

**PINELLAS COUNTY SCHOOLS
CTAE STUDENT INFORMATION FORM**

Information on this form is for Florida Department of Education reporting requirements and is not used to determine program eligibility or admission

Last Name _____ First Name _____ Middle Name _____

Maiden Name _____ Date of Birth _____ Social Security #

Address (Street or PO Box) _____

City _____ State _____ Zip Code _____ County _____

Email _____ Phone # _____ Alt. Phone # _____

VA students will not be certified for any program taught in whole or in part in an online, distance learning, independent study, hybrid, or blended format.

Adult Student Completes This Affidavit. I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

Student Signature _____

Date _____

REFUNDS MUST BE REQUESTED WITHIN TWO WEEKS WITH RECEIPT

*******Office Use Only*******

Test	Check Form	Check Level	Scale Score	Test Date
READING TABE	<input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> A		
MATH TABE	<input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> A		
LANGUAGE TABE	<input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> A		
READING CASAS				
MATH CASAS				
LISTENING CASAS				

Tuition Payment:
 Cash Check Debit/CC Money Order Voucher
 Staff Initials _____ Date _____

Test Location _____
 Administered by _____
 Release of Information on File
 ID Checked
 Distance Education

Basic Skills Code: __A__B__C__D__F__G__N__P__Y__Z

Course #	Section #	Course Title	Entry Date	Hours	Days of Week Scheduled	Location	Instructor	Initial EFL

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Check Answers:

1. Gender:

- Male
 Female

2. Resident Status:

- Florida resident Out of State resident In-state evacuee Out-of-state evacuee

3. Citizenship Status:

- U.S. Citizen Permanent Resident Alien Non-Resident Alien

4. Race: *Check all that apply*

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

5. Ethnicity:

- Yes - Hispanic/Latino origin
 No – Not of Hispanic/Latino origin

6. English Language Learner:

- No
 Yes (If any of the below apply)
- Was not born in the U.S. and whose native language is other than English
- Was born in the U.S. but who comes from a home in which a language other than English is most relied upon for communication
- Is an American Indian or Alaskan Native and comes from a home in which a language other than English has had a significant impact on his or her level of English language proficiency

7. Highest School Grade Completed:

- Grades 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
 Completed 12th grade but did not attain a diploma or equivalency
 High School Diploma
 High School Equivalency
 Has a disability and attained a certificate of attendance/completion as a result of successfully completing an IEP
 Completed some College
 Career Certificate
 Associate of Applied Sciences
 Associate of Science
 Associate of Arts
 Bachelor's degree
 Beyond a bachelor's degree
 No school grades completed

8. Origin of Schooling: *(See question 7, where was this level of schooling completed)*

- U.S.- Based Schooling
 Non-U.S. Based Schooling
 Office Use – Unknown or the student is co-enrolled.
 Office Use – Not an adult general education student.

9. Employment Status:

- Employed
 Not employed – Seeking employment, making specific efforts to find a job, and is available to work.
 Employed, but 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.)
 Not in Labor Force – Does not meet any of the above choices or is incarcerated
 Office Use – Not Applicable – Not enrolled in an NRS eligible program.

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10. Employment Barriers:

- Believes that they possess attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may make it difficult to get or keep a job.
- N/A – The above statement does not apply.
- Office Use - Not enrolled in an NRS eligible program.

11. Displaced Homemaker:

- N/A
- Has primarily cared for home and family without pay and for that reason they believe they are unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment.
- Previously supported by public assistance or family, and is now unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment.
- 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.
- 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 and whose family income is significantly reduced because of a deployment, 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 death or disability of the member.

12. Single Parent and Single Pregnant Woman:

- N/A
- Single pregnant woman
- Single parent, not pregnant – is unmarried, widowed or legally separated from a spouse and has a minor child or children for which the parent has either custody or joint custody.
- Is **both** a single parent and a single pregnant woman.

13. Military Status:

- No Military History
- Active Duty Personnel
- Eligible Dependent (spouse/child)
- Veteran (Prior Service, Service on or after 9/11/2001)
- Veteran (Prior Service, Service prior to 9/11/2001)
- Veteran (Prior Service, Service Date Unknown)
- Active Member of the National Guard
- Active Member of the Reserves
- Unknown/No response
- Office Use - Not Applicable (CWE, Dual Enrolled or co-enrolled secondary students)

14. Ex-Offender:

- N/A
- Has (a) 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.
- Office Use - Not enrolled in an NRS eligible program.

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15. Homeless Individual:

- N/A
- Lacks a fixed, regular and adequate nighttime residence, this includes:
 - Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
 - Living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations
 - Living in an emergency or transitional shelter
 - Awaiting foster care placement
 - Abandoned in a hospital
 - 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, such as a car, park, abandoned building, bus or train station, airport, or camping ground.
- 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 parents spouse's seasonal employment in agriculture, dairy, or fishing work.
- Office Use – Not enrolled in an NRS eligible program.

16. Migrant and Seasonal Farmworker:

- N/A
- Is (A) a low-income individual (i) who has worked 12 consecutive months out of the last 24 months, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency or (B) a dependent of this person.
- Is (A) a seasonal farmworker and whose agricultural labor requires travel to a job site and is unable to return to home within the same day; or (B) a dependent of this person.
- Office Use – Not enrolled in an NRS eligible program.

17. Disability Status:

- Not Applicable or not self-identified (Includes Dual enrolled and Co-enrolled students)
- Not requesting or requiring accommodations/auxiliary aids/services due to a self-initiated and documented disability.
- Student is requesting/receiving instructional accommodations/auxiliary aids/services due to a self-initiated and documented disability that has not been evaluated by the WFE 504/ADAAA Funding Level Matrix.
- Student is currently receiving instructional accommodations/auxiliary aids/services due to a self-initiated and documented disability. (Office Use – Check Level: A, B, or C based on WFE 504/ADAAA Matrix)
Date of 504 Plan _____
- Office Use – Date of Referral to the 504 Liaison _____

18. Income Status:

- Participant will exhaust TANF (Part A Title IV of the Social Security Act) within 2 years of the program entry.
- Participant has been unemployed for 27 or more weeks at the time of the program entry.
- Participant who identifies as low income at program entry. Low Income includes any participant meeting one of the following criteria:
 - Participant or a member of the immediate family receives 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.
- N/A - Participant is enrolled in an NRS eligible program and does not meet any of the conditions described above.
- Office Use – Participant is not enrolled in an NRS eligible program.

Office Use Only

District Financial Assistance Codes – F or W

Separation Date:

Additional Information:

Vocational Classes Only

ID used for residency verification. Use residency document codes:

ID #1 _____ ID #2 _____

Admin. or Staff Signature:

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation, or disability in any of its programs, services or activities. Accommodations are available to students with documented disabilities. Contact the guidance department or school administrator for further information.

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