

**Dixie County Adult Center
Welding Technology Registration Form**

Adult Student DCHS Dual Enrolled Student UGPA (minimum 2.0): _____

Last Name: _____ First Name: _____ Middle Name: _____

Former Name: _____

Email Address: _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different from above): _____

Phone: _____ Alternate Phone: _____

Date of Birth: _____ Social Security Number: _____

Gender: Male Female

Ethnicity: Hispanic/Latino Race: American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Citizenship Status: U.S. Citizen Non-Resident Alien Permanent Resident Alien

Veteran of the US Military: Yes No

Living in Rural Area: Yes No

Highest Level of Schooling:

- No formal education
- Did not attain high school diploma – highest grade completed: _____
- Student with a disability who earned a certificate of completion with an IEP
- High School Diploma Year: _____ School: _____
- GED – High School Equivalency
- Some College
- Career Certificate
- Associate of Applied Sciences
- Associate of Science
- Associate of Arts
- Bachelor’s Degree
- Beyond Bachelor’s Degree

Origin of Highest Level of Schooling:

- US-Based Schooling (in US, US Territory, US school overseas, or a US military school)
- Non US-Based Schooling

Residency for Tuition:

- Florida Resident
- Non-Florida Resident

First Time Student: Dual Enrolled Student – First-time in any postsecondary education

Adult – First-time student in any postsecondary education

Not a first-time student (currently enrolled in postsecondary adult vocational, applied technology diploma, or apprenticeship)

Did student participate in Welding Career Pathway (High School)? Yes No

Single Parent:

- Single Parent, Not Pregnant
- Single Pregnant Woman
- Both – Single Parent and Single Pregnant Woman
- None of the above

Basic Skills Exam (completed by Dixie County Adult Center):

- (N) Student has not yet completed basic skills exam
(must complete within six weeks of entering)
- (P) Student completed basic skills exam, but has not demonstrated mastery
- (Y) Student demonstrated mastery on basic skills exam as listed in Rule 6A-10.040 F.A.C
- (W) Student demonstrated mastery of basic skills per DOE Order 2020-EO-01
- (A) Exempt – student possess college degree (AAS or higher)
- (B) Exempt – demonstrated readiness on ACT, SAT, or PERT, Rule 6A-10.0315 F.A.C.
- (C) Exempt – student possesses certification identified on the “Basic Skills and Licensure Exemption List”
- (B) Exempt – Student entered 9th grade in a Florida public school in 2003-2004 or later and earned a high school diploma or a student who is serving as an active duty member of the military as defined in Rule 6A-10.0315 F.A.C.

Displaced Homemaker (unemployed or underemployed):

- Participant worked as an adult without pay to care for home and family
- Participant was dependent on public assistance or on the income of a relative but is no longer supported by such income
- Participant is a parent whose youngest child will become ineligible (age 16) to receive assistance within two years
- Participant is dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, a call to order or active duty, a permanent change of station, or service connected death or disability
- None of the above

Employment Status:

- Employed
- Employed, but received a Notice of Termination or Military Separation
- Not Employed – currently seeking employment
- Not in Labor Force – not eligible for employment

Military Status:

- No Military History
- Active Duty
- Eligible Dependent (spouse/child)
- Active Member of the National Guard
- Active Member of the Reserves
- Veteran (service prior to 9/11/2001)
- Veteran (service on or after 9/11/2001)
- Veteran (service dates unknown)

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Student Affidavit:

I hereby certify that the information on this application is accurate to the best of my knowledge. The undersigned hereby acknowledge and fully recognize 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 Dixie County School Board harmless from liability. In contract or 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 agent, officers, and employees to the extent and limit provided in section 768.28, Florida Statutes, and 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 School Board may possess.

Student Signature: _____ Date: _____

Print Parent Name (of dual enrolled student): _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

***Attach the following:**

- State of Florida Driver's License or State Issued Photo Identification
- Copy of Social Security Card or Birth Certificate
- Proof of Residency (examples: FL Voter Registration, FL Vehicle Registration, Utility Bill, etc.)

This section will be completed by Dixie County Adult Center.

Enrollment Date: _____ Separation Date: _____

Fee Status

_____ Fee Required - Due: \$ _____

_____ Dual Enrollment (No Fee Required)

Instructor's Signature: _____

Student Schedule

Hours awarded for previous terms: _____

Program J400400

_____ PMT0070 Welder Assistant 1 - 150 Hours

_____ PMT0071 Welder Assistant 1 - 150 Hours

_____ PMT0072 Welder, SMAW 1 - 150 Hours

_____ PMT0073 Welder, SMAW 2 - 150 Hours

_____ PMT0074 Welder - 450 Hours

Program J400410

_____ PMT0075 Advanced Welder 1 - 600 Hours

_____ PMT0076 Advanced Welder 2 - 150 Hours