

Emerald Coast Technical College

REGISTRATION FORM

Student Id#: _____

Please Print Clearly

Program:		Grade Level:	Enrollment Date:
<input type="checkbox"/> First Time Student <input type="checkbox"/> Returning Student		/ /	

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

Street Address:	Apartment #:	City:	State:	Zip Code:	Residential County:

Home Phone:	Cell Phone:	Email Address:
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Gender:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Highest Level of Schooling:	Origin of Highest Level of Schooling:
Ethnicity: Hispanic/Latino/Spanish	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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
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):	Veteran or Dependent of Veteran (Check one):	Employment Status (Check one):	Financial Assistance - (Check one):
<input type="checkbox"/> Adopted <input type="checkbox"/> First Time Student <input type="checkbox"/> Is or was in the custody of the Dept. Children & Family Services <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Homeless Student <input type="checkbox"/> Purple Heart Recipient <input type="checkbox"/> Receiving Public Assistance	<input type="checkbox"/> No Military History <input type="checkbox"/> Active Duty Personnel <input type="checkbox"/> Eligible Dependent <input type="checkbox"/> Active Member of the National Guard <input type="checkbox"/> Active Member of the Reserves <input type="checkbox"/> Veteran (Service Prior to 9/11/01) <input type="checkbox"/> Veteran (Service on or after 9/11/01)	<input type="checkbox"/> Employed <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Unemployed	<input type="checkbox"/> Did NOT receive Financial Aid <input type="checkbox"/> PELL Grant <input type="checkbox"/> Federal Work-study <input type="checkbox"/> WIOA – Jobs Plus/One Stop <input type="checkbox"/> Tri-County /Foundation <input type="checkbox"/> Scholarship Recipient (Name of Scholarship): _____ <input type="checkbox"/> Florida Work-study
	Adult Disability (Check one):	Single Parent (Check one):	
	<input type="checkbox"/> No Disability <input type="checkbox"/> Self-initiated – Requesting 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	

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

AFFIDAVIT:
 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 NONDISCRIMINATION
 The Walton County School District does not discriminate on the basis of race, color, national origin, gender, gender orientation, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act.

AUTHORIZATION FOR RELEASE OF INFORMATION

Student/Applicant Name: _____

Social Security Number: XXX-XX-_____

I authorize Emerald Coast Technical College (ECTC) to disclose information in my student file with other agencies, prospective employers, school officials and other entities and individuals as beneficial and necessary for my academic and employment success.

I further authorize ECTC to request and receive similar information from other agencies with which I am or have been involved. This includes but is not limited to school transcripts and financial aid documents.

Each student who enrolls in Emerald Coast Technical College is requested to provide his/her social security number for use as student identification in the management information system (MIS) maintained by the school district. A student is not *required* to provide his/her social security number as a condition of enrollment or graduation. A student may satisfy the *requirement* by presenting his/her social security card or a copy of the card at admissions or registration. The student's social security number will be used as a unique identifier in the student's permanent file. A notation will be made in the student's file when the student identification number is not the social security number. (Florida Statutes 1008.386)

List additional individuals authorized to receive information from your ECTC file.

_____	_____
Full Name of Additional Individual	Relation to Student
_____	_____
Full Name of Additional Individual	Relation to Student

I have read the above statements and/or had it explained to me and I am in full agreement.

_____	_____
Student Signature	Date

_____	_____
Parent or Guardian Signature	Date
(Necessary if applicant is under 18 years of age)	

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.ectc.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

COVID-19

Walton County School District strives to create safe, high quality educational environments where students can gain the skills and knowledge necessary to achieve family and personal goals. To ensure the safety of our students during the 2020-2021 school year, information provided in all school handbooks may change as needed to comply with all health and safety measures required to prevent the spread of COVID-19 and ensure fairness and equity for our students.

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 _____
