

FIRST COAST TECHNICAL COLLEGE STUDENT REGISTRATION HIGH SCHOOL

REGISTRATION FORM DIRECTIONS: Please print and use legal names. Every item on this form is required by Florida Statute and/or Florida Administrative code. Please inform staff of any special services or assistance you may need.

Social Security #: _____ Last Name: _____ First Name: _____ MI: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from physical address)

Date of Birth: ____/____/____ Place of Birth: _____

Phone #: (____) _____ SEX: ___ Female ___ Male

Ethnicity: Hispanic/Latino Non Hispanic/Latino Please also complete "Race" selection below. Check all that apply.

Race: White Black/African American Asian American Indian/Alaska Native Native Hawaiian or Other Pacific Islander

Are you employed: ___ Yes ___ No If yes, please complete the following: Occupation: _____

Employer Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone #: (____) _____

Current School _____ Highest Grade Completed: _____ 2016 / 2017 Grade Level _____ Email address: _____

Information Below is to be completed by High School Counselor

2016 / 2017 Grade Level _____ ESE: IEP on file 504 on file

Periods at FCTC: 1 2 3 4 5 6 Semester 1st ____ 2nd ____ Program Choice _____ Second Choice _____

Is English students Second Language?: ___ Yes ___ No If Yes, what is your First Language: _____

Counselor/Teacher Signautre _____ Date: _____

IF THE STUDENT IS YOUNGER THAN 18 YEARS, THE PARENT OR GUARDIAN MUST COMPLETE THE AFFIDAVIT.

I hereby 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 data included herein in managing the program for which I am registered.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

DO NOT WIRTE BELOW THIS LINE

Course Number: _____ Entry Date: _____ Periods: 1 2 3 4 5 6 Session: 11 12 22

Course Number: _____ Entry Date: _____ Periods: 1 2 3 4 5 6 Session: 11 12 22

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Processed date: _____ Signature: _____

Revised 1/15

** Programs: Agriscience, Culinary Arts, Cosmetology, Early Childhood Education