



# ADULT STUDENT INFORMATION FORM

Please Print in Ink

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"/> (O) 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"/> (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		
<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		
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 Do you most frequently speak a language other than English and/or 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"/> Active: <input type="checkbox"/> (A) Active Duty Personnel <input type="checkbox"/> (N) National Guard <input type="checkbox"/> (R) Reserves		
<input type="checkbox"/> (D) Eligible Dependent <input type="checkbox"/> 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	<b>TUITION REFUND POLICY, PRIVACY ACT NOTICE, NON-DISCRIMINATION POLICY, AND STUDENT ACKNOWLEDGEMENT</b>	
	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.		

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