

**ADULT GENERAL EDUCATION
REGISTRATION FORM**

Qtr 1 ___ Qtr 2 ___ Qtr 3 ___ Qtr 4 ___ Summer ___		Grade Level: (circle one) 30 31	Information Requested is required by FL Law - Please Print Clearly		Student ID#	
Legal Last Name + Suffix (ie Jr, Sr, III)		First	Middle	Previous Name(s): (if changed)		
Birth date:	Gender:	Are you of Hispanic, Latino or Spanish Origin?		Yes ___ No ___	Veteran / Military Student:	
Month ___ Day ___ Year ___	Male ___ Female ___	Race: (Check all that apply) ___ White ___ Black/African American ___ Asian ___ Native Hawaiian or Pacific Islander ___ American Indian or Alaskan Native		___ Yes ___ No		
Social Security #	Birthplace: City: State: Country:	Are you a First Time Student in ANY Technical School or College?		___ Yes ___ No		
NOTE: Unless provided, you WILL NOT receive an IRS Form 1098T.		Adult Rural Resident: (Check one) (If you live in a city with less than 2500 people)		___ Yes ___ No		
Current Mailing Address:		TABE TEST		CASAS		
Street/P.O. Box Apt./Bldg. # City/State Zip Code County	Phone Number: Home (___) ___ ___ Cell ___ Business (___) ___ ___	Emergency Contact/ Parent Name & Phone Number (___) ___ - ___		Test Date: ___	Test: ___	
Student with Disability: (Check one) ___ Not applicable or not self identified ___ Self-initiated, documented and receiving special instruction/service to take full advantage of or respond to educational opportunities ___ Self-initiated but neither requesting nor requiring special instruction and or services	Resident Status: (check one) ___ Florida Resident ___ Florida Resident Evacuee ___ Out of State Resident ___ Out of State Resident Evacuee	Citizenship: (check one) ___ US Citizen ___ Permanent Resident Alien ___ Non Resident Alien ___ Unknown/Not Reported		Adult Test Form: ___	Adult Test Form: ___	
Student's E-mail Address:		Limited English Proficient Student: (check one) ___ Yes ___ No		Adult Test Level: ___	Adult Test Level: ___	
Primary Adult Student Goal		Native Language		Adult Test Name: ___	Adult Test Name: ___	
New Student: ___ or Continuing Student ___ (Check one only)	Are you a Displaced Homemaker (Check One)	Adult Ed Functioning Level, Initial: (check one)		Adult Test Scores: ___	Adult Test Scores: ___	
A ___ Obtain Employment	Yes, Displaced Homemaker Definition: Worked as an adult primarily without remuneration to care for the home and family and for that reason has diminished marketable skills; OR dependent on public assistance; OR on the income of a relative, but is no longer supported by such income; OR is a parent whose youngest child will become ineligible, (at age 16), to receive assistance under the program for Aid to Families with Dependent Children under Part A of the Title IV of the Social Security Act within two years of the parent's application for assistance under the Act; OR is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate; OR is described in one of the above statements and is a criminal offender. No, not a Displaced Homemaker	B ___ ABE Beginning Literacy 0-1.9		R: ___ M: ___ L: ___	R: ___ M: ___ L: ___	
C ___ Retain Employment		F ___ ABE Beginning Basic Ed 2.0-3.9		Adult Test Subject Content: ___		Adult Test Subject Content: ___
D ___ Pass GED		H ___ ABE Intermediate Low 4.0-5.9		Exceptionality, Primary (Check at least one (1))		___ Not Applicable ___ Gifted
E ___ Obtain High School Diploma		J ___ ABE Intermediate High 6.0-8.9		___ Orthopedically Impaired ___ Dual-Sensory Impaired		___ Speech Impaired ___ Autism Spectrum Disability
F ___ Advance to Technical School or College		K ___ Adult Sec Ed Low 9.0-10.9		___ Language Impaired ___ Traumatic Brain Injured		___ Deaf or Hard of Hearing ___ Developmentally Delayed
I ___ Citizenship		L ___ Adult Sec Ed High w/o HS dip/eq 11.0-12.9		___ Visually Impaired ___ Established Conditions		___ Emotion/Behavioral Dis. ___ Other Health Impaired
X ___ Default Goal Only		M ___ Adult Sec Ed High w/HS dip/eq 11.0-12.9		___ Specific Learning Dis. ___ Intellectual Disability		___ Hospital /Homebound
Z ___ Not Applicable	Initial Adult ESOL Functioning Level: (check one)		Career Pathways Student ___ Yes ___ No		Single Parent/Single Pregnant Woman (check one)	
Course Start Date	Student Entry Date	Course Number	Section Number	Instructor	Class Times	Room
I hereby certify the information on this form is accurate to the best of my knowledge. I have read and understand the refund policy (on back page). By signing below, I give Manatee Technical Institute 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. Lack of this agreement must be put in writing to MTI@manateeschools.net .						
Signature: _____			Date: _____		Counselor Signature: _____	
					Date: _____	