



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

*School Operations (Adult/Vocational, and Community Education)*

## PERSONAL INFORMATION

Social Security No. \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's \_\_\_\_\_

Student I.D. No. \_\_\_\_\_ (Verify With Documentation) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Last (Picture ID Required) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Number and Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Birthplace (Country or State (U.S.) of Origin) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**  
Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**CITIZENSHIP STATUS**  
U.S. Citizen   
Permanent Resident Alien   
Non-Resident Alien   
Not Reported (X)

Under penalty of perjury I hereby swear or affirm that the information presented on this form is true.  If you do not want your directory information released without prior written consent please check the box on the right.

### RESIDENCY (Check One)

### ETHNICITY

### GRADE COMPLETED - ADULT STUDENTS

Florida resident (Live in St. of Fla.)  
County (leave blank if Miami-Dade) \_\_\_\_\_  
 Non-Florida resident

Hispanic Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)  
 White  
 Black  
 Native, Pacific Islander  
 Asian  
 Indian (American)  
(check all that apply)

**Where was this level achieved?**  
 U.S. Based Schooling  
 Foreign Schooling

No schooling  
 Grades 1-5  
 Grades 6-8  
 Grades 9-12 (no Diploma)  
 High School Diploma (Provide Date) \_\_\_\_\_  
 GED (Provide Date) \_\_\_\_\_  
 Some College or A.A.  
 College or Professional Degree  
 Unknown

**ID USED FOR VERIFICATION (OFFICE USE ONLY)**  
Transfer residency codes from VERIFICATION OF FLORIDA RESIDENCY form FM-7425.  
ID 1 \_\_\_\_\_ ID 2 \_\_\_\_\_

**GENDER (Check one)**  
 Male  Female

**IF APPLICABLE (CHECK YES OR NO)**

Yes \_\_\_\_\_ No \_\_\_\_\_ IS A LANGUAGE OTHER THAN ENGLISH SPOKEN AT YOUR HOME?  
Yes \_\_\_\_\_ No \_\_\_\_\_ DO YOU HAVE A FIRST LANGUAGE OTHER THAN ENGLISH?  
Yes \_\_\_\_\_ No \_\_\_\_\_ DO YOU MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH?  
Yes \_\_\_\_\_ No \_\_\_\_\_ ARE YOU A SINGLE PARENT? IF YES, ENTER CODE (see reverse) \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ ARE YOU HOMELESS?  
Yes \_\_\_\_\_ No \_\_\_\_\_ ARE YOU A PARENT OF A CHILD WITHIN THE AGE RANGE OF 0 - 18?

If Current H.S. Student, Grade (9-12): \_\_\_\_\_  
ISIS ID # \_\_\_\_\_

**Student Goals** \_\_\_\_\_ **OFFICE USE ONLY Testing Information**  
(See office instructions for codes)

**LEP Status**  
 Current (L)

Date	Name	Form	Level	Content	Score

**EMPLOYMENT (Check One)**

Employed or on Leave  
 Unemployed - Seeking employment  
 Unemployed - Not Seeking Employment  
 Displaced Homemaker (see back)

**OFFICE USE ONLY** \_\_\_\_\_  
Referring Agency Code(s) \_\_\_\_\_

**VETERAN INFORMATION**

Status \_\_\_\_\_ Code \_\_\_\_\_ Claim # \_\_\_\_\_

Counselor or Administrative Verification Signature

Category	Ref#	Class	Days	Time	Instructor	Location
<i>COUNSELOR USE ONLY</i>						

## 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. SSN's 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
- Driver's License with the student's legal name preprinted

Also, please submit a valid photo id to verify identity. (Any photo id is valid)

#### 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."

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

### 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 "Non-Florida resident."

### ETHNICITY

Although not required, reporting your ethnicity 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 ethnicities that apply to you from the list. (You can choose more than one)

### GRADE COMPLETED

Please indicate whether you received a high school diploma and the date it was received. If you have some post-secondary (college or vocational) experience, please indicate which level under boxes R, S, and T. If you are a current high school student, note grade level and your current ISIS (day school) ID#.

### IF APPLICABLE

#### Single Parent

If you are a single parent, please write one of these codes in the appropriate box. This will help identify special programs which may be available for you:

- S - single parent, except pregnant - unmarried, widowed, or legally separated with a minor child of whom you have custody
- W - single pregnant woman
- B - both

#### Homeless

Mark if you don't have a fixed, regular, nighttime residence or if your primary nighttime residence is a public or private shelter

### EMPLOYMENT

Please indicate your current employment status from the following options:

- Employed - if you are currently working
- Unemployed, seeking employment - if you are not employed and are currently looking for a job
- Unemployed, not seeking employment - if you are not employed and not interested in looking for a job
- Displaced Homemaker - if you have been working as a homemaker (working to care for a home and family without payment) and are now looking for a job. You may also mark this box if:
  - You have been dependent on public assistance or on the income of a relative but are no longer supported by that income, or
  - Have a child who will become eligible to receive assistance under the program for aid to families with dependent children under Part A of Title IV of the Social Security Act.

(see your counselor for more details)

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





## Florida Residency Affidavit

### Residency Requirements

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least 12 months. Residence in Florida must be a bona fide domiciliary rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. Other persons not meeting the 12-month legal residence requirement may be classified as Florida "**residents for tuition purposes**" only if they fall within one of the limited special categories authorized by the Florida Legislature. To qualify as a Florida "resident for tuition purposes" a student must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay. Living in or attending school in Florida does not establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of that state. Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes in the term for which a Florida resident classification is sought. **All other persons are ineligible for classification as a Florida "resident for tuition purposes" and will be charged non-resident tuition.**

### Definitions

**Independent:** 24 years of age or older by the first day of classes; married; has children who receive more than half of their support from the student; has other dependents who live with and receive more than half of their support from the student; is a veteran of the United States Armed Forces or is currently serving on active duty; both of the student's parents are deceased; or the student is/was (until age 18) a ward/dependent of the court.

**Dependent:** All students who do not meet the definition of an independent student shall be classified as dependent for the determination of residency for tuition purposes.

### Florida Residency Classification

**All documentation is subject to verification.**

**For the purpose of assessing tuition, a student shall be classified as a "resident" or "non-resident" based upon Florida Statute 1009.21.**

**Check the appropriate box below. If none of these apply to you, simply sign the Non-Florida Resident section below.**

- I am an independent person and have maintained legal residence in Florida for at least 12 months.
- I am a dependent person (under 24 years old as defined in the IRS tax code) and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months.
- A Florida public college/university declared me a resident for tuition purposes.  
*Name of institution* \_\_\_\_\_
- I am married to a person who has maintained legal residence in Florida for at least 12 months. I have established legal residence and intend to make Florida my permanent home. **(Marriage certificate required.)**
- I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago, and am now re-establishing Florida legal residence.
- According to the United States Immigration and Naturalization Service, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 months. **(INS documentation required.)**
- I am a member of the armed services of the United States and am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida (or I am the member's spouse or dependent child). **(Military orders, DD2058, or military document showing home of record required.)**
- I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education (or I am a spouse or dependent child). **(Employment verification required.)**
- I am part of the Latin American/Caribbean scholarship program. **(Scholarship papers required.)**
- I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program (S.240.0551, F.S.). **(Card required.)**
- I am a United States citizen living on the Isthmus of Panama who has completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, or I am the student's spouse or dependent child.
- I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the job-related law enforcement or corrections training. **(Employment verification required.)**
- I am a McKnight Doctoral Fellow recipient or finalist who is a U.S. citizen. **(Verification from graduate studies required.)**

Florida Residency Verification

**Proof of residency documentation *must* be verified by Miami-Dade County Public Schools staff.** Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought.

Name of Student (print) \_\_\_\_\_ Student ID No. \_\_\_\_\_

**NOTE: The Claimant is the person who is claiming Florida residency, e.g., the student (if independent), parent, spouse, or legal guardian. All of the questions below pertain to the Claimant.**

Name of Claimant \_\_\_\_\_ Relationship of Claimant to Student \_\_\_\_\_

Permanent Legal Address of Claimant (Street Address) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Date Claimant Began Establishing Legal Florida Residence and Domicile \_\_\_\_\_  
(MM/DD/YY)

**Documents Presented by Claimant for Verification**

**Claimant must provide two (2) documents that reflect twelve (12) consecutive months of Florida residency. At least one (1) document must be from Group A. Miami-Dade Public Schools staff will provide additional explanation regarding these documents.**

**Group A Documents**

- Pay Stub or Notarized letter from employer
- Florida I.D. or Driver's License
- Vehicle Registration
- Proof of Homestead Exemption
- Proof of Permanent Home (Mortgage or deed)
- High School Transcript
- Voter's Registration Card

**Group B Documents**

- Certified Letter from Agency
- Certificate Of Domicile
- Enrollment in an Educational Institution (Transcripts)
- Lease Agreement
- Membership in Florida Based Organization (Charitable or Professional)
- Florida Incorporation
- Professional or Occupational License
- Utility Bill

I do hereby swear or affirm that the above-named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties pursuant to 837.06, Florida Statutes, and that a false statement in this affidavit may subject the above-named student to the penalties for making a false or fraudulent statement.

Signature in ink of person claiming Florida residency X \_\_\_\_\_ Date \_\_\_\_\_

Non-Florida Residents Only

I understand that I do not qualify as a Florida resident for tuition purposes for the term in which this application is submitted. If I should qualify for a future term, it will be necessary for me to file the required documentation prior to the beginning of the term, in order to be considered for Florida residency classification.

Signature in ink X \_\_\_\_\_ Date \_\_\_\_\_