

MIAMI-DADE COUNTY PUBLIC SCHOOLS WORKFORCE DEVELOPMENT EDUCATION DATA INPUT FORM

School Operations (Adult/Vocational, and Community Education)

	PERSON	SAL INFORMATION			
Today's Date / /					
Month Day	Year				
Last Name	First Name		Middle Name		
(Picture I.D Required)					
Social Security No	Student I.D. No		Phone No. ()		
Date of Birth/	/	В	irthplace (Country or State)		
Month	Day	Year			
AddressNumber and Street	Apt.	City	State	Zip	
CITIZENSHIP STATUS (Select one)	J.S. Citizen	rmanent Resident Alien	☐ Non-Resident Alien	Not Reported	
GENDER (Select one)	le <u>ETI</u>	HNICITY (Select one)	Latino or Hispanic Origin	Yes	
RACE ☐ American (Select all that apply) ☐ Asian Na	Indian or Alaskan Native	☐ Black or A☐ White	frican American	Iawaiian or other Pacific Island	
LANGUAGE (If applicable, Select Yes or No) Yes No Is a language other than English Yes No Do you have a first language of Yes No Do you most frequently speak	h spoken at your home? ther than English?	ish?			
EMERGENCY CONTACT INFORMATIO	<u>N</u>				
Name			Phone No. ()		
Last First		Middle			
	esident (Live in State of Fl	orida) County	(Leave blan	nk if Miami-Dade)	
Under penalty of perjury, I hereby swear of	affirm that the informat	tion presented on this	form is true.		
X	(Sig	nature)	ck the hox on the right.		
If you do not want your directory information	released without prior with	iten consent, prease ener	ok the ook on the right	A CONTRACT TO A SPECIAL CONTRACT OF THE CONTRA	
		EDUCATION			
Highest School Grade Completed (Select One)		Со	Completed some college, but did not earn a certificate or degree		
☐ No school grades completed ☐ Completed at least part of 1 st through 11 th grade		□ Ea	☐ Earned a Career Certificate		
Completed at least part of 1st through 11st grade Highest grade completed:		□ Ea	Earned an Associate of Applied Sciences degree		
Completed the twelfth grade, but did not attain a diploma or equivalency		Ea	☐ Earned an Associate of Science degree		
Earned a high school diploma - Date		□ Ea	☐ Earned an Associate of Arts degree		
☐ Earned a high school equivalency - Date		Ea	☐ Earned a Bachelor's degree		
☐ Have a disability and attained a special diploma or high school certificate of attendance/completion from completing an Individual Education Plan (IEP) Where was this level achieved? ☐ U.S. Based ☐ Not U.S. Based		□At	☐ Attained beyond a Bachelor's degree		
		ОС	Current H.S. Student / Grade Level ISIS ID #		
Students with special needs may be eligible for		nodations. See an adult/	vocational education counselor	for information and assistance	
Students with special needs may be engine to	0			FM-3999E Rev. (06-16	

Employment Status (Select One – To be completed upon entry for each term) [Employed					
Employed but with Notice of Termination or in transition out of military service					
□ Not Employed (looking and eligible for employment)					
Not in Labor Force (incarcerated, not eligible for employment, or not seeking employment)					
Background (Select all that apply – To be completed upon entry for each term/semester)					
\square On Public Assistance \square Single Parent Are you the parent of a child within the age range of $0-18$? \square Yes \square No					
☐ Single Pregnant Woman ☐ Perceived employment barriers					
☐ Previously or currently subject to any stage of the criminal justice process					
☐ Low-income individual (or their dependent) employed primarily in farming currently unemployed or finding difficulty obtaining work for 12 months out of the last two years					
☐ Migrant or seasonal farmworker (or their dependent) ☐ Homeless without a fixed, regular nighttime residence					
☐ Homeless but staying in non-traditional housing (ex: park, abandoned building, or bus station)					
☐ Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment					
☐ Previously unemployed or underemployed while caring for home and family (unpaid)					
☐ Previously supported by public assistance or family, and now unemployed or underemployed					
☐ Parent of a child within two years of no longer receiving TANF (formerly AFDC)					
☐ Unemployed dependent spouse of a member of the Armed Forces on active duty or is deceased or disabled as a result of military service					
OFFICE USE ONLY					
Enrollment Date Referring Agency Code(s)					
Program Enrollment Type (Select all that apply) □ ABE □ ESOL □ ASE (AHS, High School Equivalency Program) □ CTE □ GED*					
ID Used for Verification of Florida Residency ID 1					
LED Status Current (I)					
Willtary Status					
Code					
Code Student Goals (See Data Input Form Office Instructions for codes)					
Student Goals (See Data Input Form Office Instructions for codes) (Counselor Use ONLY)					
Student Goals (See Data Input Form Office Instructions for codes)					
Student Goals(See Data Input Form Office Instructions for codes) (Counselor Use ONLY) Instructor					
Student Goals(See Data Input Form Office Instructions for codes) (Counselor Use ONLY) Instructor					
Student Goals(See Data Input Form Office Instructions for codes) (Counselor Use ONLY) Instructor					
Student Goals(See Data Input Form Office Instructions for codes) (Counselor Use ONLY) Ref# Class Days Time Instructor Location					
Student Goals(See Data Input Form Office Instructions for codes) (Counselor Use ONLY) Instructor					

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DATA INPUT FORM INSTRUCTIONS

Please include as much information as possible on your form. The more information you provide, the better we can serve your educational needs. If you require any assistance in filling out this form, please see a counselor or registration officer.

PERSONAL INFORMATION

Social Security Number (SSN)

A social security number is not required for enrollment. However, providing a social security number will allow the school to better serve you because of special funding and financial aid opportunities available. SSNs are also collected to fulfill state reporting requirements for educational institutions (FS 1008.41, FS 1008.43). For proof of a valid social security number, please submit one of the following:

- An original Social Security Card with the student's legal name
- Preprinted IRS W-2 Form with the student's legal name
- Pay stub from an employer with the SSN and the student's legal name preprinted *Please submit a valid photo id to verify identity.*

Citizenship Status

Please indicate here your legal immigration status in the United States. This is **optional.** If you do not wish to report your status, mark the box "Not Reported."

Ethnicity and Race

Although not required, reporting your ethnicity and race will allow us to better tailor our educational programs to different populations. First choose yes or no to denote if you are Hispanic or not. Then choose all of the racial categories that apply to you from the list. (You can choose more than one)

Residency

If you live in the state of Florida, please mark the box labeled "Florida resident." If you do not live in the state of Florida, mark the box labeled "Non-Florida resident."

Please sign this form on the line marked with the 'X' on the top. Your signature signifies that you are affirming that all information presented by you on the form is true.

Although your educational records are protected under Federal Law, we can release your directory information (name, address, phone, etc.) to certain agencies such as military recruiters or colleges and universities. If you do not wish your information be released, please check the box.

EDUCATION

Highest School Grade Completed

Please select the box which reflects the highest level of education that you have achieved. If you are a current high school student, indicate your current grade level and your ISIS (day school) ID#.

Students with special needs may be eligible for course and testing accommodations. See an adult/vocational education counselor for information and assistance.

EMPLOYMENT AND BACKGROUND

Employment Status

Please indicate your current employment status from the following options:

Employed - if you are currently working

Employed, but with Notice of Termination or in transition out of military service

Not employed (looking and eligible for employment)

Not in labor force (incarcerated, not eligible for employment, or not seeking employment)

Background

Please select all of the boxes that most accurately describe your current living status and background. This information will enable the school to offer you the highest level of assistance available.