information provided will be used by the Student Services to send you a survey after you complete your iTECH program.

STUDENT #: _____

STUDENT NAME: _____ SS #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ PHONE #: _____

PROGRAM: _____ START DATE: _____

CURRENT EMPLOYER: _____

JOB TITLE: _____ SUPERVISOR: _____

PHONE # _____ HOURLY/SALARY: _____

If you cannot be reached at the above, please furnish the following information of a friend or relative:

NAME: _____ PHONE#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SECTION II

This section to be completed when student leaves or when student completes the program (instructor-advisor please complete if student is not available).

- Why are you leaving the program? _____ EXIT Date _____
 - Completed my program
 - Employment: Job Title & Company Name _____
 - Military
 - Medical/Personal
 - Continuing at another school: Name of School _____
 - Pregnancy or other personal health related issue
 - Caring for ill family member
 - Incarceration
 - Death
 - Plan to return on: _____
 - If leaving before program completion, how can we help you to stay in your program? _____
 - Other _____
- Please check any financial aid you have received while enrolled:
 - Pell Grant Scholarship Voc Rehab VA FJEP WDA SWFW COFFO
 - Seminole Tribe Henkel's & McCoy IMMCAA Project Strive Other _____
- Program Evaluation (Your comments are very important to help improve curriculum, classroom conditions, supplies/equipment available, etc.) _____

- Please update any information in Section I that is not correct.

SCHEDULE OF BENEFITS
Coverage for Injuries due to Accidents only

Maximum Benefit:	Plan "Basic"	Plan "A"	Plan "B"	Plan "C"
School-Time Option	\$25,000	\$25,000	\$25,000	\$25,000
24-Hour Option	\$25,000	\$25,000	\$25,000	\$25,000
Injuries Involving Motor Vehicles	\$25,000	\$25,000	\$25,000	\$25,000
Death Benefit/Single Dismemberment	\$10,000	\$10,000	\$10,000	\$10,000
Double Dismemberment	\$20,000	\$20,000	\$20,000	\$20,000
Loss Period for Medical Benefits	Treatment must begin within 90 days from the date of Injury			
Benefit Period for Medical and AD&D/Loss of Sight Benefits	1 Year	1 Year	1 Year	1 Year
Excess Coverage Applicability	Full Excess	Full Excess	Full Excess	Full Excess
Hospital/Facility Services - Inpatient				
Hospital Room and Board (Semi-Private Room Rate)	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Hospital Intensive Care	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Inpatient Hospital Miscellaneous	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Hospital/Facility Services - Outpatient				
Outpatient Hospital Miscellaneous (Except physician services and x-rays paid as below)	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Hospital Emergency Room	100% RE* / \$100 Max.	100% RE* / \$200 Max.	100% RE* / \$400 Max.	100% RE* / \$600 Max.
Free-standing Ambulatory Surgical Facility	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Day Surgery Miscellaneous	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Physician's Services				
Surgical	100% RE* / \$750 Max.	100% RE* / \$1,500 Max.	100% RE* / \$3,000 Max.	100% RE* / \$4,500 Max.
Assistant Surgeon	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Anesthesiologist	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits	25% of Surgical Benefits
Physician's Non-surgical Treatment (Except as below)	100% RE* / \$35 per day	100% RE* / \$50 per day	100% RE* / \$100 per day	100% RE* / \$150 per day
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	\$35/Visit / 10 Visits Max.	\$50/Visit / 10 Visits Max.	\$100/Visit / 10 Visits Max.	\$150/Visit / 10 Visits Max.
Other Services				
Registered Nurses' Services	100% RE*	100% RE*	100% RE*	100% RE*
Prescriptions - outpatient	100% RE	100% RE*	100% RE*	100% RE*
X-rays, includes interpretation - outpatient	100% RE* / \$200 Max.	100% RE* / \$250 Max.	100% RE* / \$400 Max.	100% RE* / \$600 Max.
Diagnostic Imaging (MRI, CAT Scan, etc) includes interpretation - outpatient	100% RE* / \$400 Max.	100% RE* / \$500 Max.	100% RE* / \$800 Max.	100% RE* / \$1,200 Max.
Ground Ambulance	100% RE* / \$350 Max.	100% RE* / \$500 Max.	100% RE* / \$1,000 Max.	100% RE* / \$1,500 Max.
Air Ambulance	100% RE* / \$350 Max.	100% RE* / \$500 Max.	100% RE* / \$1,000 Max.	100% RE* / \$1,500 Max.
Durable Medical Equipment (includes Orthopedic Braces & Appliances)	100% RE* / \$200 Max.	100% RE* / \$250 Max.	100% RE* / \$400 Max.	100% RE* / \$600 Max.
Dental Treatment to sound, natural teeth	100% RE* / \$200 Max.	100% RE* / \$250 Max.	100% RE* / \$400 Max.	100% RE* / \$600 Max.
Due to covered injury. (When the dentist certifies that treatment will continue beyond the 52 week benefit period the Company will continue to cover the incurred expenses at 100% RE*; provided such expenses are incurred within 2 years from the date of the first treatment for injury)				
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered injury.	100% RE* / \$200 Max.	100% RE* / \$250 Max.	100% RE* / \$400 Max.	100% RE* / \$600 Max.
Heart or Circulatory Malfunction	100% RE* / \$10,000 Max.	100% RE* / \$10,000 Max.	100% RE* / \$10,000 Max.	100% RE* / \$10,000 Max.
*RE means Reasonable Expense	GER_0714 ENOSPORTS(0152)			

To apply for coverage, please enroll on-line with a credit card at www.schoolinsuranceagency.com or cut along the dotted line, complete the form and mail it, along with your check or money order, to the Please Return To: address shown below.

Please Return To: Fowinkle School Insurance Agency
170.53 - Avenue West
Bradenton, FL 34207

2019 - 2020 ENROLLMENT APPLICATION

Student's Last Name _____ Student's First Name _____ Student's Middle Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Birthdate _____

School System _____ CCPS _____ Name of School _____ Immokalee Technical College _____

Check your selection:

School Time Excluding all Interscholastic Sports	<input type="checkbox"/> \$ 9.00	<input checked="" type="checkbox"/> \$ 12.00	<input type="checkbox"/> \$ 29.00	<input type="checkbox"/> \$ 45.00
24-Hour Dental	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$8.00

Please make check payable to Gerber Life Insurance Company

Total Enclosed: _____

Signature of Parent or Guardian _____ Date _____

COL-11-EF 0152