

**FL STU # _____ DISTRICT SCHOOL BOARD OF PASCO COUNTY
CAREER AND TECHNICAL EDUCATION CLASS REGISTRATION FORM**

MIS Form #619
Rev. 3/03

REGISTRATION FORM DIRECTIONS: Please print and use legal names. Please complete every item. Items on this registration form are required by Florida Statute and/or Administrative Code. If you need assistance or special services to complete this form, please tell the staff at the time of registration.

LAST NAME _____ JR./SR./III _____ FIRST NAME _____ MIDDLE/MAIDEN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (if different) _____ CITY _____ STATE _____ ZIP CODE _____

GENDER Male Female HOME PHONE _____ WORK PHONE _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE (MM/DD/YYYY) _____ BIRTH PLACE (City/State/Country) _____

RACIAL/ETHNIC GROUP:
 White non Hispanic (W) Black not Hispanic (B) Hispanic any race (H) Multiracial (M)
 American Indian or Alaskan Native (I) Asian or Pacific Islander (A)

CHOOSE THE DESCRIPTION THAT BEST REFLECTS YOUR STATUS:
 Adult rural resident (R) Patient or resident of medical or special institution (A)
 Not applicable (Z)

RESIDENCE (ADULTS)
 (4) Florida (5) USA (not Florida); fee required

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:
 Are you a high school grad/GED? Yes (31) No (30)
 Are you a veteran? Yes (V) No (Z)
 Are you limited English proficient? Yes (Y) No (N)
 Are you a first time adult education student? Yes (Y) No (N) If no, last year attended _____
 Are you a displaced homemaker Yes (H) N/A (Z)

HAVE YOU BEEN REFERRED BY AN AGENCY? Yes No If YES please specify:
 WAGES Board Jobs and Benefits Office Vocational Rehabilitation
 Department of Children and Families JTPA Other _____

DISABILITY:
 N/A or not self-identified (Z) Disabled/self-identified/receiving services (I)
 Disabled/self-identified/not receiving services (N)

SINGLE PARENT (MALE OR FEMALE)/SINGLE PREGNANT WOMAN
 Single Parent (S) Single Pregnant Woman (W) Both (B) Not applicable (Z)

List the name, address and telephone number of two friends or relatives who will know your educational/professional status and how to contact you one year after your graduation.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

AFFIDAVIT I hereby certify that the information on this application is correct to the best of my knowledge. By signing, I am giving my permission for use of this data included herein in managing the program for which I am registered.

Student Signature _____ Date _____

Official Signature _____ Date _____ Receipt # _____

REGISTRATION/WITHDRAWAL DATA

Survey Period F (Fall) Jul-Aug _____ W (Winter) Aug-Jan _____ S (Summer) Jan-Jun _____ YEAR 200__ Center _____

COURSE TITLE	COURSE #	TEACHER	SEC #	DAY	TIME	ROOM	INIT. FL	FEE	AFS	CLASS HR	START DATE	CONTACT HR

TEACHER SIGNATURE _____ OCP _____ WD CODE _____ WD DATE _____

WITHDRAWAL DATA

TABE

Score	Level	Form	Date	The student was required to complete an assessment of basic skills within the six weeks after admission to the program and
READING _____	_____	_____	_____	<input type="checkbox"/> Y Demonstrated mastery of required minimal basic skills.
MATH _____	_____	_____	_____	<input type="checkbox"/> N Has not completed initial assessment or demonstrated mastery of the minimal level of basic skills.
LANGUAGE _____	_____	_____	_____	<input type="checkbox"/> E Not required/exempt to be assessed for basic skills exam.

unable to test 0.0 list level, form, and date

DISTRIBUTION: White - Date Entry; Canary - Teacher; Pink - Office; Goldenrod - Student

REGISTRATION CODES

MIS Form #619

Rev. 3/03

Back

ADULT GENERAL EDUCATION:

INITIAL FUNCTIONING LEVEL

B	Gr 0 -1.9	ABE Beginning Literacy
F	Gr 2 - 3.9	ABE Beginning Basic Education
H	Gr 4 - 5.9	ABE Intermediate Low
J	Gr 6 - 8.9	ABE Intermediate High
K	Gr 9 -10.9	Adult Secondary Education Low (WITHOUT high school diploma or its equivalent)
L	Gr11- 12.9	Adult Secondary Education High (WITHOUT high school diploma or its equivalent)
M	Gr11- 12.9	Adult Secondary Education High (WITH a high school diploma or its equivalent)

ESOL

2	Literacy/Foundation
3	Low Beginning
4	High Beginning
5	Low Intermediate
6	High Intermediate
7	Advanced

VESOL

C	Beginning
D	Intermediate
E	Advanced

ADULT FEE STATUS

R	Fee Required
D	Fee Deferred
F	Fee Exempt /No high school diploma
K	Fee Exempt/Apprenticeship program
N	Fee Exempt/Employment & training program
P	Fee Exempt/Homeless

FINANCIAL ASSISTANCE

D	ITA
E	Scholarships/loans
F	Need-based district financial aid
Z	Did NOT receive need-based financial aid

REGISTERED APPRENTICESHIP

A	On-the-job training in an approved apprenticeship program
B	Classroom-related instruction in an approved apprenticeship program
Z	N/A

VOCATIONAL CREDENTIAL AWARDED THIS TERM

V	Vocational Certificate
Z	N/A - includes all Continuing Workforce Education

WITHDRAWAL CODES

(OCP) OCCUPATIONAL COMPLETION POINTS:

Administrative Assist	B070401 (A-D)	Commercial Foods/Cul. Arts	I200403 (A-G)	Facials Specialty	I120424 (A)
A/C, Refrig. & Heat Tech.	I470203 (A-D)	Computer Electronics Tech.	I470104 (A-E)	Marine Service Tech.	I490306 (A-F)
Auto Collision Repair & Refin.	I470603 (A-E)	Cosmetology	I120404 (A)	Nails Specialty	I120414 (A)
Auto Service Tech.	I470608 (A-E)	Digital Publishing	B070638 (A-E)	Nursing Assistant	H170602 (A)
Cabinetmaking	I480704 (A-D)	Early Childhood Ed.	V200210 (A-D)	Printing & Graphics Art	H480201 (A-E)
Child Care Center Operations	V200206 (A)	Early Childhood Ed. (APP)	V200210 (A-B)	School Bus Driver Training	I490215 (A)
Commercial Art Tech.	I480203 (A-D)	Electricity	I460312 (A-C)	Sports & Rec. Turf Mgmt.	A020607 (A-C)

WITHDRAWAL CODES:

W28 Adult vocational certificate completer	W36 Transportation problems	W44 Adult certificate of completion
W29 Left class/remains in program	W37 Child care problems	W45 Adult State of Florida (GED) diploma
W30 Obtained job/previously unemployed	W38 Family problems	W46 Location where class met
W31 Obtained better job/employed	W39 Time class was scheduled	W47 Procedurally withdrawn-will continue next term/year
W32 Entered another training program	W40 Other known reasons _____	W49 Moved
W33 Achieved personal objective	W41 Unknown reasons	W50 Deceased
W34 Lack of interest	W42 Expelled from school	
W35 Health problems	W43 Adult standard diploma	

PLACEMENT AND FOLLOW-UP

Name of employer _____ Type of job _____

Address _____ Phone () _____

Continuing Education Yes No Name of school _____ Military Yes No

Date of contact _____ Instructor Signature _____