

## Application Deadlines

**Summer/Fall 2023-24- March 10, 2023**

**Spring 2023-24- October 27, 2023**

Please print CLEARLY and use legal names. Each 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. Acceptance into the program will be communicated by your home school counselor not FCTC.

FL Student ID \_\_\_\_\_ Student Name \_\_\_\_\_  
Last First Mi Nickname

Primary Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 (If different from physical address)

County of Residence \_\_\_\_\_ Student Personal Email (required) \_\_\_\_\_

Current High School \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_

Student Phone # \_\_\_\_\_  Female  Male Primary Language \_\_\_\_\_

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

Is English the students second language?  Yes  No If Yes, what is first language? \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
Last First

Parents Contact #s \_\_\_\_\_  
Cell Home Work

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

**If credits have been previously awarded for the same program of choice, PLEASE INCLUDE / ATTACH academic transcripts of program ONLY**

*Horticulture, Landscape & Turf Management, Culinary Arts, Nail / Facial Specialty, Cosmetology, Early Childhood Education*

2022/2023 Grade Level: \_\_\_\_\_ IEP / 504 on file: Y/N (If yes, attach copy) Periods at FCTC: 0 1 2 3 4 5 6

Semester/Term applying for: Fall/Spring Fall Only Spring Only  
 1<sup>st</sup> Program Choice: \_\_\_\_\_ 2<sup>nd</sup> Program Choice: \_\_\_\_\_

School of Enrollment Code: \_\_\_\_\_ District of Enrollment Code: \_\_\_\_\_

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

School Counselor / Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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 \_\_\_\_\_

