

Madison County Adult Education Program



Official Use Only

____ HS W/D Form

____ TABE

Directions: Please print and use legal names. Please complete every requested item. Every item on this application is required by Florida Statute and/or Florida Statute Administrative Code.

____ Evening 5:30 p.m. – 9:00 p.m.
Date

Last Name First Name Middle Name/Initial

Alias: _____ (If transcripts or test scores might be listed under another name.)

☐ Male

☐ Female Permanent

Social Security Number: ____ - ____ - ____

(Federal Legislation and FL Statute 119.071(5) requires the collection of social security numbers)

Address: _____

Mailing Address City State Zip Code

Physical Address (If different from above)

Home Phone: _____ Emergency Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Are you a Florida Resident? Yes ☐ No ☐ If Yes, what date did you start living in Florida? ____/____/____

Are you Hispanic? ☐ Yes ☐ No

Which of the following best describes you? (check all that apply)

☐ White (W)

☐ Black or
African American (B)

☐ American Indian
or Alaskan Native (I)

☐ Native Hawaiian or
Pacific Islander (P)

☐ Race/Ethnicity Unknown

Are you a Nonresident Alien? ☐ Yes ☐ No

(An individual who has been admitted temporarily to the US as a non-immigrant, but is not a citizen, including those granted student visas.)

Madison County School District does not discriminate on the basis of race, color, natural origin, sex, religion, age, marital status or disability, recruitment, selection, treatment or termination of students.

Form updated: September 8, 2022

LEVEL OF SCHOOLING

		Highest degree or level of school completed.	
No schooling		Last grade completed	Where was this level achieved? <input type="checkbox"/> U.S. Based Schooling <input type="checkbox"/> Foreign Schooling
Grades 1-5			
Grades 6-8			
Grades 9-12 (no diploma)			
High School Diploma or Alternate Credential			
Certificate of High School Completion			
Equivalency Diploma based on passing GED test			
Some College No Degree			
College or Professional Degree			

Background (select all that apply)

Disabled _____
 On Public Assistance _____
 Living in Rural Area _____

Institutional Programs (if applicable)

Correctional Facility _____
 Community Correctional Program _____ Other _____
 Institutional Setting _____

- STUDENT AGREEMENT**

- I understand that to make false or fraudulent statements within this application or residency statement may result in disciplinary action, payment of fees due, revoke, financial aid and/or invalidation of certifications earned.
- I understand and agree that I will be bound by the Madison School District regulations as published in the student handbook.
- I shall immediately notify the school district in writing should any of the information I have given change during my enrollment.
- I give my permission for Madison School District to request my educational records. These records may include the cumulative record and any other files and data that relate to the student such as results of special testing, psychological testing and statewide assessment (FCAT), etc.
- By typing my first and last name below, I agree to allow my typed name to serve as my electronic signature.

 Signature of Student

 Date

ENROLLMENT INTENTIONS/PROGRAM TYPE (student must select all that apply)

Check all that apply:

- ☐ I am enrolling in the Adult program for the first time.
- ☐ I am a former student applying for re-admission.
I last attended in _____ County during _____ school year.
- ☐ I have a certificate of completion. (30)
- ☐ I am a high school/GED graduate. (31)
- ☐ I am a veteran (V)
- ☐ I am enrolling in Adult Education to seek a GED or to improve academic skills.
- ☐ I am enrolling in Adult Education to seek a regular high school diploma.
- ☐ I am enrolling in ESOL

Last school attended: _____ Last grade & year attended: _____

DISCLOSURE

Section 1006.07(1)(b) of the Florida Statutes requires that you furnish the following information upon registration in a Madison County School:

- ☐ Yes ☐ No I have had a previous school expulsion. Year _____ School District _____
- ☐ Yes ☐ No I have an arrest record resulting in a charge. Charge(s): _____ Date of Offense _____
- ☐ Yes ☐ No I am currently or have been under probation or Juvenile Justice Jurisdiction.
If yes, name of Probation officer _____
Officer: _____

If you have answered yes to any of the above, you are required to discuss pertinent history with the principal or designee prior to enrollment.

EMPLOYMENT STATUS (student report one upon entry for each term/semester)

Employed _____

Unemployed (looking for employment) _____

Not in labor force (not seeking employment) _____

MEDIA RELEASE

☐ I DO ☐ I DO NOT
.....give my permission to Madison County School Board to use any photograph and/or video footage, in which I am included, in commercial advertisements, newsletters, or any other agency publication/film. I further release Madison County School Board from any liability for such use.

I understand that Madison County School Board is a non-profit agency and will not benefit financially from the use of any photograph and/or video footage in which I am included.

I certify that I have read the above statement, understand my right and agree with the content of the Release Agreement. By typing my name below, I agree to allow this to serve as my electronic signature.

Applicant Signature_____
Date

Adult Student Goal(s):

(Place a '1' by the primary goal, a '2' by the second goal.)

___ Employment (A)

___ Advance to Postsecondary Level (F)

___ Retain Employment (C)

___ Obtain Citizenship (I)

___ Pass GED (D)

___ Not Applicable (Z)

___ Obtain H.S. Diploma (E)

You are now ready to begin classes!

Below: Official Use only

Assessment

Every student is required to pretest within the first 12 hours of instruction

Assessment name: _____

Date: _____

Specify form, level, and scale scores

	Form	Level	Scale Score
Reading			
Math			
Language			