

Emerald Coast Technical College

REGISTRATION FORM

Please Print Clearly

FI ID#: _____

Alias ID#: _____

PROGRAM : _____		Enrollment Date: _____ / _____ / _____		
<input type="checkbox"/> First Time Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Dual Enrolled Student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Legal Last Name: _____	Suffix (Sr., III): _____	Legal First Name: _____	Middle Name: _____	Previous Name(s) (if changed): _____
Social Security Number (Financial aid and tracking purposes): _____ - _____ - _____		BIRTHDATE: _____ / _____ / _____	Citizenship:	
			<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien	
			Birthplace: _____ City: _____ State: _____	
Street Address: _____	Apartment #: _____	City: _____	State: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____		Email Address: _____ @ _____
Gender:	Diploma Status:	Highest Level of Schooling:		Origin of Highest Level of Schooling:
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Dual Enrolled Student Only	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Special High School Diploma/Cert of Completion	<input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1 -5 <input type="checkbox"/> Grades 6 – 8 <input type="checkbox"/> Grades 9 -12 <input type="checkbox"/> Grades 9 – 12 with Diploma <input type="checkbox"/> GED –Equivalency Diploma <input type="checkbox"/> Some College or Postsecondary – No Degree <input type="checkbox"/> College or Professional Degree (AA, AS..)		<input type="checkbox"/> U.S. Based Schooling <input type="checkbox"/> Non – U.S. Based Schooling
Home High School:	<input type="checkbox"/> Standard High School Diploma <input type="checkbox"/> High School Equivalent / GED			
High School Grade:	<input type="checkbox"/> Adult High School Diploma			
<input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	High School Diploma/Equivalent Date: _____			
Ethnicity: Hispanic/Latino/Spanish	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Race: (Check all that Apply):	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White			
Status (Check all that apply):	Adult Disability (Check one):	Employment Status (Check one):	Financial Assistance - Check at least one (Circle specific)	
<input type="checkbox"/> First Time Student <input type="checkbox"/> Dual Enrolled Student <input type="checkbox"/> Veteran or dependent of Veteran <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Rural Resident (Population < 2500) <input type="checkbox"/> Receiving Public Assistance <input type="checkbox"/> English Language Learner - Adult <input type="checkbox"/> Homeless Student <input type="checkbox"/> Is or was in the custody of the Dept Children & Family Services	<input type="checkbox"/> Not applicable or Not initiated <input type="checkbox"/> Self-initiated – Requesting special services <input type="checkbox"/> Self-initiated - NOT requesting services Documentation Required <input type="checkbox"/> Not Applicable <input type="checkbox"/> Single Parent <input type="checkbox"/> Single Pregnant Woman <input type="checkbox"/> Both - Single Parent and Pregnant	<input type="checkbox"/> Employed <input type="checkbox"/> Employment Temporary <input type="checkbox"/> Unemployed Occupation: _____ Employer Name: _____ Employer Phone: _____ () - _____	<input type="checkbox"/> Did NOT receive Financial Aid <input type="checkbox"/> PELL GRANT <input type="checkbox"/> VA <input type="checkbox"/> Federal Work-study <input type="checkbox"/> WIA – Jobs Plus/One Stop <input type="checkbox"/> Tri-County /Foundation <input type="checkbox"/> ECTC 10% Financial Aid <input type="checkbox"/> Florida Work-study <input type="checkbox"/> State Funds(FSAG - CE /BF) <input type="checkbox"/> Florida Pre Paid	
Emergency Contact Information (ONE Contact Required):				
Last Name: _____	First Name: _____	Relationship: _____	Home Phone: _____ () - _____	Work Phone: _____ () - _____
				Cell Phone: _____ () - _____
Record of Expulsion /Convictions		Answer	YEAR	CITY, STATE INCIDENT OCCURED
Have you ever been expelled from a public school?		<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Have you ever been arrested and charged with a crime?		<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Have you ever been referred to Juvenile Justice?		<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
All information requested is required by Florida Statutes				

If you answered yes to any of these questions, please provide a written statement on the back of this application.

AFFIDAVIS:
 I hereby certify the information on this form is accurate to the best of my knowledge. I understand that false or incomplete information will result in immediate dismissal from Emerald Coast Technical College. I have read and understand the refund policy. By signing below, I give Emerald Coast Technical College the right to use my likeness (in photo or video) and my words (spoken or written) for public relations and/or recruitment/marketing purposes without compensation and free of restrictions.

Student Signature: _____ Date: _____

IF THE STUDENT IS UNDER AGE 18, THE PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION:
 I hereby certify that the information on this application is accurate to the best of my knowledge. I understand that false or incomplete information will result in immediate dismissal from Emerald Coast Technical College. I have read and understand the refund policy. By signing, I am giving my permission for the use of this data included herein in managing the program for which the student is registered.

Parent or Legal Guardian Signature: _____ Date: _____

NOTICE OF NETWORK AND INTERNET ACCEPTABLE USE POLICY

The Walton School District is providing computer network and Internet access for its students and employees. This service allows employees and students to share information, create and maintain school-based websites, research diverse subjects, and learn new concepts.

The account provided by the WCSD should be used only for educational or professional purposes. Staff may use the Internet for personal use only if such use is incidental and has received prior supervisory approval.

All use of technology must be in support of education, research and used to extend the resources of WCSD. Uses that violate any state or federal or municipal ordinance are unacceptable. Uses that involved the download, access or transmitting of inappropriate matters on the Internet (P2P), music, video content or personal social networking is considered unacceptable. Uses that cause harm to others or damage to property are unacceptable.

For more detailed information about the uses, safety and penalties please refer to the current Walton School District Student Code of Conduct located in the office or on the web site. (www.walton.k12.fl.us). By signing below, you agree to abide by all of the written policies of WCSD.

I have read, understand, and agree to abide by the provisions of the Network and Internet Acceptable Use Policy of the Walton County School District.

Student Signature

Date

FERPA AGREEMENT

I give permission for the Walton County School District to release my directory information in publications for the purpose of marketing, historical documentation or program promotion.

I understand that my directory information and/or photos may appear in school district media such as: school websites, school newspapers, class pictures, or other school communication tools.

Student Signature

Date

CODE OF CONDUCT

The Emerald Coast Technical College Catalog contains specific information relating to Student Code of Conduct. These rules and regulations cover topics such as academic dishonesty, falsifying information, violation of the AUP, and driving on campus. The catalog is available in hardcopy, via the www.wcdc.edu web site or sent to your e-mail address provided.

Violation of the policies and regulations can result in dismissal from my program, loss of financial aid, or other consequences as outlined in the Code of Conduct.

By signing below, I acknowledge and agree to abide by the guides, rules, and regulations set forth in the Student Code of Conduct.

Student Signature

Date

Admissions : (initials of Admissions Officer) All signatures checked _____
Offer of hardcopy of Emerald Coast Technical College Catalog _____
Offer of hardcopy of WCSD Code of Conduct _____
