



The mission of Gadsden Technical Institute is to recognize the worth and potential of each student. We are committed to providing opportunities for basic and advanced instruction in a conducive learning environment. The Center encourages academic and technical curiosity, innovation and creativity by integrating applied academic skills in all occupational areas. We strive to instill the attitudes and skills necessary to produce motivated, self-sufficient individuals who are able to function effectively in our ever-changing, complex society.

GADSDEN  
TECHNICAL  
INSTITUTE

2020-  
2021  
ENROLLMENT  
APPLICATION

Gadsden County Schools  
201 Martin Luther King, Jr. Boulevard  
Quincy, FL 32351

850-875-8324  
Fax: 850-875-7297

[www.gadsdentech.org](http://www.gadsdentech.org)



# GADSDEN TECHNICAL INSTITUTE

## Application and Personal Data Form

*The Gadsden County School District prohibits any form of discrimination or harassment on the basis of race, color, sex, religion, national origin, marital status, age, or disability in any of its programs, services, and or activities.*

Program Applying for:

Have you attend GTI in the past?

Yes  No

|   |     |   |            |   |                        |  |
|---|-----|---|------------|---|------------------------|--|
| Last Name                                 |     | <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III<br>Other _____ | First Name |   | Middle Name            | Alias/Former Maiden Name   |
| Street Address/Residence                  |     |   | City       |   | State                  | Zip  |
| Mailing Address (if different from above) |     |   | City       |   | State                  | Zip  |
| Home Phone                                |     | Cell Phone  |            | Work Phone  |                        | Email Address  |
| Birth Date                                | Age | Place of Birth (City, State)  |            | If not born in the USA, date you entered the USA: | Social Security Number | Is this your first time attending a postsecondary institution?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**Information collected on this form is used for reporting to the Department of Education and does not determine admission to any program at GTI.**

**01. GENDER**

- M Male
- F Female

**02. WHAT IS YOUR ETHNICITY?**

- Hispanic
- No Hispanic or Latino descent

**03. WHAT IS YOUR RACE? (Please check one)**

- W White
- B Black/African American
- A Asian
- I American Indian/Alaskan Native
- P Native Hawaiian/Other Pacific Islander

**04. I AM A:**

- Florida Resident
- Out-of-State Resident
- Florida resident who has been displaced to Gadsden County due to natural disaster
- Out-of-State resident who has been displaced to Gadsden County due to natural disaster

**05. ARE YOU A VETERAN**

- V Student is a Veteran
- Z Does not apply

**06. I AM A:**

- S Single parent (custody of minor children)
- W Single parent woman
- B Both single parent/single pregnant woman
- Z Does not apply

**07. MY GOAL AS A STUDENT IS:**

- A Employment
- C Retain Employment
- D Pass GED
- E Obtain High School Diploma
- F Advance to Postsecondary Level
- I Citizenship
- Z Not Applicable

**08. WHAT IS YOUR CITIZENSHIP STATUS?**

- A Non- Resident Alien
- C U.S. Citizen
- P Permanent Resident Alien
- X Unknown or not reported

**09. ARE YOU LIMITED ENGLISH PROFICIENT?**

- Y Difficulty speaking, reading, writing, or understanding English
- N Does not apply

**10. HIGHEST SCHOOL GRADE COMPLETED (Select One)**

- No Schooling
- 1  2  3  4  5  6  7  8  9  10  11
- Completed 12<sup>th</sup> grade, but did not attain a high school diploma
- Earned a high school diploma
- Earned a GED or high school equivalency
- Have a disability and attained a special diploma or high school certificate of attendance/completion from completing an Individual Education Plan (IEP)
- Completed some college, but did not earn a degree or certificate
- Attained a Career Certificate
- Attained an Associates of Applied Sciences degree
- Attained an Associates of Science degree
- Attained an Associates of Arts degree
- Attained a Bachelor's degree

**11. ORIGIN OF SCHOOLING, ADULT**

- Level of Schooling was attained in US schools
- Level of Schooling was obtained in Non-US schools
- Unknown

**12. WHAT IS YOUR PRIMARY LANGUAGE?**

- English
- Spanish
- Russian
- Portuguese
- Croatian
- Other \_\_\_\_\_

**13. WHAT IS YOUR ENVIRONMENT TYPE?**

- Family Literacy- (Even Start)
- Workplace Literacy
- Homeless
- On Public Assistance
- Living in a Rural Area
- Not Applicable

**14. ARE YOU DISABLED?  Yes  No**

If yes, are you providing documentation?

- Yes  No

**14. HOW DID YOU HEAR ABOUT THIS PROGRAM?**

- Television
- Internet
- Radio
- Newspaper
- Social Media
- Current or Alumni Student
- Friend or Relative
- Other: \_\_\_\_\_

**15. CURRENTLY ENROLLED IN HIGH SCHOOL?**

- YES  NO

If yes, name of high school:

\_\_\_\_\_

\_\_\_\_\_

**16. HAVE YOU EVER BEEN CONVICTED OF A FELONY?**

- YES
- NO

If yes, please list the charge(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. NAME AND LOCATION OF THE LAST SCHOOL ATTENDED? (For applicants not enrolled in K-12 setting only)**

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name two people we can contact in case of an emergency.

If you are under eighteen years of age or still in high school, you must list a parent or guardian.

| NAME | RELATIONSHIP | PHONE (HOME) | PHONE (WORK) | PHONE (CELL) |
|------|--------------|--------------|--------------|--------------|
| 1.   |              |              |              |              |
| 2.   |              |              |              |              |

I HEREBY CERTIFY THAT ALL INFORMATION ENTERED ON THIS FORM IS AND ACCURATE, AND UNDERSTANT THAT THE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE FROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

Print Name

Student Signature

Date

USE OF SOCIAL SECURITY NUMBERS: The School District of Gadsden County is authorized to collect, use or release social security numbers (SSN) of students and/or parents for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [F.S. s, 119.071(5) (a) 2 & 3]. The following are examples of allowable uses of SSN: Student Registration/ID Numbers; Tracking Adult Students in Postsecondary Programs; Criminal History, Level 2 Background Checks; Reports for FLDOE; Free/Reduce Priced Lunch Eligibility; Verification from Employer for Vocational Education, Student Follow-up; Reporting Child Abuse; Complying Federal Law Requirements; and Password Verification in Accessing the District's Network.

Gadsden Technical Institute

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

The information collected below is used for reporting to the Department of Education and does not determine admission to any program at GTI.

**Military Status**

- |   |  |
|---|--|
| <input type="checkbox"/> Active Duty Personnel                | <input type="checkbox"/> Veteran (Service on or after 9/11/2001) |
| <input type="checkbox"/> Eligible Dependent (spouse/child)    | <input type="checkbox"/> Unknown/No Response                     |
| <input type="checkbox"/> Veteran (Service Dates Unknown)      | <input type="checkbox"/> No Military History                     |
| <input type="checkbox"/> Active Member of the National Guard  | <input type="checkbox"/> Not Applicable                          |
| <input type="checkbox"/> Active Member of the Reserves        |  |
| <input type="checkbox"/> Veteran (Service Prior to 9/11/2001) |  |

**Employment Barriers**

(C) The participant perceived him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.

- Yes  No

**Ex-Offender**

(E) Participant has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.

- Yes  No

**Low Income Status:**

Participant who identifies as low income at program entry. Low Income includes any participants meeting one of the following criteria

- Participant or a member of the immediate family receive benefits through SNAP/TANF, SSI, or other state public assistance
- Total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level
- Is currently in a foster program
- Has a disability and has a personal income that is at or below the poverty line, regardless of family income
- Is a youth living in a high-poverty area

**Migrant and Seasonal Farmworker**

(A) Low –Income Individual

- Who for 12 consecutive months out of the 24 months prior to application for the program involved has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or under employment and
- Faces multiple barriers to economic self-sufficiency
- A dependent of the person described above

Yes    No

(B) Seasonal Farmworker

- Whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day
- A dependent of the person described above.

Yes    No

**Homeless Individual**

(A) Lacks a fixed, regular, and adequate nighttime residence

Yes    No

(B) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Yes    No

(C) Participant is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work.

Yes    No

(D) Participant is under 18 years of age and absents himself from home or place of legal residence without the permission of his or her family.

Yes    No

**Displaced Homemaker**

(A) Participant worked as an adult primarily without remuneration to care for home and family and for that reason has diminished marketable skills and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes  No

(B) Participant has been dependent on public assistance or on the income of a relative but is no longer supported by such income and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes  No

(C) Participant 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 and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes  No

(D) Participant is providing unpaid services to family members in the home and is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) whose family income is significantly reduced because of a deployment (as defined in section 991 (b) of title 10, United States Code, or pursuant to paragraph (4)of such section, a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected(as defined in section 101(16) of title 38, United States Code) death or disability of the member.

Yes  No

(E) Participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of the Title IV of the Social Security Act (42 U.S.C 601 et seq.) regardless of whether receiving these benefits at program entry.

Yes  No

**Employment Status: (SELECT ONE)**

**(E) Employed**

- Did any work at all as a paid employee, (b) did any work at all in his or her own business, profession or farm, (c) worked as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Yes    No

**(S) Employed**

- Received Notice of Termination of Employment or Military Separation or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member, (i.e., within 12 months of separation or 24 months of retirement.

Yes    No

**(U) Unemployed**

- But are seeking employment, make specific efforts to find a job, and are available to work

Yes    No

**(B) Unemployed**

- Participant, at program entry, has been unemployed for 27 or more consecutive weeks.

Yes    No

**(N) Not in Labor Force**

- Learners who do not meet the condition stated in values E, S, U or those who are incarcerated.

Yes    No

# Gadsden Technical Institute

## Enrollment Agreement

### MARKETING, PROMOTIONS AND RELEASE OF RECORDS†

- BY CHECKING THE BOX TO THE LEFT, YOU ARE GIVING GADSDEN TECHNICAL INSTITUTE (GTI) CONSENT TO USE YOUR NAME, PHOTO, AND PROGRAM INVOLVEMENT IN MARKETING, PROMOTIONS, AND ADVERTISING EFFORTS. ADDITIONALLY, YOU AGREE TO NOT HOLD THE INSTITUTE OR GADSDEN COUNTY SCHOOLS RESPONSIBLE FOR ANY INCIDENTS THAT MAY RESULT FROM THE USE OF YOUR INFORMATION. LIKEWISE, GTI WILL NOT USE YOUR NAME OR INFORMATION INAPPROPRIATELY.

### GRADUATION

- I WOULD LIKE TO PARTICIPATE IN GRADUATION EXERCISES AT GADSDEN TECHNICAL INSTITUTE UPON COMPLETION OF MY PROGRAM OF STUDY.

### RELEASE OF RECORDS

- I GIVE CONSENT TO ALLOW ACCESS TO MY GED® TESTING INFORMATION BY THE APPROPRIATE INDIVIDUALS FOR PURPOSES RELATING TO MY EDUCATIONAL NEEDS.
- I GIVE PERMISSION FOR GADSDEN TECHNICAL INSTITUTE TO RETRIEVE MY EDUCATIONAL RECORDS FROM PREVIOUSLY ATTENDED EDUCATIONAL INSTITUTIONS.

### REFUND STATEMENT

- I AGREE TO READ THE STUDENT HANDBOOK IN ITS ENTIRETY AND PROMISE TO FOLLOW THE POLICY AND PROCEDURES AS OUTLINED WITHIN THE HANDBOOK. FURTHERMORE, I UNDERSTAND FULL-TIME STUDENTS WHO WITHDRAW AFTER THE FIRST FIVE CLASSES AND HALF-TIME STUDENTS WHO WITHDRAW AFTER THE FIRST 10 PERCENT OF THE TOTAL SCHEDULED CLASS HOURS ARE NOT ELIGIBLE FOR A REFUND.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Gadsden Technical Institute

## Student Permission Form

### Release of Confidential Information from the Student Education Record

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the disclosure of information from a student's educational record is considered confidential and will not be released, with certain exceptions, without the student's written permission. In accordance with FERPA, Gadsden Technical Institute will disclose to a parent(s), spouse, other family member(s), or third party(s) information from the student education record provided the school has on file written consent from the student. Please complete the following information below.

**THIS FORM MUST BE COMPLETED & SUBMITTED IN PERSON BY THE STUDENT WITH PHOTO IDENTIFICATION, OTHERWISE, THE FORM WILL NOT BE CONSIDERED COMPLETE AND WILL BE RETURNED.**

\_\_\_\_\_

| STUDENT NAME | STUDENT ID | DOB |
|--------------|------------|-----|
|--------------|------------|-----|

**1. Specific Records that may be disclosed (check all that apply):**

- All the below
- Transcript Request
- Grades
- Student Financial/Billing Information
- Holds or Suspensions (Academic or Financial)
- Financial Aid (Financial Aid Information is limited per Gramm-Leach-Bliley Act of 1999)
- Course Schedule
- Attendance
- Other specific information from my educational record: \_\_\_\_\_

**2. Name(s) to whom the information may be released (please print clearly):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

| STUDENT SIGNATURE | DATE |
|-------------------|------|
|-------------------|------|

**Please be aware that only those persons authorized will have access. Please see a copy of the Family Educational Rights and Privacy Act (FERPA) on the back of this page.**

## Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.