



DIXIE DISTRICT SCHOOLS
Instructional Services Building

Mailing Address & Location:
 16077 NE 19 Hwy. Building #2
 Cross City, FL 32628

Phone: (352) 498-6142 FAX: (352) 498-1308

****OFFICE USE ONLY****
 GED Student ID # _____

Enrollment Date: _____
 Separation Date: _____
 Attendance Hours: _____

REGISTRATION FORM DIRECTIONS: **Please print and use legal names.** Please complete every requested item. In order to provide the community with academic programs and services to best serve individual needs, the Florida Department of Education requests the following information. *If you feel you need special services or assistance to succeed in the courses offered, please tell the staff at the time of registration.*

STUDENT LAST NAME		FIRST NAME		MIDDLE NAME		OTHER NAMES USED BY STUDENT OR MAIDEN NAME	
911 ADDRESS		CITY		STATE		ZIP	
MAILING ADDRESS		CITY		STATE		ZIP	
BIRTH DATE (MM/DD/YY)		BIRTH PLACE (City, State)		SOCIAL SECURITY NUMBER			
Cell Phone #		E-Mail:		Secondary Contact #:			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		Which of these terms best describes you? <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or More Races					
EDUCATIONAL ATTAINMENT (Indicate the highest grade level you completed) <input type="checkbox"/> (B) 0-1.9 <input type="checkbox"/> (J) 6.0 – 8.9 <input type="checkbox"/> (F) 2.0- 3.9 <input type="checkbox"/> (k) 9.0 – 10.9 <input type="checkbox"/> (H) 4.0-5.9 <input type="checkbox"/> (L) 11.0-12.9 with out a diploma <input type="checkbox"/> GED Program <input type="checkbox"/> Year last attended _____ Name of School last attended: _____				PLEASE COMPLETE THE FOLLOWING: Language spoken in home _____ IF SPANISH, CHECK ONE: <input type="checkbox"/> (LY) Student is of limited English proficiency and is enrolling in specifically designed classes (ESOL) <input type="checkbox"/> (LN) Student is of limited English proficiency and is NOT enrolling in specifically designed classes (Standard Adult Ed Classes)			
RESIDENCE <input type="checkbox"/> Florida (4) <input type="checkbox"/> Out of State (5) _____ Name of State _____ Dixie County Resident <input type="checkbox"/> YES (3) <input type="checkbox"/> NO (1) _____ Name of Florida County _____				CHECK ALL THAT APPLY <input type="checkbox"/> (A) An adult who is a patient or resident of a medical or special institution, but not in correctional facilities or classified as a "homeless adult." <input type="checkbox"/> (R) Adult in Rural Area (places of less than 2,500 inhabitants) <input type="checkbox"/> (F) Student is a homeless adult and participating in a program designed for the homeless. <input type="checkbox"/> (V) United States Veteran			
EMPLOYMENT STATUS <input type="checkbox"/> Employed (Unsubsidized) <input type="checkbox"/> Unemployed (Looking for unsubsidized employment) <input type="checkbox"/> Unemployed (Not in labor force; subsidized, retirees, homemakers & volunteers)							

Dixie District Schools Instructional Services Building

REGISTRATION FORM DIRECTIONS: Please complete every requested item.

REASON(S) FOR TAKING THE COURSE

- | | |
|--|---|
| <input type="checkbox"/> (A) To acquire entry-level occupational skills to obtain employment
<input type="checkbox"/> (B) To enhance or upgrade skills related to current employment
<input type="checkbox"/> (C) To enhance or upgrade skills related to future employment
<input type="checkbox"/> (D) Prepare for the GED
<input type="checkbox"/> (F) Advance to postsecondary level | <input type="checkbox"/> (G) Language skills enhancement for employment
<input type="checkbox"/> (H) To join the Military
<input type="checkbox"/> (I) For Citizenship
<input type="checkbox"/> (J) To achieve basic/functional literacy |
|--|---|

Assessment - prior to the 12th instructional hour.

Assessment: _____ Date: _____

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> TABE | <input type="checkbox"/> ESL / BEST |
| <input type="checkbox"/> TABE CLASe | <input type="checkbox"/> ESL / BEST Plus |
| <input type="checkbox"/> CASAS | <input type="checkbox"/> ESL / CASAS |

Specify level, form, and scale scores

	Level	Form	Scale Scores
Reading			
Math			
Language			
Listening			
Computer Level	N/A	N/A	

COURSE NUMBER & FLI COURSE LEVEL

ABE

- _____ **9900001 M**
 _____ Level B (0-1.9)
 _____ Level F (2.0-3.9)
 _____ Level H (4.0-5.9)
 _____ Level J (6.0-8.9)
- _____ **9900002 R**
 _____ Level B (0-1.9)
 _____ Level F (2.0-3.9)
 _____ Level H (4.0-5.9)
 _____ Level J (6.0-8.9)
- _____ **9900003 L**
 _____ Level B (0-1.9)
 _____ Level F (2.0-3.9)
 _____ Level H (4.0-5.9)
 _____ Level J (6.0-8.9)
- _____ **9900004 Comp.**
 _____ Level B (0-1.9)
 _____ Level F (2.0-3.9)
 _____ Level H (4.0-5.9)
 _____ Level J (6.0-8.9)

COURSE NUMBER & FLI COURSE LEVEL

GED

- _____ **9900021 WR/L**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **9900022 SS**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **9900023 S**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **9900024 R**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **9900025 M**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **9900026 Prep-Comp**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **9900070 Wrkplc. – Readiness Skills**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma
- _____ **S990041 VPI Comp.**
 _____ Level K (9.0-10.9)
 _____ Level L (11.0 – 12.9) Without HS Diploma

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

THE STUDENT COMPLETES THIS AFFIDAVIT

I hereby certify that the information on this application is accurate to the best of my knowledge. The undersigned hereby acknowledges and fully recognizes that this document does not constitute a contract, and that the sole and exclusive remedy is withdrawal of the student from the program. The undersigned voluntarily and knowingly releases and agrees to save the School Board harmless from all liability, in contract tort or otherwise, for any and all injuries arising out of any actions by other students, other individuals, or employees of the School Board, except for certain tortuous acts of the School Board's agents, officers and employees to the extent and limit provided in Section 768.28, Florida Statutes, the State of Florida's partial waiver of sovereign immunity. This provision is not to be construed as a waiver of any right of defense that the Board may possess.

STUDENT SIGNATURE _____ DATE _____

****OFFICIAL USE ONLY****

TEACHER SIGNATURE _____ DATE _____

<u>CLASS LOCATION</u>	<u>TERM TO BE ENROLLED</u>	<u>FIRST DAY OF CLASS</u>
<input type="checkbox"/> CROSS CITY <input type="checkbox"/> OTEC	<input type="checkbox"/> 1 (W) <input type="checkbox"/> 2 (F)	

DIXIE DISTRICT SCHOOLS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATURAL ORIGIN, SEX, RELIGION, AGE, MARITAL STATUS OR DISABILITY IN RECRUITMENT, SELECTION, TREATMENT OR TERMINATION OF STUDENTS.