

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.

PROGRAM / COURSE REQUESTED		SECTION(S)	
FIRST NAME		LAST NAME	
		MI	
BIRTH DATE (MM/DD/YYYY) ___/___/_____	FCDIC#	Do you have a standard diploma/GED? <input type="checkbox"/> Yes (31) <input type="checkbox"/> No (30)	
FORMER OR MAIDEN NAME (if applicable)		IN WHAT COUNTRY WERE YOU BORN?	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
RESIDENCY FOR TUITION PURPOSES: (Check one) Are you: <input type="checkbox"/> A Florida Resident? (4) (F) <input type="checkbox"/> An Out-of-State Resident? (5) (N)		ADULT HIGH SCHOOL DIPLOMA: (AHS students only) <input type="checkbox"/> 18 Credit Accel (A) <input type="checkbox"/> 24 Credits-HS Diploma (E)	
Please answer BOTH questions 1 and 2.			
Ethnicity:			
1. Are you Hispanic or Latino? (Please choose only one)			
<input type="checkbox"/> 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			
IN WHAT COUNTY DO YOU LIVE?			
<input type="checkbox"/> Broward <input type="checkbox"/> Miami - Dade <input type="checkbox"/> Palm Beach <input type="checkbox"/> Other _____			
PERCEIVED EMPLOYMENT BARRIERS Do you feel that you possess attitudes, beliefs, customs or practices that influence the way you think, act or work which may be a barrier to employment? <input type="checkbox"/> Yes (C) <input type="checkbox"/> No (N)		EX-OFFENDER Previously or currently subject to any stage of the criminal justice process? <input type="checkbox"/> Yes (E) <input type="checkbox"/> No (N)	
ARE YOU CURRENTLY EMPLOYED? (Check one)			
<input type="checkbox"/> Yes (E)			
<input type="checkbox"/> Employed but with a Notice of Termination or in transition of military service (S)			
<input type="checkbox"/> Not employed (looking and eligible for employment) (U)			
<input type="checkbox"/> Not in Labor Force (incarcerated, not eligible for employment or seeking employment) (N)			
HOMELESS/RUNAWAY YOUTH (Check one)			
<input type="checkbox"/> Homeless but staying without a fixed, regular nighttime residence (A)			
<input type="checkbox"/> Homeless but staying in non-traditional housing (ex. park, abandoned building, or bus station) (B)			
<input type="checkbox"/> Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment (C)			
<input type="checkbox"/> Under 18 years of age and who has run away from home or legal residence without permission of his or her family (D)			
<input type="checkbox"/> Does not apply (N)			

MIGRANT/SEASONAL FARM WORKERS (Check one)

- Low-income individual (or their dependent) employed primarily in farming and currently unemployed or finding difficulty obtaining work for 12 months out of the last two years. (A)
- Migrant or seasonal farm worker (or their dependent) (B)
- Does not meet the conditions described above. (N)

HIGHEST SCHOOL GRADE COMPLETED (Check one)

- Completed at least part of 1st through 11th grade
Highest grade completed _____
- Completed 12th grade but did not attain a diploma or equivalency (12)
- Have a disability and attained a special diploma or high school certificate of attendance (15)
- Completed some college (16)
- Earned a Career Certificate (17)
- Earned AAS degree (18)
- Earned AS degree (19)
- Earned AA degree (20)
- Earned BA degree (21)
- Attained beyond a BA degree (22)
- Earned a High School Diploma (D1)
- Earned a high school equivalency (GED® Diploma) (G1)
- No school grades completed (ZZ)

Where was this level achieved? U.S.-based school (U) Not U.S.-based school (N) Unknown (X)

ARE YOU A U.S. MILITARY VETERAN? (Check one)

- Active Duty (A)
- Eligible Dependent (spouse or child) (D)
- Veteran (service dates unknown) (E)
- Active Member of the National Guard (N)
- Active Member of the Reserves (R)
- Veteran (service prior to 9/11/2001) (V)
- Veteran (service on or after 9/11/2001) (W)
- No Military History (Y)

IS ENGLISH YOUR NATIVE LANGUAGE? Yes No

If not, do you have difficulty reading and/or writing the English language? Yes (Y) No

CITIZENSHIP (Please indicate your citizenship)

- Non-Resident Alien (A)
- U.S. Citizen (C)
- Permanent Resident Alien (P)
- Unknown (X)

DISPLACED HOMEMAKER (Check one)

- Previously unemployed or underemployed while caring for home and family (unpaid) (A)
- Previously supported by public assistance or family, and now unemployed and underemployed (B)
- Parent of a child within two years of no longer receiving TANF (formerly AFDC) (C)
- Unemployed dependent spouse of a member of the Armed Forces who is on active duty/deceased or disabled as a result of military service (D)
- Does not apply (Z)

SINGLE PARENT/SINGLE PREGNANT WOMEN (Check one)

Are you a: Single Parent (S) Single Pregnant Woman (W) Both (B) Does not apply (Z)

STUDENT'S ADDRESS

APT.

CITY

STATE

ZIP CODE

STUDENT'S E-MAIL

STUDENT'S TELEPHONE NUMBER

CELL (____) _____ - _____ HOME: (____) _____ - _____

EMERGENCY CONTACT NAME

PHONE: (____) _____ - _____

INTERNATIONAL STUDENTS (Technical Program Applicants)

Do you have an approved M-1 Visa? Yes No International 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 _____

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** to begin the process.

FEE STATUS

- Fee Required (R)
- Fee Waived (W)
- Fee Deferred (D)
- Fee Exempt Code: _____

Counselor or Designee _____ Date _____

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

- OFFICIAL USE ONLY -



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. All refunds shall be accounted for and audit trails maintained in accordance with Business Practice Bulletins issued by the Office of the Chief Financial Officer.
2. Students who appear at the school in person and voluntarily withdraw within five (5) school days of the beginning of a term shall be entitled to a full refund of tuition, student activity fee, fee-supported cost recovery, and lab/supply fees. Registration fees and Health Science Education fees are non-refundable. Five (5) school days shall not apply to courses less than three (3) weeks or ninety (90) hours in duration. In such cases, the request for withdrawal must be made prior to the course meeting more than one-third (1/3) of its assigned hours. Retention of fees collected in advance for a student who does not enter class shall not exceed \$100. Refunds will be made within forty-five (45) days of the date on which the student voluntarily withdraws.
3. Students involuntarily withdrawn pursuant to the Adult Student Conduct and Discipline Code are not entitled to a refund of any fees.
4. Students who pay fees but are entitled to a waiver, voucher or agency payment (refer to Policy #6606) shall be entitled to a refund of fees only if required evidences are presented to the school/center principal or his/her designee within fifteen (15) school days of the beginning of a term.
5. In the case of unusual or extraordinary circumstances (such as illness, death in family, etc.) that preclude a student's enrollment, the school principal or his/her designee may honor a request for full or partial refund of fees providing that: (1) the request is made in writing prior to the date that the course would have normally ended, (2) supporting evidence (where appropriate) is provided. If said refund results in a failure to satisfy state fee requirements, the student shall not be reported for membership during the Workforce Education Fund survey period in the course for which the refund is given.
6. Students who feel they have been treated unfairly in the application of this policy or its rules may appeal using the student grievance procedure as presented in the Adult Student Conduct and Discipline Code.
7. Refunds, when due, will be made without requiring a request from a student.
8. Refunds, when due, will be made within forty-five (45) days: (1) of the last day of attendance if written notification of withdrawal has been provided to the school/center by the student, or (2) from the date the school/center withdraws the student or determines withdrawal by the student.
9. A student is entitled to a full refund of fees if a course is canceled by the school/center principal or his/her designee, provided however, that the student was not reported in membership during the Workforce Education Fund survey period in which the class was counted. If so, only those fees in excess of the state requirement shall be refunded.
10. Miscellaneous items purchased from the school bookstores (textbooks, uniforms, etc.) may be returned for a full refund provided that the items are unused, in the original packaging and currently being used in the instructional program.

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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DAVIE, FL 33314

754-321-1300 FAX 754-321-1302

www.browardfireacademy.org

bfa@browardschools.com

CREDIT CARD AUTHORIZATION

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

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

STUDENT NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY TIME PHONE NUMBER: _____

COURSE NAME: _____

VISA or MASTERCARD ONLY

PRINT NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ CVC (3 DIGIT CODE ON BACK): _____

AMOUNT: \$ _____

CARD HOLDER SIGNATURE: _____

Broward Fire Academy

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754.321.1300 • Fax 754.321.1302

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)