



Marion Technical College Adult Education Application

All qualified applicants will receive consideration without regard to race, creed, color, national origin, sex, or disability. Please complete all sides of the application. Incomplete applications will not be considered. A \$15 application fee is due at the time of submission.

Program Applying for:

Have you attended a Marion County School in the past? **Yes** **No**

Last Name		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III	First Name		Middle Name	Alias/Former Maiden Name	
Street Address/Residence			City		State		Zip
Mailing Address (if different from above)			City		State		Zip
Home Phone		Cell Phone		Work Phone		Email Address	
Birth Date		Place of Birth (City, State)		If not born in the USA, date you entered the USA:		Social Security Number	

Information collected on this form is used for reporting to the Department of Education and does not determine admission to any program at MTC

01. GENDER

- M** Male **F** Female

02. WHAT IS YOUR ETHNICITY?

- Hispanic
 No Hispanic or Latino descent

03. WHAT IS YOUR RACE? (Please check at least one)

- W** White
 B Black/African American
 A Asian
 I American Indian/Alaska Native
 P Native Hawaiian/Other Pacific Islander

04. I AM A FLORIDA:

- 4** Resident
 5 Out-of-State Resident
 6 Florida resident who has been displaced to Marion County due to natural disaster
 7 Out-of-state resident who has been displaced to Marion County due to natural disaster

05. ARE YOU A VETERAN

- V** Student is a Veteran
 Z Does not apply

06. I AM A:

- S** Single parent (custody of minor children)
 W Single pregnant woman
 B Both single parent/single pregnant woman
 Z Does not apply

07. MY GOAL AS A STUDENT IS:

- A** Employment
 C Retain Employment
 D Pass GED
 E Obtain High School Diploma
 F Advance to Postsecondary Level
 I Citizenship
 Z Not Applicable

08. ARE YOU LIMITED ENGLISH PROFICIENT?

- Y** Difficulty speaking, reading, writing or understanding English
 N Does not apply

09. OTHER INSTITUTIONALIZED ADULT

- A** Patient or Resident of medical or special institution (not correctional facility and not homeless)
 Z Does not apply

10. WHAT IS YOUR CITIZENSHIP STATUS?

- A** Non-Resident Alien
 C U.S. Citizens
 P Permanent Resident Alien
 X Unknown or not reported

EMERGENCY CONTACT

Name			
Relationship			
Address			
City			
State		Zip	
Phone (Home)			
Phone (Work)			
Phone (Cell)			
Notes:			

***ALL SECTIONS MUST BE FILLED OUT
COMPLETELY***

11. WHAT IS YOUR PRIMARY LANGUAGE?

- English
- Spanish
- Russian
- Portuguese
- Croatian
- Other _____

12. WHAT IS YOUR ENVIRONMENT TYPE?

- Family Literacy-(Even Start)
- Workplace Literacy
- Homeless
- Disability Information
- On Public Assistance
- Living in a Rural Area
- Not Applicable

13. HOW DID YOU HEAR ABOUT MTC?

- Television
- Radio
- Internet
- From a Student
- From a Counselor
- Newspaper
- Job/Career Fair
- Community Agency
- Social Media (Facebook, Twitter, etc.)
- Other _____

14. Origin of Schooling, Adult

- Level of Schooling was obtained in US schools
- Level of schooling was obtained in Non-US schools
- Unknown

15. HIGHEST SCHOOL GRADE COMPLETED (Select One)

- No Schooling
- 1 2 3 4 5 6 7 8 9 10 11
- Completed 12th grade, but did not attain a high school diploma
- Earned a high school diploma
- Earned a GED or high school equivalency
- Have a disability and attained a special diploma or high school certificate of attendance/completion from completing an Individual Education Plan (IEP)
- Completed some college, but did not earn a degree or certificate
- Attained a Career Certificate
- Attained an Associate of Applied Sciences degree
- Attained an Associate of Science degree
- Attained an Associate of Arts degree
- Attained a Bachelor's degree
- Attained beyond a Bachelor's degree

16. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

- Yes
- No

If yes, please list the charge(s): _____

17. PLEASE LIST ANY OTHER EDUCATION OR EXPERIENCE YOU HAVE IN THE AREA OF INSTRUCTION FOR WHICH YOU ARE APPLYING FOR ADMISSION

I attest that the information stated in this application is true and accurate, and understand that the information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law. I give representatives of Marion Technical College permission to use my social security number as means of identification. I also hereby authorize communication of information for the purpose of determining admission decisions or for identifying services or agencies to assist me. All pertinent records and information may be released including those regarding past, present, or future information or records that may be needed for admission determination, financial assistance eligibility, or follow-up purposes. This information may include, but shall not be limited to, educational records, health/physical status/records, income/employment information and vocational rehabilitation assessment or evaluation tools.

Print Name	Student Signature	Date
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Drug Free Workplace – Statement of Understanding

It is the policy of the Marion County School Board to maintain a drug free workplace for all employees and students. This will be done in conformity with the Drug Free Workplace Act of 1988, as amended in 1989, with passage of Public Law 101-226. Therefore, the manufacture, distribution, dispensation, possession or use of controlled substances is unlawful and prohibited at any Marion Technical College (MTC) locations. Employees and students who violate this policy will be terminated. Employees and students who are convicted of violating any criminal drug statute must notify the Director at their location within 5 days of the conviction.

Marion Technical College (MTC) has an obligation to you, to help you get the best education and preparation possible for your chosen career. MTC is also obligated to the employers who hire our graduates. They trust us to provide them with the best employees in their field. We cannot follow through with these obligations if our students or employees are using drugs. MTC is a drug free environment.

I realize that I make choices in my life. I realize that each choice I make carries consequences. I realize that I am responsible for my choices. I understand and agree to abide by this commitment to stay drug-free and to make the most of my education and my future.

Print NameStudent SignatureDate

OFFICE USE ONLY

Program Enrolled Type: ABE/GED ESOL AAAE

Enrollment Date: _____

Location of Classes: on Campus Online off Campus _____

Signed Release of Information on File: Yes No

Assessment Test:

Test Type: TABE CASAS Test Date: _____

Entered by: _____

	Form	Level	Scale Score	Grade Equivalence
Reading				
Math				
Language				
Listening				

Amendment to:
Marion Technical College Adult General Education Application

Created: June 6, 2016

Student Name _____ Student ID# _____

Date of Birth _____

Employment Barrier

(C) The participant perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.

Yes No

Ex-Offender

(E) Participant has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.

Yes No

Migrant and Seasonal Farmworker

(A) Low-income individual

- who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or under employment and
- faces multiple barriers to economic self-sufficiency
- a dependent of the person described above

Yes No

(B) Seasonal Farmworker

- whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day
- a dependent of the person described above.

Yes No

Homeless Individual

(A) Lacks a fixed, regular and adequate nighttime residence; this includes an individual who is: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; living in a motel, hotel trailer park or campground due to a lack of alternative adequate accommodations; is living in an emergency or transitional shelter; is abandoned in a hospital; or is awaiting foster care placement.

Yes No

(B) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground.

Yes No

(C) Participant is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work.

Yes No

Over →

Amendment to: Marion Technical College Adult General Education Application

Created: June 6, 2016

Displaced Homemaker

(B) Participant has been dependent on public assistance or on the income of a relative but is no longer supported by such income and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes No

(D) Participant is providing unpaid services to family members in the home and is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to provision of laws referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member.

Yes No

Employment Status

(E) Employed

- Did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Yes No

(S)Employed

- Received Notice of Termination of Employment or Military Separation or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member, (i.e., within 12 months of separation or 24 months of retirement).

Yes No

(U) Not employed

- but are seeking employment, make specific efforts to find a job, and are available to work

Yes No

(N) Not in Labor Force

- learners who do not meet the conditions stated in values E, S, U or those who are incarcerated

Yes No

Over →

Marion Technical College
Marion County School Board
1014 SW 7th Road, Ocala, FL 34471
(352) 671-7200

STUDENT REGISTRATION INFORMATION

STUDENTS WITH DISABILITIES

Reasonable accommodations and services are available to students with documented disabilities. If you have any special needs, you may arrange for an appointment for advisement counseling with designated personnel at 1014 SW 7th Road, Ocala, Florida 34471 (Telephone 352-671-4134). Prospective students should obtain and complete a Self-Identification Form available in the Student Services Department.

RELEASE FORM

In consideration of the acceptance of this Registration, I, the enrollee (whose signature is found on the reverse side) intending to be legally bound hereby, for myself, my heirs, my executors, my administrators, waive and release any and all claims for losses and damages I may have against the Marion County School Board and their representatives, successors, and assignees for any and all injuries suffered by me in said event. I attest and verify that I am physically fit to participate in the program for which I am enrolling. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, recordings and any other records of this event for Educational or Promotional purposes.

SAFETY STATEMENT FOR STUDENTS

The maintenance of a safe and healthy educational environment is of the utmost importance to the Marion County School Board. Therefore:

- It is a requirement for all students to wear all necessary personal protection equipment, including eye protection, while in any shop area.
- All students must agree to follow all safety rules and procedures during the operation of power tools, machinery or any other tool or device which could cause injury to themselves or others.
- It is the student's responsibility to inform the instructor if he/she has any questions regarding the safe operation of tools and equipment.
- It is the responsibility of the student to notify the instructor and/or administration of MTC of any injury occurring while participating in a program of study at MTC, no matter how slight the injury may seem.
- Unsafe conditions noticed by the student must immediately be brought to the instructor's attention.
- The student agrees to follow any and all safety standards outlined in program/course student handbooks.

CLASS CANCELLATION AND REFUND POLICY 2016 - 2017

Marion Technical College has a fair and equitable refund policy for the refund of tuition, fees, and other charges that is uniformly administered and is published in the CTAE catalog. This policy complies with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations.

Tuition refunds for MTC students leaving prior to program completion are based on the following refund policy:

- a) In the event of class cancellation, all tuition and fees will be refunded within 30 days of the scheduled class start date.
- b) If a student formally withdraws before the first scheduled day of instruction, all tuition and fees excluding the \$15.00 application fee and any fees paid for items already received by the student, will be refunded.
- c) For **Fee Based** courses: **No refund will be given after the first class meeting.**
- d) For Adult Education courses, **no refund will be given after the 5th class meeting after initial enrollment for the term.**
- e) For Continuing Workforce (**CWE**) classes: If a student withdraws before completing two (2) days of a scheduled **CWE** class, a refund will be given within 30 days with or without a written request from the student. No refunds are made after the second class meeting or for fees of \$10.00 or less.
- f) For **Career and Technical Education** programs: If a student withdraws before completing five (5) days of the **first** scheduled course in that payment/enrollment term, a refund will be given within 30 days with a request from the student. A processing fee of \$50.00 will be retained on all **Career and Technical. Education** refunds. **No refunds are made after the 5th class meeting in a given term or for fees of \$10.00 or less.**
- g) Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty following, either attendance at a regularly scheduled orientation or following a tour of the facilities and inspection of the equipment. The \$20.00 application fee is non-refundable.
- h) **No refunds will be given for administratively withdrawn students.**
- i) Online Refund Policy: All cancellations of class enrollment must occur prior to five (5) business days before the start of the scheduled class to receive a full refund. Individuals cancelling enrollment within the (5) day period preceding the start of a scheduled class will be assessed a \$50.00 processing fee. The remainder of the class fee will be refunded to the individual via the same credit card used to pay for the class.
- j) A student who is called or enlists in active military service shall not incur academic or financial penalties by performing military service on behalf of our country.
- k) For students receiving Title IV financial aid, federal regulations also apply.
- l) Fees for **all classes in a respective term(s)** are due **(a)** at the time of registration and/or **(b)** on the date(s) set by a Tuition Installment Plan (TIP).
- m) Fees for uniforms, drug screening and tools, kits or equipment are non-refundable.

I have read and accepted these conditions of enrollment.

Student Initials: _____ **Date:** _____

*Revised June 2016
DHD*



PERMISSION TO RELEASE INFORMATION

Regarding Student: _____ DOB: _____ Grade: _____

PART I: SCHOOL SYSTEM AUTHORIZATION TO RELEASE INFORMATION TO OUTSIDE PARTY

Permission is granted to the Marion County School Board and its authorized agents to release to:

Agency or Individual: _____
Address: _____ City: _____ State/Zip: _____
Telephone#: _____ Fax #: _____

The following information related to the captioned student:

- Transcript information only
- Official student record file
- Special records (specify): _____
- Other (specify): _____

I understand that I have the right to review all of my child's records and am entitled to a copy of the records to be forwarded prior to their release at the cost established by the School Board, if I so indicate. I also understand that I have a right to record review hearings to challenge the content of my child's records and may do so by contacting the principal of the school my child is attending or the Superintendent/designee.

*Parent/guardian printed name: _____ Signature: _____

Relationship: _____ Date: _____

PART II: OUTSIDE PARTY AUTHORIZATION TO RELEASE INFORMATION TO SCHOOL SYSTEM

To: GED Testing Service and/or Florida GED Records
Address: _____ City: _____ State/Zip: _____
Telephone#: _____ Fax #: _____

Permission is granted to release to the Marion County School Board and its authorized agents any medical, psychological, social, or educational information relating to the captioned student.

Requested information should be sent to:

Name: _____ Title: _____ School: _____
Address: _____ City: _____ State/Zip: _____
Telephone#: _____ Fax#: _____

*Parent/guardian printed name: _____ Signature: _____

Relationship: _____ Date: _____

*Student may grant permission if 18 years of age, or attending a post-secondary institution as permitted by the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99)