

Student I.D. # _____

QTR.1 ____ 2 ____ 3 ____ 4 ____		SUMMER ____			PLEASE PRINT CLEARLY			ARE YOU A FIRST TIME STUDENT IN <u>ANY</u> COLLEGE OR TECHNICAL SCHOOL? ____ NO ____ YES	
VETERAN/MILITARY STUDENT ____ Yes ____ No		All information requested is required by Florida Statutes							
Legal Last Name + Suffix (ie Jr, Sr, III)		First	Middle	Previous Name(s) (if changed)					
Birth date: Month ____ Day ____ Year ____		Gender: ____ Male ____ Female		Are you of Hispanic, Latino, or Spanish Origin ? ____ Yes ____ NO		Race: (Check all that apply) ____ White ____ Black/African American ____ Asian ____ Native Hawaiian or Pacific Islander ____ American Indian or Alaskan Native			
Social Security Number		BIRTHPLACE City:		State:	Country:	Are you a Limited English Proficient Student? ____ Yes ____ No			
NOTE: Unless provided, you WILL NOT receive an IRS Form 1098T.					Grade Level (check one)		____ High School Graduate ____ Non-High School Graduate ____ GED		
Current Mailing Address:					Career Pathways Student		____ Yes ____ No		
Street/P.O. Box		City	State	Zip Code	County	Adult Rural Residence (Check One) (if you live in a city with less than 2500 people) ____ Yes ____ No			
Phone Number: Home (____) ____-____ Cell (____) ____-____ Work (____) ____-____		Emergency Contact Person/Parent Name & Phone Number Name: _____ Phone (____) ____-____			Student's E-mail				
Citizenship (check one) ____ Non Resident Alien ____ US Citizen ____ Permanent Resident Alien ____ Unknown/Not Reported		Resident Status (check one) ____ Florida Resident ____ Florida Resident Evacuee ____ Out-of-State Resident ____ Out-of-State Resident Evacuee		Student with Disability (Check one) ____ Not applicable or not self-identified ____ Self-initiated, documented & receiving special instruction/service to take full advantage of or respond to educational opportunities ____ Self-initiated but neither requesting nor requiring special instruction/services		Exceptionality, Primary : (Check at least one (1)) ____ Not Applicable ____ Hospital/Homebound ____ Orthopedically Impaired ____ Dual-Sensory Impaired ____ Speech Impaired ____ Autism Spectrum Dis. ____ Language Impaired ____ Traumatic Brain Injured ____ Deaf or Hard of Hearing ____ Developmentally Delayed ____ Visually Impaired ____ Established Conditions ____ Emotional/Behavioral Disability ____ Other Health Impaired ____ Specific Learning Disability ____ Intellectual Disability ____ Gifted			
Are you a displaced homemaker? (check one) ____ Yes, Displaced Homemaker Definition: Worked as an adult primarily without remuneration to care for 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 within two years of the parent's application for assistance; OR is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment; OR is one of the above and is a criminal offender. ____ No, not a Displaced Homemaker									
Are you a Single Parent/Single Pregnant Woman? (check one) ____ Not Applicable ____ Single Pregnant Woman ____ Single Parent (not pregnant) ____ Both (Single Parent and Currently Pregnant)									
COURSE START DATE	STUDENT ENTRY DATE	PROGRAM NAME	OCP	TIME AM, PM, DAY, OR EVE	INSTRUCTOR	CAMPUS	FEE STATUS	FINANCIAL AID RECEIVED (see sheet)	
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 agreement must be put in writing to: MTI@manateeschools.net .									
Student Signature: _____				Date: _____					
Counselor Signature: _____				Date: _____					