



Charlotte Technical College-Postsecondary Program Registration

REGISTRATION FORM DIRECTIONS: Please type or print clearly in black ink and use legal names. Complete every requested item. Every item on this application is required by Florida Statute and/or Florida Administrative Code. If you feel you need special services or assistance to complete this form or for persons with disability to succeed in the course, please tell the staff at the time of registration. DATA ELEMENTS MANDATED BY FLORIDA STATUTES 229.8075 and 229.559

Today's Date _____ Email _____

Legal Name _____ Social Security #: _____-_____-_____

 Last First Middle

Date of Birth: ____/____/____ Are You Employed? ___ Yes ___ No Gender ___ M ___ F

Birthplace _____

 City State Country

Residence Address (CANNOT be a Post Office Box)

Street Apt./Unit City Zip

Mailing Address (if different than Residence Address)

Street Apt./Unit City Zip

Phone: Home _(____)_____-____ Cell:_(____)_____-____ Work:_(____)_____-____

Non-Resident Alien ___ Yes ___ No

US Citizen ___ Yes ___ No

Permanent Resident Alien ___ Yes ___ No

Resident of Florida ___ Yes ___ No

(For in-state tuition, you need to provide 2 acceptable forms of proof of FL residency for preceding 12 consecutive months)

Are you Hispanic? ___ Yes ___ No

Check all that apply:

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White/Caucasian

___ Multi-racial

Highest level of schooling completed:

___ No Schooling

___ High School Diploma ___ Year Received

___ Grades 1-5

___ GED ___ Year Received

___ Grades 6-8

___ Some College, no degree

___ Grades 9-12

___ College or professional degree

___ None of the above

Origin of Schooling (Choose One)

___ U.S. Based Schooling

___ Non-U.S. Based Schooling

Check all that apply:

Both-Single Parent & Single Pregnant Woman (B)

Single Parent (S)

Single Pregnant Woman (W)

Displaced Homemaker (H)

Not Applicable (Z)

Are you:

LEP (Limited English proficient student) Yes No

Special Needs Yes No If YES,

Explain _____

Are you a veteran? Yes No

Have you been referred by any of the following agencies?

WAGES Board WIA Vocational Rehabilitation Department of Children & Families

Other: _____

Choose one of the following:

Enrolling in a continuing workforce education course to upgrade occupational skills to re-enter the occupation or to maintain stability or advance within an occupation? Yes No

Enrolling in a job preparatory instruction in the competencies necessary for entry into an occupation?

Yes No

Choose one of the following:

This is my first enrollment at a postsecondary school Yes No

I was enrolled in the _____ in _____
Program/Course Year

Name of Previous School(s) Attended.

I certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this information.

Student Signature _____

Parent/Guardian Signature _____

(for students under 18 years of age)

Course Name & No./Advertised Title _____ **Start Date:** _____

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Days

Time

Bldg/Room

Instructor

The School Board shall comply with all federal laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the Board that no person in this District shall, on the basis of race, color, religion, national origin, sex (including sexual orientation, transgender status, or gender identity), age, gender, pregnancy, marital status, disability, or legally-protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in any program or activity for which the Board is responsible or for which it receives financial assistance from the U.S. Department of Education. Policy 1122

FLORIDA RESIDENCY DECLARATION FOR TUITION PURPOSES

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought.

- Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.
- To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services, or other qualified alien as defined under federal law. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature pursuant to section 1009.21, Florida Statutes (see "Qualification by Exception" below). All other persons are ineligible for classification as a Florida "resident for tuition purposes."
- Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states if the student or, in the case of a dependent student, his or her parent has moved from another state.

Please print if submitting hard copy.

Name of Student: _____ Date of Birth: _____

Student is a: U.S. Citizen Non-U.S. Citizen Permanent Resident Other

Alien Registration Number: _____ Issue Date: _____

Visa Category _____

All non-U.S. citizen students seeking classification as a Florida resident for tuition purposes are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration Services office.

NON-FLORIDA RESIDENT

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as "reclassification" of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s. 1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form, with the exception of signing below.

Student Name: _____

Signature of Student: (Electronic or ink): _____ Date: _____

TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:

I qualify as a resident for tuition purposes, as defined by s. 1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: (select one of the options below):

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant below. The claimant is my "parent" as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17." A copy of your parent's tax return may be requested to establish dependence.

I am an independent person who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy of your tax return may be requested to establish independence.

I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):

TERM OF APPLICATION: (check one): FALL SPRING SUMMER YEAR: 20 _____

QUALIFICATION BY EXCEPTION (to be completed by the student.)

As provided in s. 1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.98, Florida Statutes.) (Required: Copy of Florida Prepaid Recipient card.)

I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate and/or other documents required to establish residency.)

I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment. (Required: Evidence of previous enrollment as a FL resident)

I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.

Active duty members of the Armed Services of the United States residing in this state and their spouses and dependent children, and active drilling members of the Florida National Guard. (Required: Copy of military orders or DD2058 showing home of record.)

Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida College System institution or state university within 50 miles of the military establishment

where they are stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)

United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. (Required: Copy of marriage certificate or proof of dependency.)

Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children. (Required: Employment Verification)

Students from Latin America and the Caribbean who receive scholarships from the federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. (Required: proof of scholarship and Latin America or Caribbean residency.)

Southern Regional Education Board's Academic Common Market graduate students attending Florida's state universities. (Required: Certification letter from State Academic Common Market Coordinator.)

Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Employment verification/payment agreement.)

McKnight Doctoral Fellows and Finalists who are United States citizens. (Required: Verification from graduate studies.)

United States citizens living outside the United States who are teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate. (Required: Proof of enrollment in graduate program for FL teaching certificate.)

Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed. (Required: Proof of active duty membership for specified purpose.)

Active duty members of a foreign nation's military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. (Required: Proof of active duty membership for specified purpose.)

TO BE COMPLETED BY THE CLAIMANT/PERSON CLAIMING FL RESIDENCY:

Note: If the student is a dependent, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is independent, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. **No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.**

Claimant/Name of Person Claiming FL Residency: _____

Claimant's Relationship to Student: _____

Claimant's Address: _____

_____ Telephone Number: _____

Date Claimant began establishing legal FL residence (if upon birth, enter birthdate): _____

PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY
Per s. 1009.21(3)(c), Florida Statutes, the residency determination must be documented by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

A. **Claimant must provide at least one of the following of his/her personal documentation:**

- Florida Voter's registration card Number: _____ Issue Date: ____/____/____
- Florida Driver's license. Number: _____ Original Issue Date: ____/____/____

- Current Issue Date: ____/____/____
- Florida State identification card. Number: _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
 - Florida Vehicle registration. Number: _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
 - Proof of permanent home in Florida occupied as primary residence for 12 consecutive months prior to the student's enrollment. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration.)
 - Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence.)
 - Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months.
(Dates of Attendance: _____ Graduation Date: ____/____/____). (Required: transcript)
 - Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. (Required: pay stubs or W-2 form for past 12 consecutive months and/or verification from employers, and/or an IRS 1099 with verification of employment for the past 12 consecutive months from an employer.)

B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):

- Declaration of domicile in Florida in accordance with s. 222.17, Florida Statutes.
- Florida professional or occupational license.
- Florida incorporation.
- Document evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization.
- Any other documentation that supports your request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida.

RESIDENCY DECLARATION:

I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are true and further affirm the authenticity of the information provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my claim as a Florida resident for tuition purposes.

Student Name (Please Print): _____

Claimant Name (if not the Student): _____

Signature of Claimant (Electronic or ink): _____ Date: _____



Emergency Information

Student Name: _____

Program: _____

PART I: Emergency Contacts:

1.)	_____	_____	_____
	Name	Relationship	Day Phone #

2.)	_____	_____	_____
	Name	Relationship	Day Phone #

Family Physician: _____ Phone: _____

Allergies: _____

Daily Medications: (list) _____

Medical Conditions: (list) _____

Part II: Consent for Emergency Treatment

I hereby authorize (check one) Fawcett Memorial Bayfront Health Port Charlotte to provide emergency treatment for me in a life threatening situation.

Date: _____ Signature: _____

(If under age of 18) Parent/Guardian Signature: _____

Part III: Accident insurance coverage is mandatory for students in high-risk programs and is strongly suggested for all students. Charlotte Technical Center makes available to all of its students an insurance program that provides accident coverage during the scheduled program hours. This insurance program is the same policy available to all Charlotte County students and costs a very nominal amount.

In order to assure that each of our students (and parents of minors) is aware of the importance of insurance coverage, we request that you check one of the boxes below to verify the accident insurance coverage you have.

School accident insurance – I have made application to the insurance programs made available through Charlotte Technical Center.

Accident coverage is provided through my own personal insurance company. ATTACH COPY OF INSURANCE CARD

_____	_____
Name of Company	Policy Number



Student Internet Usage Agreement

Acceptable Use of Technology Resources/Internet Usage Agreement

The Terms and Conditions for Internet use and this Agreement were written referencing School Board policies 7540, 7540.1, 7540.2 and 7540.3; Student Network and Internet Acceptable Use and Safety

STUDENT RESPONSIBILITY AGREEMENT

I, _____, student at Charlotte Technical College, am making a request for school network/Internet access privileges. I have read this agreement, and I understand and agree to abide by the duties and responsibilities that go with my access to the network. I further understand that access to this network is a privilege and not a right, and that this privilege may be revoked at any time if I make inappropriate use of the network or fail to comply with the terms of the Charlotte County Public Schools Internet Usage Agreement. I may also be subject to school discipline for failure to comply.

Student' signature _____ Date _____

Family Rights and Privacy Act of 1974 (FERPA) ReleaseStudent's Full Name: _____
(Please Print)Enrolled in Program: _____
(Please Print)

FERPA provides for the confidentiality of student education records. Charlotte Technical College may not disclose educational information, nor permit inspection of a student's education records without the written permission of the student, unless such actions are covered by certain exceptions as stipulated in FERPA.

I, _____, hereby grant Charlotte Technical College permission to provide copies of written records, permit inspection and review of the contents of my education records, and/or to discuss my academic performance with the following person(s):

Name: _____ Relationship: _____
(Please Print) (Please Print)Name: _____ Relationship: _____
(Please Print) (Please Print)Name: _____ Relationship: _____
(Please Print) (Please Print)

This request is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).

Please initial all that apply:

_____ All Academic records, graduation, and registration records pertaining to me at Charlotte Technical College

_____ All disciplinary records pertaining to me in my file at Charlotte Technical College

_____ All financial aid information in the Financial Aid Office at Charlotte Technical College

_____ All financial records in the Business/Accounting Office pertaining to me at Charlotte Technical College.

_____ All attendance records in the Student Services Office pertaining to me at Charlotte Technical College

Other _____

Student must sign this form in the presence of a Charlotte Technical College Official. This release remains in effect until you provide written revocation of your consent.

Student's Signature: _____ Date: _____

CTC Official Receiving: _____ Date: _____

Registrar's Office: _____ Date: _____

Important: Changes to the student record must be made at the request of the student and approved by an Administrator at Charlotte Technical College.

RELEASE OF EDUCATIONAL RECORDS

Charlotte Technical College maintains your educational records in a confidential manner.
At your written request, the College will release copies of your educational records.

By signing this form, you authorize the College to release educational information
and records to sponsoring agencies and educational facilities.

I authorize Charlotte Technical College to release my educational records.
I understand that this consent shall remain in effect until revoked by me in writing.

Student Name (print)

Student Name (signature)

Date

Date of release	Sent to	Address	Comments

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Charlotte Technical College is accredited by the Commission of the Council on Occupational Education