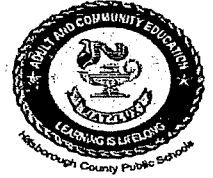




HILLSBOROUGH COUNTY PUBLIC SCHOOLS
 Division of Teaching and Learning



LETTER OF AUTHORIZATION TO ENROLL IN AN ADULT EDUCATION COURSE

The student listed below has been recommended for Co-Enrollment in Adult Education:

Student Name:(L, F, MI) _____ Social Security Number: ____/____/____

Student ID Number: _____ Home Phone: _____ Current Grade Level: _____

Student Email Address: _____

Current High School: _____ Site #: _____

Recommended Adult and Community School Site	State Course Code No.	Course Title	Sem 1	Sem 2

Note: TWO courses per letter. Check both semester boxes when a student needs both semesters of a 1.0 credit course.

Only high school students who have failed (F) or earned a (D) in a course in order to graduate may attend Adult Education program credit recovery classes upon the recommendation of their high school counselor and with the approval of the high school principal. These Co-Enrolled students may attend Adult Education free of tuition with this completed *Letter of Authorization* form. Adult Education classes can NOT be used to enable students to graduate ahead of their class. Per F.S. 1011.80(10) only two core subjects for credit recovery are allowed per school year. (*See #9 under Rules for Co-Enrolled students)

High School Counselor Signature: _____ Date: _____

High School Principal Signature: _____ Date: _____

Adult School Administrator: _____ Date: _____

I have read the rules for Co-Enrolled students. I agree to abide by the policies of the State of Florida.

Student Signature: _____ Date: _____ Phone: _____

I have read the rules for Co-Enrolled students. I understand that my son or daughter is subject to withdrawal from the Adult Education program if policies of the high school and/or Adult schools are not followed.

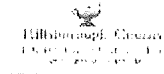
Parent/Guardian Signature: _____ Date: _____

Phone: _____

Distribution: Student takes original to Adult Education site to enroll. Copy retained at high school site.

ADULT STUDENT INFORMATION FORM

Please Print in Ink



Last Name	First Name	Middle Name	Jr. / Sr. / III
Social Security Number	Date of Birth	Gender (Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male	Are you, your spouse, or your parent / legal guardian a law enforcement officer, firefighter or judge/justice? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address (Number and Street)		Apt. / Bldg.	City State Zip Code
Permanent Address (if different from above)		Apt. / Bldg.	City State Zip Code
Home Phone	Cell Phone	Email Address (Example: xxxxxxxx@xxxxx.xxx)	
Emergency Contact Name /	Phone Number	How did you hear about the course? <input type="checkbox"/> (1) Advertisement <input type="checkbox"/> (2) Employer / Union <input type="checkbox"/> (3) Court Order <input type="checkbox"/> (4) Internet / Facebook <input type="checkbox"/> (5) Friend / Relative <input type="checkbox"/> (6) Teacher / Counselor <input type="checkbox"/> (7) Drive By <input type="checkbox"/> (8) Other:	
Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race (Check All That Apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		

What is your residency status?			
Coenrolled (High School): <input type="checkbox"/>	(3) In-County Resident <input type="checkbox"/>	(2) Out-of-State Resident <input type="checkbox"/>	(8) Out-of-County Resident <input type="checkbox"/> (0) Foreign Exchange Student <input type="checkbox"/>
Postsecondary (Adult): <input type="checkbox"/>	(4) Florida Resident <input type="checkbox"/>	(5) Out-of-State Resident <input type="checkbox"/>	(6) In-State Evacuee <input type="checkbox"/> (7) Out-of-State Evacuee <input type="checkbox"/>
In what Florida county do you reside? <input type="checkbox"/> Hillsborough <input type="checkbox"/> Other: _____			
What is your citizenship status? <input type="checkbox"/> (C) U.S. Citizen <input type="checkbox"/> (P) Permanent Resident Alien <input type="checkbox"/> (A) Nonresident Alien <input type="checkbox"/> (X) Unknown or Not Reported			

What is your highest level of schooling? (Check One)	
<input type="checkbox"/> (ZZ) No school grades completed	<input type="checkbox"/> (16) Completed some college, but did not earn a certificate or degree
<input type="checkbox"/> Completed at least part of 1st through 11th grade Highest Grade Completed (Enter 1 - 11) _____	<input type="checkbox"/> (17) Earned a career certificate
<input type="checkbox"/> (12) Completed 12th grade, but did not earn a diploma or equivalency	<input type="checkbox"/> (18) Earned an associate of applied sciences degree
<input type="checkbox"/> (D1) Earned a high school diploma	<input type="checkbox"/> (19) Earned an associate of science degree
<input type="checkbox"/> (G1) Earned a high school equivalency	<input type="checkbox"/> (20) Earned an associate of arts degree
<input type="checkbox"/> (15) Earned a special diploma / special certificate of completion	<input type="checkbox"/> (21) Earned a bachelor's degree
<input type="checkbox"/> (22) Attained beyond a bachelor's degree	
Where did you receive your highest level of schooling? <input type="checkbox"/> U.S. (including U.S. territories, U.S. military schools, or American schools overseas) <input type="checkbox"/> Non-U.S. school	
Name and City/State of Last School Attended _____	Date of Last Attendance _____

Please check all that apply.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you most frequently speak a language other than English and/or need assistance to read, understand, speak, or write English?	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No Receiving assistance under the W.A.G.E.S. Act	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have your rights been restored?
What is your current military status?	
<input type="checkbox"/> (Y) No Military History	Active: <input type="checkbox"/> (A) Active Duty Personnel <input type="checkbox"/> (N) National Guard <input type="checkbox"/> (R) Reserves
<input type="checkbox"/> (D) Eligible Dependent	Veteran: <input type="checkbox"/> (V) Served prior to 9/11/2001 <input type="checkbox"/> (W) Served on or after 9/11/2001 <input type="checkbox"/> (E) Prior Service, Dates Unknown

THE SCHOOL SYSTEM PROVIDES SERVICES FOR PERSONS WITH DISABILITIES. IF YOU NEED ASSISTANCE IN THE COURSE OF YOUR STUDIES, PLEASE CONTACT A SCHOOL ADMINISTRATOR.

TUITION REFUND POLICY, PRIVACY ACT NOTICE, NON-DISCRIMINATION POLICY, AND STUDENT ACKNOWLEDGEMENT

ADULT EDUCATION BLOCK TUITION - Refunds will not be given if the student has attended class. CONTINUING EDUCATION COURSE TUITION - Refunds will be given only if class is cancelled.

POSTSECONDARY ADULT VOCATIONAL (PSAV) AND APPLIED TECHNOLOGY DIPLOMA (ATD) PROGRAM TUITION - A student who withdraws from one of these programs will receive a refund of prorated tuition if the student withdraws on or before 10 percent of the scheduled course hours have commenced. After 10 percent of the scheduled course hours have commenced, no refund will be provided.

PRIVACY ACT NOTICE - Federal law requires you to give your correct Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to the school district for the purpose of filing information returns with the IRS. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Failure to comply may result in an IRS penalty (Section 6109 of the Internal Revenue Code).

All information given is true and correct to the best of my knowledge, and I understand the refund information as stated above.

Student Signature _____	Date _____
<i>The School District of Hillsborough County does not discriminate nor tolerate harassment on the basis of race, color, ethnicity, national origin, religion, gender, gender identity, sexual orientation, age, disability, marital status, genetic information or pregnancy in its educational programs, services or activities, or in its hiring or employment practices; and it will take immediate action to eliminate such harassment, prevent its recurrence, and address its effects. The following person has been designated to handle inquiries regarding non-discrimination policies: Dr. Pansy Houghton, Executive Officer, Compliance. 813-272-4000; pansy.houghton@sdhc.k12.fl.us; Office of the Chief of Staff, 901 E. Kennedy Blvd., Tampa, Florida 33602.</i>	

Office Use	BLOCK 1 TUITION	BLOCK 2 TUITION	Primary Exceptionality _____	District Student Number _____	Site No. _____
	Date Paid _____	Date Paid _____	Disaster Affected Student? <input type="checkbox"/> Specify: _____		Subsite No. _____
	Tuition _____	Tuition _____			
	Receipt No. _____	Receipt No. _____	CREDIT STUDENTS ONLY		
			Pgm of Studies: _____	Stu Grad Cohort (YY-YY): _____	
				CTE ONLY First-Time Student? <input type="checkbox"/> (Y) 1st Time/Not Dual Enrolled <input type="checkbox"/> (D) 1st Time/Dual Enrolled <input type="checkbox"/> (N) Not first-time student	

STUDENT DATA SUMMARY
(Not for use by community education or coenrolled students)

Last Name	First Name	Middle Name	Jr. / Sr. / III	District Student Number
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The following questions are requested by federal and state agencies supplying education funding. Please be assured that any information provided will not prevent your enrollment or participation in the course or program.

Employment

EMPLOYMENT STATUS (Select One)

- (E) Employed
- (S) Employed but with Notice of Termination or in transition out of military service
- (U) Not Employed (looking and eligible for employment)
- (N) Not in Labor Force (not seeking employment, not eligible for employment, or incarcerated)

For the remaining questions, please select all that apply.

SINGLE PARENT / SINGLE PREGNANT WOMAN

- (S) Single Parent
- (W) Single Pregnant Woman
- (B) Both a single parent and a single pregnant woman

INCOME STATUS

- (A) Student currently eligible to receive assistance from TANF (formerly AFDC) but will become ineligible within the next two years
- (B) Student unemployed for 27 or more consecutive weeks at time of program entry (this school year)
- (C) Student self-identifies as having a low income at the time of program entry (this school year) under any of the following:
 - Student or member of immediate family receives benefits through SNAP/TANF, SSI, or other state public assistance
 - Student is in foster care
 - Total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level
 - Student has a disability and has personal income at or below the poverty line (regardless of family income)
 - Student is a youth living in a high-poverty area

DISPLACED HOMEMAKER

- (A) Previously unemployed or underemployed while caring for home and family (unpaid)
- (B) Previously supported by public assistance or family and now unemployed or underemployed
- (C) Parent whose youngest child will become ineligible to receive assistance from TANF (formerly AFDC) within the next two years and who is unemployed or underemployed
- (D) Unemployed dependent spouse of a member of the Armed Forces who is on active duty or is deceased or disabled as a result of military service

MIGRANT / SEASONAL FARMWORKER

- (A) Low-income individual (or their dependent) employed primarily in agriculture or fish farming for 12 months out of the last two years, currently unemployed or underemployed
- (B) Seasonal farmworker (or their dependent) whose agricultural labor requires travel such that the farmworker is unable to return to a permanent place of residence within the same day

HOMELESS

- (A) Homeless without a fixed, regular nighttime residence
- (B) Homeless but staying in nontraditional housing (Example: park, abandoned building, or bus station)
- (C) Migratory child who has changed school districts in the last 3 years due to parent's seasonal employment

OTHER

- (C) Perceived employment barrier(s) due to the student's attitudes, beliefs, customs, or practices.
- (E) Previously or currently subject to any stage of the criminal justice process for committing a crime or delinquent act
- (A) Currently a patient or resident of a medical or special institution (but not incarcerated or homeless)

Student Background Information

Confirmation

I have reviewed this form. Student Initials: _____ Date: _____

- Office Use Only -

Office Use

Presented to student for review; no changes since prior survey.

Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.

Survey	Staff Signature	Date
Survey	Staff Signature	Date