MARION TECHNICAL COLLEGE

Student ID:_____

Adult General Education Expectations
Expectativas de Educación General para Adultos

Attendance Policy / *Póliza de Asistencia:*

- If I am absent from campus class six consecutive days or do not meet my time on task requirements for online classes, I will be withdrawn from that class. _____
  Si estoy ausente de la clase del campus seis días consecutivos o no cumplo con los requisitos de tiempo en la tarea para las clases en línea, seré retirado de esa clase.

- If I am withdrawn from a campus class or online class for attendance or not meeting my time on task requirements, I will be given one chance to re-enroll in that class during the semester. I **will** have to pay the **$15** re-enrollment fee. _____
  Si me retiran de una clase del campus o clase en línea por asistencia o por no cumplir con los requisitos de tiempo en la tarea, se me dará una oportunidad de volver a inscribirme en esa clase durante el semestre. Tendré que pagar la tarifa de reinscripción de $15.

- If I am absent from a class for 30 calendar days in a row, I may not re-enroll in that class. _____
  Si estoy ausente de una clase durante 30 días consecutivos, no puedo volver a inscribirme en esa clase.

- If I am absent from school for 90 calendar days in a row, I may/may not be permitted to enroll in classes for the rest of the school year. _____
  Si estoy ausente de la escuela durante 90 días consecutivos, es posible que se me permita o no se me permita inscribirme en clases por el resto del año escolar.

Classroom Expectations / *Expectativas Del Salón de Clases*:

- No cell phones or electronic devices. _____
  No se permiten teléfonos celulares ni aparatos electrónicos

- 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. _____

  La asistencia constante es fundamental para su éxito en nuestro programa.
  - **Se espera que llegue a tiempo y permanezca en su clase durante todo el tiempo.**

- 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.) _____

  Use la tarjeta de identificación por encima de la cintura en todo momento.
  - ***(Si olvidó su tarjeta, puede comprar una nueva, irse a la casa o pedirle a alguien que se la traiga antes de ir a clase).***

- Sign in and out of class at all times. _____
  Firme al entrar y al salir cada clase en todo tiempo.

- I **MUST** post-test before the end of the semester. If I DO NOT post-test I may **NOT** be able to register for the next semester. _____
  DEBO hacer un examen posterior antes de que finalice el semestre. Si NO hago la prueba posterior, es posible que NO pueda registrarme para el próximo semestre.

OVER / DETRAS →

Revised: 08/23/21 (JC)

Dress Code and General Appearance / Código de Vestimenta y Apariencia General:

- No "short shorts" or cut-offs. _____
  (Shorts must be as long as the student's finger when their shoulders are down) _____
  No se permiten "pantalones muy cortos" o cortados.
  (Los pantalones cortos deben ser tan largos como el dedo del estudiante cuando sus hombros están hacia abajo)

- No spaghetti straps, halter tops, or racer-back shirts. _____
  No se permiten tirantes finos, blusas sin mangas o camisetas con espalda cruzada.

- No mid-riff (stomach showing). _____
  No se permiten blusas cortas (que muestre el estómago)

- Must wear shoes, no bedroom slippers. _____
  Debe usar zapatos, no pantuflas o chinelas.

- No inappropriate messages on shirts, pants, etc. _____
  No se permiten mensajes inapropiados en las camisas, pantalones, etc.

Disciplinary Process / Proceso Disciplinario:

- 1st Offense – Student will receive a verbal reprimand from your teacher. All referrals are sent to the Dean of Students. _____
  1ra Ofensa - El alumno recibirá una reprimenda verbal de su maestro. Todas las referencias se envían al Decano de Estudiantes.

- 2nd Offense – Student will attend meeting with Dean of Students and AGE School Counselor. Student will be suspended for 2 days and upon returning from suspension will be required to sign a "Corrective Action" form. _____
  2da Ofensa - El estudiante asistirá a una reunión con el Decano de Estudiantes y el Consejero Escolar de AGE. El estudiante será suspendido por 2 días y al regresar de la suspensión deberá firmar un formulario de "Acción Correctiva".

- 3rd Offense – Student will attend a meeting with Dean of Students and AGE School Counselor. Student will be administratively withdrawn from the program. _____
  3ra Ofensa - El estudiante asistirá a una reunión con el Decano de Estudiantes y el Consejero Escolar de AGE. El estudiante será retirado administrativamente del programa.

Revised: 08/23/21 (JC)

Sexual Predator and Sexual Offender Notification:
Notificación de Depredador Sexual y Agresor Sexual:

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

To inform individuals applying for or receiving services, in writing, that their personal and confidential information:
Para informar a las personas que solicitan o reciben servicios, por escrito, que su información personal y confidencial:

a) Will be shared only among the WIOA core program partner staff and subcontractors;
Se compartirá solamente entre el personal asociado y los subcontratistas del programa básico de WIOA;

b) Will be used only for the purpose of conducting an employment data match and that further disclosure of personal confidential information or records is prohibited; and
Se utilizará únicamente con el fin de realizar una comparación de datos de empleo y se prohíbe la divulgación adicional de información o registros personales confidenciales; y

c) Will not be shared among WIOA core partners if the individual declines to share personal confidential information or records and that declining to share will not impact eligibility for services. _____
No se compartirá entre los asociados principales de WIOA si la persona se niega a compartir la información personal confidencial y que al declinar el compartir no afectará la elegibilidad para servicios.

I have read, understand, and acknowledge the above statements:
He leído, entiendo y acepto las declaraciones anteriores:

Print Name:	Last	First	Date	Signature
Imprima Nombre:	***Apellido***	***Primer Nombre***	***Fecha***	***Firma***

Revised: 08/23/21 (JC)

MARION TECHNICAL COLLEGE

USE TINTA AZUL

Permiso para Divulgar Información / Contacto de Emergencia

Fecha Efectiva: _____

Official Use Only
Student ID:

Nombre del Estudiante: _____ Ultimo Cuatro # del SS: _____
(Apellido) (Primer Nombre) (Inicial Segundo Nombre)

POR FAVOR MARQUE LA CASILLA DE PERMISO QUE APLICA:

☐ Doy permiso para divulgar y / o discutir mi información académica y personal a las personas enumeradas debajo. Entiendo que puedo rescindir este permiso en cualquier momento mediante una solicitud por escrito.

Permiso otorgado a: (ESCRIBA EN LETRA LEGIBLE)

Nombre: _____ Relación: _____

Nombre: _____ Relación: _____

Nombre: _____ Relación: _____

☐ Declino el permiso para divulgar y / o discutir mi información académica:

POR FAVOR MARQUE LA CASILLA DE PERMISO QUE APLICA:

☐ **Doy permiso** para que mi información se comparta entre el personal asociado y los subcontratistas del programa básico de WIOA. Mi información solo se utilizará con el fin de realizar una verificación de datos de empleo y que se prohíbe la divulgación adicional de información o registros personales confidenciales.

☐ **Declino** el intercambio de mi información entre el personal asociado y los subcontratistas del programa básico de WIOA. (El declinar no afectará mi elegibilidad para los servicios).

CONTACTO DE EMERGENCIA:

Nombre: _____ Relación: _____

Dirección: _____

No. de Teléfono: _____

Dirección de Correo Electrónico: _____

Firma del Estudiante: _____

MARION
TECHNICAL COLLEGE

*** USE BLUE INK**

Permission to Release Information / Emergency Contact

Official Use Only
Student ID# _____

Effective Date: _____

Student's Name: _____ Last Four SS# _____
(Last) (First) (MI)

PLEASE CHECK THE PERMISSION BOX THAT APPLIES:

☐ I give permission to release and /or discuss my academic and personal information to the individual(s) listed below. I understand that I can rescind this permission at any time by making a written request.

Permission granted to: (PLEASE PRINT LEGIBLY)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

☐ I decline permission to release and /or discuss my academic information.

PLEASE CHECK THE PERMISSION BOX THAT APPLIES:

☐ I **give permission** for my information to be shared among the WIOA core program partner staff and subcontractors. My information will only be used for the purpose of conducting an employment data match and that further disclosure of personal confidential information or records is prohibited.

☐ I **decline** the sharing of my information among the WIOA core program partner staff and subcontractors. (Declining will not impact my eligibility for services.)

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Email Address: _____

Student Signature: _____

Marion County Public Schools
1014 SW 7th Road, Ocala, Florida 34471 • 352.671.7200 • www.MarionTC.edu
~An Equal Opportunity School District~

Marion Technical College Refund Policy

Marion Technical College has fair and equitable procedures for the refund of tuition, fees, and other charges uniformly administered and published in the MTC catalog. These procedures comply with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations. All refunds shall be accounted for and audit trails maintained in accordance with Chapter 8 of the Financial and Program Cost Accounting and reporting for Florida Schools (AKA – Red Book). Refunds, when due, will be made without requiring a request from a student and will be processed within 45 days; students with VA Education Benefits will be processed in 40 days.

1. Refunds for Classes Cancelled by the Institution:
   A. Tuition and fees collected in advance of the start date of a program and the institution cancels the class, the institution refunds 100% of the tuition and fees collected.
2. Refunds for Students Who Withdraw on or Before the First Day of Class:
   A. If tuition and fees are collected in advance of the start date of classes and the student does not begin classes or withdrawals on the first day of classes, no more than $100 of the tuition and fees may be retained by the institution.
3. Refunds for Students Enrolled Prior to Visiting the Institution:
   A. Students who have not visited the school facility prior to enrollment will have the opportunity to withdrawal without penalty within three days following either attendance at a regularly scheduled orientation or following a tour of the facilities and inspection of the equipment.
4. Refunds for Withdrawal After Class Commences:
   A. Tuition refunds for students enrolled in CCP programs of 600 hours or greater are as follows:
   1. If a student withdrawals during the first five (5) days of class – 100% of tuition and lab fees.
   2. If a student withdrawals after the fifth day of class – NO refund

   B. Tuition refunds for students enrolled in CCP programs of less than 599 or less hours are as follows:
   1. If a student withdrawals during the first three (3) days of class – 100% of tuition and lab fees.
   2. If a student withdrawals after the third day of class – NO refund
5. Refunds for Students Enrolled in Continuing Workforce Education, Community Enrichment Classes or Limited Contract Classes:
   A. All fees are non-refundable for courses related to continuing Workforce Education (CWE), Community Enrichment Classes or Limited Contract Classes.
6. Students Administratively Dismissed:
   A. Students administratively dismissed will not be eligible for a refund.
7. Students who pay fees but are entitled to a waiver, voucher or agency payment shall be entitled to a refund of fees only if required evidences are presented to the school or his/her designee within fifteen (15) school days of the beginning of a term.

Additional Refund Policies:

- A $50 Processing fee will be charged except for an administratively cancelled class.
- No refund on books, supplies, insurance, fingerprinting or testing fees.
- Registration fees are non-refundable
- No refund will be given for fees used to purchase required program professional liability insurance.
- No refunds will be made until ALL financial obligations have been cleared.
- If student tuition has been paid by MTC FA or a sponsoring agency, the refund due will be

returned to the MTC FA fund or the agency that sponsored the student. Students are responsible for any resulting unpaid tuition and fees.

- When a student withdrawals and is due a refund, the refund will be processed within 45 days. No funds will be held for future use.
- Payments made by credit card will be refunded to the same credit card used for payment. Cash payments will be refunded by school district check made payable and mailed to name listed on the original receipt.
- Official transcripts will be held until ALL debts owed to the school are paid.
- Students who feel they have been treated unfairly in the application of these procedures or its rules may appeal using the student grievance procedure as presented in the Student Handbook.
- AGE/ESOL –No refunds after the third scheduled day of class.
  AGE/ESOL- No hay reembolsos despues del tercer dia de clases.

_____

Signature of student

_____

Date

_____

Signature of Parent or Guardian

_____

Date

MARION TECHNICAL COLLEGE

Marion Technical College Department of
Marketing and Media

Student Photo/**Video Release Form**
Formulario de Autorización de Fotos / **Videos del Estudiante**

I, _____(please print), grant permission to Marion Technical College and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby waive any right to inspect or approve the finished photograph/video or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. I hereby release Marion Technical College and its legal representatives for all claims and liability relating to said images or video. I release MTC, its officers, employees and agents, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using or distributing these photographs/video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

Yo, _____ (en letra de imprenta), otorgo permiso a Marion Technical College y a sus agentes y empleados el derecho irrevocable e irrestricto de reproducir las fotografías y / o imágenes de video tomadas de mí, o de miembros de mi familia, con el propósito de publicación, promoción, ilustración, propaganda o comercio, de cualquier manera, o en cualquier medio. Por la presente renuncio a cualquier derecho de inspeccionar o aprobar la fotografía final / video o copia publicitaria o material impreso que pueda usarse junto con el mismo o para el uso eventual que pueda aplicarse. Por la presente libero a Marion Technical College y sus representantes legales de todas las reclamaciones y responsabilidades relacionadas con dichas imágenes o videos. Libero a MTC, sus funcionarios, empleados y agentes, de todas y cada una de las reclamaciones de daños y responsabilidades como resultado de cualquier distorsión, desenfoque o alteración, ilusión óptica o uso en forma compuesta, ya sea intencionalmente o de otro modo, que pueda ocurrir haciendo, mostrando, usando o distribuyendo estas fotografías / videos. Además, doy permiso para usar mis declaraciones que se dieron durante una entrevista o conferencia, con o sin mi nombre, con el propósito de propagación y publicidad sin restricción. Renuncio a mi derecho a cualquier compensación.

Please sign and fill out the following:
Por favor firme y complete lo siguiente:

Print Name/**Title**:
Imprima Nombre / **Titulo**: _____

Signature:
Firma: _____

Date:
Fecha: _____

Email Address:
Dirección Electrónica: _____

Career Certificate Programs

Print your Name _____

Please, look over the Career Certificate Programs and select accordingly.

D = Definitely Interested M = Maybe Interested NA = Not

___Automotive General Service Technician

___Baking & Pastry Arts

___Barbering

___Business Management & Analysis

___Commercial Class "B" Driving

___Commercial Vehicle Driving

___Emergency Medical Technician

___CSIT - Computer System & Info Technology

___Firefighter/Emergency Medical Technician Combined

___Fundamental Foodservice Skills

___Heating, Ventilation, Air-Conditioning/Refrigeration (HVAC)

___Medical Coder/Biller

___Nursing Assistant (CNA)

___Paraprofessional (Teacher Aide)

___Practical Nursing

___Radiologic Technology

___Welding Technology

___Welding Technology Advanced

___OTHER (print)_____

___Cosmetology

___Electrician-APPR

___Facials Specialty

___Firefighter

___Massage Therapy

___Nail Specialty

___Phlebotomy

Programas de Certificado de Carrera

Nombre: _____

Por favor, revise los Programas de Certificado de Carrera y seleccione.

D = Definitivamente interesado M = Tal vez interesado N/A = No

___Técnico de Servicios Generales Automotrices

___Artes de panadería y pastelería (Repostería)

___Barbería

___Gestión y Análisis de Negocios

___Conducción Comercial Clase "B"

___Conducción de vehículos comerciales

___Técnico de Emergencias Médicas

___Cosmetología

___Electricista-APPR

___Especialidad Faciales

___Bombero

___Masajes Terapéuticos

___Especialidad en uñas

___Flebotomía

___CSIT - Sistemas Informáticos y Tecnologías de la Información

___Bombero/Técnico de Emergencias Médicas Combinado

___Habilidades fundamentales de servicio de alimentos

___Calefacción, Ventilación, Aire Acondicionado/Refrigeración (HVAC)

___Codificador/facturación médica

___Auxiliar de Enfermería (CNA)

___Ayudante de Maestro (Paraprofessional)

___Enfermería práctica

___Tecnología radiológica

___Tecnología de soldadura

___Tecnología de soldadura avanzada

___OTRO (letra de imprenta) _____