

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.

THE BROWARD FIRE ACADEMY

DRESS CODE

CLOSED SHOES

NO OPEN TOES, SANDALS, SLIPPERS, OR HIGH HEELS

LONG PANTS

NO TIGHTS, YOGA PANTS, SWEAT PANTS, OR PAJAMA BOTTOMS

A SHIRT WITH SLEEVES

NO TANK TOPS, TUBE TOPS, OR HALTER TOPS

ANY SHIRT WHICH HAS A LOGO, SLOGAN, OR LETTERING WHICH ACADEMY STAFF DEEM TO BE INAPPROPRIATE WILL NEED TO BE CHANGED

NO HATS, CAPS, VISORS, KNIT CAPS, OR SKULLIES

STAY SAFE! THE BROWARD FIRE ACADEMY



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)		
RESIDENCY FOR TUITION PURPOSES: (Check one) Are you: <input type="checkbox"/> A Florida Resident? (4) (F) <u>County</u> <input type="checkbox"/> An Out-of-State Resident? (5) (N)					
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have difficulty reading and/or writing the English language? <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		
What is the highest level of schooling you have completed? <input type="checkbox"/> (N) No Formal Education <input type="checkbox"/> (E) Grades 1-5 <input type="checkbox"/> (M) Grades 6-8 <input type="checkbox"/> (H) Grades 9-12 <input type="checkbox"/> (D) High School Diploma <input type="checkbox"/> (G) GED <input type="checkbox"/> (S) Some College, No Degree <input type="checkbox"/> (C) College Degree <input type="checkbox"/> (X) Unknown					
Please indicate the origin of your schooling: <input type="checkbox"/> (U) U.S. Based <input type="checkbox"/> (N) Not U.S. Based <input type="checkbox"/> (X) Unknown					

Please answer **BOTH** questions 1 and 2.

Ethnicity:

1. Are you Hispanic or Latino? (Please choose only one)

- No, not Hispanic or Latino
- 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)

- 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
- 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
- Black or African American – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
- 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 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 _____

– 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 to begin the process and complete the Disability Data Reporting Form as applicable.

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. 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

2600 SW 71st Terrace

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: _____
SECTION # _____

VISA or MASTERCARD

PRINT NAME AS IT APPEARS ON CREDIT CARD: _____
CREDIT CARD # _____
EXPIRATION DATE: _____
AMOUNT: \$ _____
CARD HOLDER SIGNATURE: _____

Broward Fire Academy

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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)