



Adult General Education Application

Legal Name (Last, First, MI)

SSN

Other Names by which you may be known (Maiden, etc.)

Date of Birth (MM/DD/YYYY)

Place of Birth (City, State)

Primary Telephone Number

Secondary Telephone Number

Street Address

City

State

Zip

County of Residence

Email Address

For this form to be processed, you must select an answer to each section below.

Gender (Select one)	Ethnicity (Are you Hispanic/Latino?)	Race (Select all that Apply)	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other
Citizenship			
If you are not a US citizen, indicate your immigration status. Documentation may be required.			
<input type="checkbox"/> United States <input type="checkbox"/> Eligible Non-Citizen - A #: _____ <input type="checkbox"/> Visa - Type and Expiration Date: _____ <input type="checkbox"/> DREAMER <input type="checkbox"/> DACA			
Military Status (Select One – For State Reporting Purposes)			
<input type="checkbox"/> Active Duty <input type="checkbox"/> Eligible Dependent (Spouse/Child) <input type="checkbox"/> Veteran		<input type="checkbox"/> Active Member National Guard <input type="checkbox"/> Active member of the Reserves <input type="checkbox"/> No Military History	
Emergency Contact Information			
_____ Emergency Contact Name		_____ Relationship	
_____ Contact Phone Number		_____ Secondary Phone Number	



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Educational History		
Highest School Grade Completed (Check only one)		
<input type="checkbox"/> No Schooling	<input type="checkbox"/> 7 th Grade	<input type="checkbox"/> 10 th Grade
<input type="checkbox"/> Elementary School (K – 5 th)	<input type="checkbox"/> 8 th Grade	<input type="checkbox"/> 11 th Grade
<input type="checkbox"/> 6 th Grade	<input type="checkbox"/> 9 th Grade	<input type="checkbox"/> 12 th Grade
Last School Attended		
Type of School	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Other	
Name of School	Last date attended	
Location (City, State)		
Employment Status: Select One		
<input type="checkbox"/> Unemployed – Not seeking employment	<input type="checkbox"/> Employed	
<input type="checkbox"/> Unemployed – Looking and Eligible for Employment	<input type="checkbox"/> Employed with notice of termination	
Goal(s) for Attending Class(es): Select all that apply.		
<input type="checkbox"/> Pass the GED	<input type="checkbox"/> Retain current job	
<input type="checkbox"/> Enter post-secondary education or job training	<input type="checkbox"/> Obtain a job	
Please answer the following		
1. Are you open to receiving text messages from our school?	<input type="checkbox"/> Yes (Cell Number) _____ <input type="checkbox"/> No	
2. Are you a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select the term you wish to begin classes at OTC:		
<input type="checkbox"/> Fall 2022 <input type="checkbox"/> Spring 2023		
I affirm that the information provided in this application is true and accurate. I understand that enrollment information and test scores may be released for federal and state reporting requirements. I have been provided the Social Security Collection and Usage Statement.		
Signature	Date	

No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this School District, except as provided by law.



Collection of Social Security Numbers

In compliance with Florida Statute 119.071(5), this document serves to notify you of the purpose for the collection, release and usage of your Social Security Number (SSN).

Pursuant to Florida Statute, 119.971(5) (a) 2.a., Okaloosa Technical College collects and uses your SSN only for the following purposes in performance of the college's duties and responsibilities, including compliance with federal and state statutes related to financial and academic assistance, inter-institutional articulation or transfer, and for actions imperative to the performance of Okaloosa Technical College's duties and responsibilities as prescribed by law.

To protect your identity, Okaloosa Technical College will secure your SSN from unauthorized access; strictly prohibit the release of your SSN to unauthorized parties contrary to state and federal law; and assign you a unique student identification number. This ID number is used for associated educational purposes at Okaloosa Technical College, except as set out below.

Admissions

Federal legislation relating to the Hope Tax Credit and other tax benefits for education require that all postsecondary institutions report student SSNs to the Internal Revenue Service. This IRS requirement makes it necessary for colleges to collect the SSN of every student. A student may refuse to disclose his or her SSN to the College for this purpose, but the IRS is then authorized to fine the student \$50 pursuant to the Internal Revenue Code, Section 25A. To avoid potential fines, please complete form, W-9S, and return it to the Okaloosa Technical College campus' financial aid office. While the collection and use of Social Security Numbers may be authorized, a student is not required to provide his or her Social Security Number as a condition of enrollment or graduation.

Non-credit programs may use your Social Security Number for the purpose of reporting to the state to facilitate the process of certification and license renewal, and for reporting non-credit course and in-service training information as required by state law.

Financial Aid

A student's SSN is required for the following financial aid purposes: The U.S. Department of Education's Free Application for Federal Student Aid (FAFSA) requires applicants to report their SSN for all federal financial aid programs as a student identifier for processing and reporting [34 CFR 668.16]. In addition to its use by USDOE as a student identifier, the SSN is required for the Department of Homeland Security to investigate citizenship status [34 CFR 668.32, 33], for the federal Work Study Program [34 CFR 668.36], and for all loan applications for use by the lender/servicer/guarantor.

Okaloosa Technical College collects a student's SSN on certain institutional scholarship applications for student files and federal and state audit/reporting purposes.

If you are a recipient of a State of Florida grant or scholarship such as the Florida Student Assistance Grant [1009.40 FS], Florida Work Experience [1009.77 FS] or Bright Futures [1009.53 FS], the Florida Department of Education will require the SSN on its grant/scholarship disbursement website and for reporting purposes.

I have read and understand the information regarding collection of Social Security Numbers.

Signature: _____

Date: _____



Authorization for Release of GED® Test Records

Test Taker Name (Last, First, MI)

Date of Birth

SSN

Current Phone Number

Email Address

Current Address

City

State

Zip

Approximate location of testing center

Approximate year of test

Please read and initial the following statements

I understand that as a student who is at least 18 years of age, I am legally responsible for my own educational decisions, including the ability to release my information to specific individuals or entities.

I hereby authorize the release of my GED® records to Okaloosa Technical College. I understand that these records include test scores and other private information. I understand that this information may be shared by Okaloosa Technical College with Okaloosa County School District and the Florida Department of Education for the purpose of accountability, reporting, and performance purposed, and/or GED® preparation opportunities.

I affirm that the information provided above is true and accurate. I understand that enrollment information and test scores may be released for federal and state reporting requirements. I have been provided the Social Security Collection and Usage Statement.

Signature

Date



Media Release Form

I hereby consent to the disclosure of the following information when related to an activity or an academic assignment within Okaloosa County District Schools, in accordance with the Family Educational and Privacy Act, 20 USC 1232g:

Please initial the following items for which your permission is granted:

_____ Publication on the Internet of my creative efforts, including stories and artwork

_____ Use of my name in Internet publications (including Facebook, Twitter and official school/district List servers)

_____ Use of my picture/video in school/district Internet publications (including Facebook, Twitter and official school/district List servers)

_____ Use of my picture/video in school-approved publications and media events coverage

Student's Signature

Date