

# FIRST COAST TECHNICAL COLLEGE "Secondary Program"

## STUDENT REGISTRATION

### HIGH SCHOOL

**REGISTRATION FORM DIRECTIONS: Please print and use legal names. Every item on this form is required by Florida Statue and/or Florida Administrative code. Please inform staff of any special services or assistance you may need.**

FL Student ID #: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 (if different from physical address)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ SEX: \_\_\_\_ Female \_\_\_\_ Male

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino Please also complete "Race" selection below. Check all that apply.  
 Race:  White  Black/African American  Asian  American Indian/Alaska Native  Native Hawaiian or Other Pacific Islander

Are you employed: \_\_\_\_ Yes \_\_\_\_ No If yes, please complete the following: Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Current School \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Email address: \_\_\_\_\_

### Information Below is to be completed by High School Counselor

2018 / 2019 Grade Level \_\_\_\_\_ ESE:  IEP on file  504 on file  (If Yes, Provide Copy) Periods at FCTC: 0 1 2 3 4 5 6  
 Semester 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Program Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Is English Students Second Language? \_\_\_\_ Yes \_\_\_\_ No If Yes, what is your First Language: \_\_\_\_\_

Absences		Referrals (Aug. 2017-2018)	
Excused:		Level 1	
Unexcused:		Level 2	
		Level 3	

Counselor/Teacher Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*\*When requested program has insufficient enrollment, FCTC reserves the right to cancel class.**

IF THE STUDENT IS YOUNGER THAN 18 YEARS, THE PARENT OR GUARDIAN MUST COMPLETE THE AFFIDAVIT.  
 I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

Course Number: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Periods: 1 2 3 4 5 6 Session: 11 12 22  
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 Processed date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\* Programs: Agriscience, Culinary Arts, Cosmetology, Early Childhood Education**