Adult Education Registration
Spring 2019
Returning Student: [ ] ABE/GED [ ] ESOL

Date: ______________________
Student ID: ________________________

Last Name: ________________________ First Name: ________________________ Middle: ____________

Address: ___________________________ City: ___________ State: _________ Zip Code: _______

Phone Number: _________________________ Alternate Phone Number: __________________________

Date of Birth: ________________________________ Social Security Number: _________________________

Email Address:________________________________

Employed: [ ] Yes [ ] No If NO, are you seeking employment? [ ] Yes [ ] No

Definition of Returning Students:
A student who was registered for classes in Fall 2018 (July 2018 – December 2018)

Refund Policy
No refund will be given after the 3rd class meeting of initial scheduled start date.
No refunds will be given for administratively withdrawn students.
Presentation of a receipt is required for all refund requests.

Student’s Signature:______________________________ Date: ____________________________

For Office Use Only:
[ ] Demographics Updated in FOCUS [ ] $45 Tuition Fee
Receipt #: __________________________
Date: ____________________________

Notes:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

~ An Equal Opportunity School District ~
Drug Free Workplace
Save-A-Friend (877) 737-4363

Update 11/05/18 mak
Adult General Education Expectations

Attendance Policy:

- If I am absent from class six consecutive days, I will be withdrawn from that class.
- If I am withdrawn from a class for being absent for six days, I will be given one chance to re-enroll in that class during the semester.
- If I am absent from a class for 30 calendar days in a row, I may not re-enroll in that class.
- If I am absent from school for 90 calendar days in a row, I may not enroll in classes for the rest of the school year.

Classroom Expectations:

- No cell phones or electronic devices.
- Consistent attendance is critical to your success in our program.
  - You are expected to be on time and remain in your class for the full duration.
- Wear ID badge above waist at all times.
  - (If you forgot your badge, you can purchase a new badge, go home or have someone bring the badge before going to class.)
- Sign in and out of class at all times.

Dress Code and General Appearance:

- No “short shorts” or cut-offs
  (Shorts must be as long as the student’s finger when their shoulders are down)
- No spaghetti straps, halter tops, or racer-back shirts
- No mid-riff (stomach showing)
- Must wear shoes, no bedroom slippers
- No inappropriate messages on shirts/hats/etc.

Sexual Predator and Sexual Offender Notification:

- https://offender.fdle.state.fl.us
- 1-888-357-7332

I have read, understand, and acknowledge the above statements:

Print Name: Last                        First                                        Date                                  Signature

Updated: 12/12/2018 mak
MTC Attendance Policy

Please read the items listed below and initial each one.

1. _____ I understand if I am absent six days in a row that I will be withdrawn from my classes.

2. _____ If I am withdrawn from a class for being absent for six days, I will be given one chance to re-enroll during the semester.

3. _____ I understand if I am gone from a class for 30 calendar days in a row that the school will not be able to re-enroll me in that class.

4. _____ I understand if I am gone from school for 90 calendar days in a row that I will not be able to take classes for the rest of the school year.

5. _____ I understand attendance is critical to success. I am expected to be on time and remain in class for the full duration.

__________________________  __________________________
Print Name                      Student’s Signature

Date: ___________________________

Updated: 11/05/2018 mak