



The mission of Gadsden Technical Institute is to recognize the worth and potential of each student. We are committed to providing opportunities for basic and advanced instruction in a conducive learning environment. The Center encourages academic and technical curiosity, innovation and creativity by integrating applied academic skills in all occupational areas. We strive to instill the attitudes and skills necessary to produce motivated, self-sufficient individuals who are able to function effectively in our ever-changing, complex society.

# GADSDEN TECHNICAL INSTITUTE

## ENROLLMENT APPLICATION 2021-2022

*The School Board of Gadsden County*  
*Elijah Key*  
*Superintendent of Schools*

*Gadsden Technical Institute*  
*Thomas Saxton*  
*Director*

*Evonski Bulger*  
*Administrator*

*Angela Sapp*  
*Career and Technical Education Coordinator*

*201 Martin Luther King, Jr. Blvd.,*  
*Quincy, Florida 32351*

*850-875-8324*  
*Fax: 850-875-7297*  
*[www.gadsdentech.org](http://www.gadsdentech.org)*

## ENROLLMENT APPLICATION CRITERIA AND PROCESS

1. Complete the GTI Enrollment Application
2. Student Services will review your application once it is submitted
  - Student will schedule an appointment with the Career Counselor- Admissions/Job Development to:
    - *Review your application*
    - *Validate official transcript(s)*
    - *Complete the My Career Shines-Journey Career Assessment*
    - *Schedule to TABE Test (Test of Adult Basic Education)*
3. Academic Assessment *TABE Test (Test of Adult Basic Education)*, if applicable
  - TABE Assessment – Choose from the following:
    - Schedule and take the TABE Test at GTI (Cost \$20)
    - Provide TABE Test Scores from another entity (Must be in a sealed envelope and signed by the TABE Administrator)

*All adult students who enroll in Workforce Education Certificate Programs of 450 Clock Hours or more will complete a basic skills examination approved by the Florida Department of Education. Admission policies require that all Post-Secondary students take the Test of Adult Education Skills (TABE) or provide proof of acceptable forms of exemption from testing. The TABE measures basic skills in Reading, Mathematics, and Language. You may be exempt from the TABE Test if you:*

- Possess a college degree at the Associate level or higher
  - Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program which you enrolled
  - Are an active duty member of any military branch of The United States Armed Services
4. Schedule an appointment with Career Counselor – Financial Aid
    - Meet with Career Counselor-Financial Aid to check for all needed financial aid documents (ISIR, verification letter, etc.)
    - Bring proof of any additional grants, scholarships, or waivers in order to place your present loan in deferment
  5. Prepare for payment:
    - Adult Education- self pay cost \$30 Part-time or \$60 Full-time, or provide ITA Voucher from CareerSource Capital Region
    - Career and Technical Education- Once it has been determined by Student Services that all of the required documents have been completed, students will be directed to Registration. Registration will not be officially complete until tuition, registration, and lab fees have been paid or payment arrangements have been made with the Financial Aid Career Counselor
  6. Schedule and Attend Orientation
    - Complete *Acceptable Use Policy*
    - Complete *Student Permission Form: Release of Confidential Information from the Student Education Record*
  7. Photo ID



# GADSDEN TECHNICAL INSTITUTE

## Application and Personal Data Form

*The Gadsden County School District prohibits any form of discrimination or harassment on the basis of race, color, sex, religion, national origin, marital status, age, or disability in any of its programs, services, and or activities.*

Program Applying for:

Have you attend GTI in the past?

Yes  No

Last Name		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III Other _____	First Name		Middle Name	Alias/Former Maiden Name
Street Address/Residence			City		State	Zip
Mailing Address (if different from above)			City		State	Zip
Home Phone		Cell Phone		Work Phone		Email Address
Birth Date	Age	Place of Birth (City, State)		If not born in the USA, date you entered the USA:	Social Security Number	Is this your first time attending a postsecondary institution? <input type="checkbox"/> Yes <input type="checkbox"/> No

USE OF SOCIAL SECURITY NUMBERS: The School District of Gadsden County is authorized to collect, use or release social security numbers (SSN) of students and/or parents for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [F.S. s, 119.071(5) (a) 2 & 3]. The following are examples of allowable uses of SSN: Student Registration/ID Numbers; Tracking Adult Students in Postsecondary Programs; Criminal History, Level 2 Background Checks; Reports for FLDOE; Free/Reduce Priced Lunch Eligibility; Verification from Employer for Vocational Education, Student Follow-up; Reporting Child Abuse; Complying Federal Law Requirements; and Password Verification in Accessing the District's Network.

**Information collected on this form is used for reporting to the Department of Education and does not determine admission to any program at GTI.**

**01. GENDER**

- M Male
- F Female

**02. WHAT IS YOUR ETHNICITY?**

- Hispanic
- No Hispanic or Latino descent

**03. WHAT IS YOUR RACE? (Please check one)**

- W White
- B Black/African American
- A Asian
- I American Indian/Alaskan Native
- P Native Hawaiian/Other Pacific Islander

**04. I AM A:**

- Florida Resident
- Out-of-State Resident
- Florida resident who has been displaced to Gadsden County due to natural disaster
- Out-of-State resident who has been displaced to Gadsden County due to natural disaster

**05. ARE YOU A VETERAN**

- V Student is a Veteran
- Z Does not apply

**06. I AM A:**

- S Single parent (custody of minor children)
- W Single parent woman
- B Both single parent/single pregnant woman
- Z Does not apply

**07. MY GOAL AS A STUDENT IS:**

- A Employment
- C Retain Employment
- D Pass GED
- E Obtain High School Diploma
- F Advance to Postsecondary Level
- I Citizenship
- Z Not Applicable

**08. WHAT IS YOUR CITIZENSHIP STATUS?**

- A Non- Resident Alien
- C U.S. Citizen
- P Permanent Resident Alien
- X Unknown or not reported

**09. ARE YOU LIMITED ENGLISH PROFICIENT?**

- Y Difficulty speaking, reading, writing, or understanding English
- N Does not apply

Gadsden Technical Institute

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

*The information collected below is used for reporting to the Department of Education and does not determine admission to any program at GTI.*

**10. HIGHEST SCHOOL GRADE COMPLETED (Select One)**

- No Schooling
- 1  2  3  4  5  6  7  8  9  10  11
- Completed 12<sup>th</sup> grade, but did not attain a high school diploma
- Earned a high school diploma
- Earned a GED or high school equivalency
- Have a disability and attained a special diploma or high school certificate of attendance/completion from completing an Individual Education Plan (IEP)
- Completed some college, but did not earn a degree or certificate
- Attained a Career Certificate
- Attained an Associates of Applied Sciences degree
- Attained an Associates of Science degree
- Attained an Associates of Arts degree
- Attained a Bachelor's degree

**11. ORIGIN OF SCHOOLING, ADULT**

- Level of Schooling was attained in US schools
- Level of Schooling was obtained in Non-US schools
- Unknown

**12. WHAT IS YOUR PRIMARY LANGUAGE?**

- English
- Spanish
- Russian
- Portuguese
- Croatian
- Other \_\_\_\_\_

**13. WHAT IS YOUR ENVIRONMENT TYPE?**

- Family Literacy- (Even Start)
- Workplace Literacy
- Homeless
- On Public Assistance
- Living in a Rural Area
- Not Applicable

**14. ARE YOU DISABLED?  Yes  No**

- If yes, are you providing documentation?
- Yes  No

**14 A.**

**(A) "Academic disadvantaged" means individuals (other than individuals with handicaps) who exhibit one or more of the following characteristics during the reporting year:**

- (A) Identified as potential dropouts from secondary school
- (A) Has secondary school grades below 2.0 on a 4.0 scale (Grade "A" equals 4.0).
- (A) Scored at or below the 25th percentile for the student's grade level on a standardized achievement or aptitude test.
- (Z) Failing a grade
- (Z) Not Applicable

**14 B.**

**(A)** Student is receiving instructional accommodations and/or related auxiliary aids/services due to a self-initiated and documented disability in order to access or respond to educational programs and opportunities. Level of instructional accommodations and/or related auxiliary aids/services received is applicable to a level A using the Workforce Funding Education (WFE) 504/ADAAA Funding Level classification system.

- Yes
- No

**14 C.**

**(B)** Student is receiving instructional accommodations and/or related auxiliary aids/services due to a self-initiated and documented disability in order to access or respond to educational programs and opportunities. Level of instructional accommodations and/or related auxiliary aids/services received is applicable to a level B using the Workforce Funding Education (WFE) 504/ADAAA Funding Level classification system.

- Yes
- No

**14 D.**

**(C)** Student is receiving instructional accommodations and/or related auxiliary aids/services due to a self-initiated and documented disability in order to access or respond to educational programs and opportunities. Level of instructional accommodations and/or related auxiliary aids/services received is applicable to a level C using the Workforce Funding Education (WFE) 504/ADAAA Funding Level classification system.

- Yes
- No

**14 E.**

**(I)** Student is receiving instructional accommodations and/or related auxiliary aids/services due to a self-initiated and documented disability in order to access or respond to educational programs and opportunities. Level of instructional accommodations and/or related auxiliary aids/services the student receives has not been evaluated using the Workforce Funding Education (WFE) 504/ADAAA Funding Level classification system.

- Yes
- No

**14 F.**

**(N)** Self-initiated, but neither requesting nor requiring accommodations and/or related auxiliary aids/services due to a self-initiated and documented disability.

- Yes
- No

**14. G.**

**(Z)** Not applicable or not self-identified. Includes dual enrollment and students enrolled in Adult High School Co-Enrollment courses.

- Yes
- No

**15. HOW DID YOU HEAR ABOUT THIS PROGRAM?**

- Television
- Internet
- Radio
- Newspaper
- Social Media
- Current or Alumni Student
- Friend or Relative
- Other: \_\_\_\_\_

**16. CURRENTLY ENROLLED IN HIGH SCHOOL?**

- YES  NO

If yes, name of high school:

**17. HAVE YOU EVER BEEN CONVICTED OF A FELONY?**

- YES
- NO

If yes, please list the charge(s):

**18. NAME AND LOCATION OF THE LAST SCHOOL ATTENDED?**

*(For applicants not enrolled in K-12 setting only)*

Gadsden Technical Institute

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

The information collected below is used for reporting to the Department of Education and does not determine admission to any program at GTI.

**Military Status**

- |                                                               |                                                                  |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Active Duty Personnel                | <input type="checkbox"/> Veteran (Service on or after 9/11/2001) |
| <input type="checkbox"/> Eligible Dependent (spouse/child)    | <input type="checkbox"/> Unknown/No Response                     |
| <input type="checkbox"/> Veteran (Service Dates Unknown)      | <input type="checkbox"/> No Military History                     |
| <input type="checkbox"/> Active Member of the National Guard  | <input type="checkbox"/> Not Applicable                          |
| <input type="checkbox"/> Active Member of the Reserves        |                                                                  |
| <input type="checkbox"/> Veteran (Service Prior to 9/11/2001) |                                                                  |

**Employment Barriers**

(C) The participant perceived him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.

- Yes  No

**Ex-Offender**

(E) Participant has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.

- Yes  No

**Low Income Status:**

Participant who identifies as low income at program entry. Low Income includes any participants meeting one of the following criteria

- Participant or a member of the immediate family receive benefits through SNAP/TANF, SSI, or other state public assistance
- Total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level
- Is currently in a foster program
- Has a disability and has a personal income that is at or below the poverty line, regardless of family income
- Is a youth living in a high-poverty area

**Migrant and Seasonal Farmworker**

(A) Low –Income Individual

- Who for 12 consecutive months out of the 24 months prior to application for the program involved has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or under employment and
- Faces multiple barriers to economic self-sufficiency
- A dependent of the person described above

Yes    No

(B) Seasonal Farmworker

- Whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day
- A dependent of the person described above.

Yes    No

**Homeless Individual**

(A) Lacks a fixed, regular, and adequate nighttime residence

Yes    No

(B) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Yes    No

(C) Participant is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent’s or parent’s spouse’s seasonal employment in agriculture, dairy, or fishing work.

Yes    No

(D) Participant is under 18 years of age and absents himself from home or place of legal residence without the permission of his or her family.

Yes    No

**Displaced Homemaker**

(A) Participant worked as an adult primarily without remuneration to care for home and family and for that reason has diminished marketable skills and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes  No

(B) Participant has been dependent on public assistance or on the income of a relative but is no longer supported by such income and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes  No

(C) Participant is a parent whose youngest child will become ineligible (at age 16) to receive assistance under the program for Aid to Families with Dependent Children under Part A of the Title IV of the Social Security Act within two years of the parent's application for assistance under the Act and is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.

Yes  No

(D) Participant is providing unpaid services to family members in the home and is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) whose family income is significantly reduced because of a deployment (as defined in section 991 (b) of title 10, United States Code, or pursuant to paragraph (4)of such section, a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected(as defined in section 101(16) of title 38, United States Code) death or disability of the member.

Yes  No

(E) Participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of the Title IV of the Social Security Act (42 U.S.C 601 et seq.) regardless of whether receiving these benefits at program entry.

Yes  No



**Employment Status: (SELECT ONE)**

**(E) Employed**

Did any work at all as a paid employee, (b) did any work at all in his or her own business, profession or farm, (c) worked as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Yes  No

**(S) Employed**

Received Notice of Termination of Employment or Military Separation or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member, (i.e., within 12 months of separation or 24 months of retirement.

Yes  No

**(U) Unemployed**

But is seeking employment, make specific efforts to find a job, and is available to work

Yes  No

**(B) Unemployed**

Participant, at program entry, has been unemployed for 27 or more consecutive weeks.

Yes  No

**(N) Not in Labor Force**

Learners who do not meet the condition stated in values E, S, U or those who are incarcerated.

Yes  No

## EMERGENCY CONTACT AND SIGNATURE PAGE

### EMERGENCY CONTACT INFORMATION

Name two people we can contact in case of an emergency.  
If you are under eighteen years of age or still in high school, you must list a parent or guardian.

NAME	RELATIONSHIP	PHONE (HOME)	PHONE (WORK)	PHONE (CELL)
1.				
2.				

*I HEREBY CERTIFY THAT ALL INFORMATION ENTERED ON THIS FORM IS AND ACCURATE, AND UNDERSTAND THAT THE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.*

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Print Name

Student Signature

Date

# Gadsden Technical Institute

## Enrollment Agreement

### MARKETING, PROMOTIONS AND RELEASE OF RECORDS†

- BY CHECKING THE BOX TO THE LEFT, YOU ARE GIVING GADSDEN TECHNICAL INSTITUTE (GTI) CONSENT TO USE YOUR NAME, PHOTO, AND PROGRAM INVOLVEMENT IN MARKETING, PROMOTIONS, AND ADVERTISING EFFORTS. ADDITIONALLY, YOU AGREE TO NOT HOLD THE INSTITUTE OR GADSDEN COUNTY SCHOOLS RESPONSIBLE FOR ANY INCIDENTS THAT MAY RESULT FROM THE USE OF YOUR INFORMATION. LIKEWISE, GTI WILL NOT USE YOUR NAME OR INFORMATION INAPPROPRIATELY.

### GRADUATION

- I WOULD LIKE TO PARTICIPATE IN GRADUATION EXERCISES AT GADSDEN TECHNICAL INSTITUTE UPON COMPLETION OF MY PROGRAM OF STUDY.

### RELEASE OF RECORDS

- I GIVE CONSENT TO ALLOW ACCESS TO MY GED® TESTING INFORMATION BY THE APPROPRIATE INDIVIDUALS FOR PURPOSES RELATING TO MY EDUCATIONAL NEEDS.
- I GIVE PERMISSION FOR GADSDEN TECHNICAL INSTITUTE TO RETRIEVE MY EDUCATIONAL RECORDS FROM PREVIOUSLY ATTENDED EDUCATIONAL INSTITUTIONS.

### REFUND STATEMENT

- I AGREE TO READ THE STUDENT HANDBOOK IN ITS ENTIRETY AND PROMISE TO FOLLOW THE POLICIES AND PROCEDURES AS OUTLINED WITHIN THE HANDBOOK. FURTHERMORE, I UNDERSTAND FULL-TIME STUDENTS WHO WITHDRAW AFTER THE FIRST FIVE CLASSES AND HALF-TIME STUDENTS WHO WITHDRAW AFTER THE FIRST 10 PERCENT OF THE TOTAL SCHEDULED CLASS HOURS ARE NOT ELIGIBLE FOR A REFUND.

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