

BROWARD FIRE ACADEMY

2600 SW 71 TERRACE

DAVIE, FL 33317

754.321.1300 phone

754.321.1302 fax

Continuing Workforce Education Registration Application

Registration Procedures

Only completed applications will be accepted

**THE FOLLOWING REQUIRED REGISTRATION FORMS MUST BE COMPLETED
FOR EACH COURSE YOU ARE REGISTERING FOR:**

- 1) Career, Technical & Adult/Community Education/Workforce Education Registration Application (page 2 & 3)
- 2) Broward Fire Academy, Refund Policy (page 4)
- 3) Broward Fire Academy, Credit Card Authorization (page 5)
- 4) Continuing Education Release and Waiver (page 6)

NOTE: Pages 3, 4, 5 & 6 **REQUIRE APPLICANTS SIGNATURE**

FAX: Fill out, print and fax the following completed and signed forms (pages 2 - 6) to
754.321.1302

or

E-MAIL: Fill out, print, scan and email the following completed and signed forms (pages 2 - 6)
to **bfa@browardschools.com**

or

REGISTER IN PERSON: Fill out, print and bring the completed and signed forms (pages 2 - 6)
to the Office of Admissions at the Broward Fire Academy, 2600 SW 71 Terrace, Davie, FL 33314.
Registration is open Monday - Friday, 8:30 a.m. - 3:00 p.m. (excluding legal holidays).

NOTE: Registration Documents will not be mailed or faxed back to you.

Proof of registration/receipts can be picked up at the Office of Admissions at the Broward Fire Academy during registration hours.

Career, Technical, Adult & Community Education

WORKFORCE EDUCATION REGISTRATION APPLICATION

REGISTRATION APPLICATION DIRECTIONS: Please print and use legal names. Please complete each item. Every item on this application is required by Florida Statute and/or Florida Administrative Code. If you feel you need assistance to complete this form please see a staff member at the time of registration.

STUDENTS WITH DISABILITIES: Accommodations and services are available to students with documented disabilities. If you have any special needs, please arrange an appointment for advisement/counseling with designated personnel at the school. Reasonable efforts will be made to accommodate your needs.

SOCIAL SECURITY #		STUDENT ID #		PROGRAM / COURSE REQUESTED			SECTION(S)	
LAST NAME		FIRST NAME		MI	E-MAIL			
ADDRESS		APT.	CITY	COUNTY		STATE	ZIP CODE	
TELEPHONE NUMBER HOME		CELL	EMERGENCY CONTACT NAME:		PHONE:			
BIRTH DATE (MM/DD/YYYY)		IN WHAT COUNTRY WERE YOU BORN?		GENDER		<input type="checkbox"/> Female <input type="checkbox"/> Male		
Do you have a standard diploma/GED? <input type="checkbox"/> Yes (31) <input type="checkbox"/> No (30)				Are you a U.S. Military veteran? <input type="checkbox"/> Yes (V) <input type="checkbox"/> No (Z)				
Is this the first time you are enrolling in a postsecondary certificate course? <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No								
RESIDENCE (Check one) Are you: <input type="checkbox"/> A Florida Resident? (4) County				<input type="checkbox"/> An Out-of-State Resident?				
Is English your native language? If not, do you have difficulty reading and/or writing the English language?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No		CITIZENSHIP (Please indicate your citizenship) <input type="checkbox"/> (A) Non-Resident Alien <input type="checkbox"/> (C) U.S. Citizen <input type="checkbox"/> (P) Permanent Resident Alien <input type="checkbox"/> Unknown				
How do you expect to benefit from taking Adult General Education courses? (Check up to three (3))								
(A) <input type="checkbox"/> Employment		(D) <input type="checkbox"/> Pass GED		(F) <input type="checkbox"/> Advance to Post Secondary Level				
(C) <input type="checkbox"/> Retain Employment		(E) <input type="checkbox"/> Obtain High School Diploma		(I) <input type="checkbox"/> Citizenship				
Please answer Both questions 1 and 2.								
Ethnicity:								
1. Are you Hispanic or Latino? (Please choose only one)								
<input type="checkbox"/> No, not Hispanic or Latino								
<input type="checkbox"/> Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race								
Race:								
2. What is your race? (Please mark all that apply)								
<input type="checkbox"/> American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment								
<input type="checkbox"/> Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam								
<input type="checkbox"/> Black or African American – A person having origins in any of the black racial groups of Africa								
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands								
<input type="checkbox"/> White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa								

DISPLACED HOMEMAKER (Technical Program Applicants)

Are you an individual (male or female) who has worked primarily in the home without pay and now, because of death, divorce, separation or disability of their spouse, or loss of public assistance, need to seek training to enter the job market?

☐ Yes (H)☐ No (Z)**SINGLE PAREN T/SINGLE PREGNANT WOMEN** (Technical Program Applicants – Check one)

Are you a:

☐ Single Parent (S)☐ Single Pregnant Woman (W)☐ Both (B)**INTERNATIONAL STUDENTS** (Technical Program Applicants)

Do you have an approved M-1 visa?

☐ Yes ☐ NoInternational Student Advisor verification: _____
(initials)

I hereby certify that the information on this application is accurate to the best of my knowledge. I further certify that I am not currently expelled from the Broward County Public Schools.

Student Signature _____

Date _____

– OFFICIAL USE ONLY –**INITIAL ASSESSMENT RESULTS**

TABE TEST DATE: ____ / ____ / ____

TEST NAME: (Check all that apply)

☐ TABE 9☐ TABE 10

TEST FORM:

☐ SURVEY☐ BATTERY

READING

MATH

LANGUAGE

LEVEL: (L, E, M, D, and/or A) _____

SCALE SCORES : _____

NOTE: Schools retain the right to validate Assessment results.

CASAS TEST DATE: ____ / ____ / ____

CASAS TEST FORM: _____

READING _____

LISTENING _____

NLS SCORE _____

RANGE _____

SCALE SCORES: _____

FINANCIAL ASSISTANCE (Check all that apply)Has student received:☐ Pell Grant (A)☐ SEOG (B)☐ ITA (WIA) (D)☐ Other need-based Financial Assistance such as scholarships or loans (E)☐ District Financial Assistance (FAFTF) (F)☐ Florida Public Postsecondary Career Education Student Assistance Grant (H)**STUDENT DISABILITY**

Does the student request an appointment for Advisement/Counseling to discuss the need for testing/instructional accommodations?

☐ Yes☐ No

If yes, obtain an Accommodation Advisement/Counseling Request Form Reporting Form as applicable.

to begin the process and complete the Disability Data

FEE STATUS (Applies to PAVE Fee only)☐ Fee Required (R)☐ Fee Waived (W)☐ Fee Waived (S)☐ Fee Deferred (D)☐ Fee Exempt Code: _____

Counselor or Designee _____

Date _____

Assistance was provided to the student in completing this form by: _____

Date _____

Career, Technical, Adult & Community Education

WORKFORCE EDUCATION REFUND POLICY

School Board of Broward County, FL Policy 6607 and Business Practice, Bulletin A-421 governs the Refund Policy. According to this policy:

1. Refunds of all fees, except the registration fee and the activity fee, may be requested in the Office of Admissions within the first week of a class. If a courses is less than five days, refunds of all refundable fees must requested prior to the **FIRST DAY OF CLASS**. Student **MUST** turn in their original receipt of payment.
2. Other acceptable evidence of payment as determined by the Superintendent (designee) may be presented to the school director of hi/her designee.
3. After the refund period, students may request a full or partial refund of tuition and supply fees for unusual circumstances. Refunds need administrator approval on the "Student Request for Refund" form.
4. Cancelled class refunds will be automatically processed. The student is responsible for returning all school items if applicable within 5 days from cancellation.
5. If a student withdraws for any reason, the registration fee and activity fee is not refundable.
6. All requests for refunds must be made in person.

I hereby certify that I have read and understand the above refund policy.

Print Student Name

Student ID #

Student Signature

Date

Broward Fire Academy

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754.321.1300 • Fax 754.321.1302

www.bfa.edu

bfa@browardschools.com

CREDIT CARD AUTHORIZATION

This form is to be used for
REGISTRATION

By signing this form I authorize the Broward Fire Academy and
McFatter Technical Center to charge my credit card.

Please fill out the information below (print clearly and legibly):

STUDENT NAME:	<input type="text"/>	DATE:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP CODE:	<input type="text"/>
DAY TIME PHONE NUMBER:	<input type="text"/>		
COURSE NAME:	<input type="text"/>		
SECTION #	<input type="text"/>		

VISA or MASTERCARD

PRINT NAME AS IT APPEARS ON CREDIT CARD:	<input type="text"/>
CREDIT CARD #	<input type="text"/>
EXPIRATION DATE:	<input type="text"/>
AMOUNT: \$	<input type="text"/>
CARD HOLDER SIGNATURE:	<input type="text"/>

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CONTINUING EDUCATION RELEASE AND WAIVER

I , as a participant in the Broward Fire Academy,
McFatter Technical Center and The School Board of Broward County Florida training for
 on , agree to sign this
(Course Name) (Course Start Date)

Continuing Education Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the Broward Fire Academy, McFatter Technical Center and The School Board of Broward County Florida and its employees, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with Broward Fire Academy, McFatter Technical Center and The School Board of Broward County.

I certify and warrant that I am in good physical condition and able to participate in training activities.

I HAVE CAREFULLY READ THE FOREGOING CONTINUING EDUCATION RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on .

By:
(Signature)

By:
(Printed Name)

Witnessed By:
(Signature)

Witnessed By:
(Printed Name)