MANATEE TECHNICAL INSTITUTE
School District of Manatee County

HIGH SCHOOL CAREER/TECHNICAL EDUCATION REGISTRATION FORM

Refund Policy (on back page)

Student I.D. #

Semester 1 ____ Semester 2 ____ Summer ____

All information requested is required by Florida Statute - PLEASE PRINT CLEARLY

Are you a First Time HS Student in ANY Technical School or College? _____ Yes _____ No

Legal Last Name + Suffix (ie Jr, Sr, III) | **First** | **Middle** | **Previous Name(s) (if Changed)**

Birth date: Month _____ Day _____ Year _____

Are you of Hispanic, Latino, or Spanish Origin? _____Yes _____ No

Home High School

Grade Level: (circle one) 9 10 11 12

Race: (Check all that apply)
_____ White _____ Black/African American _____ Asian
_____ Native Hawaiian or Pacific Islander _____ American Indian or Alaskan Native

Are you a Limited English Proficient Student? _____ Yes _____ No

Gender: _____ Male _____ Female

Youth Apprenticeship _____ Yes _____ No

Social Security #

NOTE: Unless provided, you WILL NOT receive IRS Form 1098T.

Birthplace City: **State:** **Country:**

Career Pathways Student: _____ Yes _____ No

Current Mailing Address:

Street/P.O. Box Apt./Bldg. # City State Zip Code **County**

Phone Number:
Home (_____)_____ Cell (_____)_____
Work (_____)_____

Emergency Contact/Parent Name & Phone Number:
Name: _____
Phone Number: (___)_____

Student's E-mail Address

Single Parent/Single Pregnant Woman: (check one)
_____ Not Applicable _____ Single Pregnant Woman
_____ Single Parent _____ Both Single and Pregnant

Citizenship: (check one)
_____ US Citizen
_____ Non Resident Alien
_____ Permanent Resident Alien
_____ Unknown/Not Reported

Resident Status: (check one)
In County Resident _____ Yes _____ No
(if **NO**, please check applicable situation below)
_____ Out-of-state resident enrolled in this school district
_____ Out-of state resident enrolled in the school district pursuant to an inter-district agreement for students with disabilities.
_____ Foreign Exchange Student Enrolled in Florida Public Schools
_____ Out of county resident enrolled in this school district under circumstances other than codes: **0, A, or 2.**

Student with Disability: (check one)
_____ Not applicable or not self-identified
_____ Self-initiated, but neither requesting or requiring special instruction
_____ Self-initiated, documented and receiving special instruction/service to take

Exceptionality, Primary (Check at least one (1)
_____ Orthopedically Impaired _____ **Not Applicable**
_____ Speech Impaired
_____ Language Impaired
_____ Deaf or Hard of Hearing
_____ Visually Impaired
_____ Emotion/Behavioral Dis.
_____ Specific Learning Dis.
_____ Gifted
_____ Dual-Sensory Impaired
_____ Autism Spectrum Dis.
_____ Traumatic Brain Injured
_____ Developmentally Delayed
_____ Established Conditions
_____ Other Health Impaired
_____ Intellectual Disability
_____ Hospital/Homebound

COURSE START DATE	STUDENT ENTRY DATE	PROGRAM NAME	OCP	TIME ODD, EVEN, ALL DAY	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 for 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: _____