

BROWARD FIRE ACADEMY
2600 SW 71 TERRACE
DAVIE, FL 33317
754.321.1300- phone
[bfa@browardschools.com-email](mailto:bfa@browardschools.com)

**Countywide Physical Ability Test-Miami Beach
Registration Application**

Registration Procedures

Only completed applications will be accepted

THE FOLLOWING REQUIRED REGISTRATION FORMS MUST BE COMPLETED

1. Career, Technical & Adult/Community Education Reg. (pages 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

E-Mail: Fill out, print, scan and email the following completed and signed forms (pages 2-6) to: BFA@browardschools.com



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 COUNTYWIDE ABILITY TEST		SECTION(S)
FIRST NAME	LAST NAME	MI
BIRTH DATE (MM/DD/YYYY) ____/____/____	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 Credit-HS Diploma (B)

Please answer BOTH questions 1 and 2.

Ethnicity:

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

- 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

IN WHAT COUNTY DO YOU LIVE?

- Broward Miami - Dade Palm Beach 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?

- Yes (C) No (N)

EX-OFFENDER

Previously or currently subject to any stage of the criminal justice process?

- Yes (E) No (N)

ARE YOU CURRENTLY EMPLOYED? (Check one)

- Yes (E) Not employed (looking and eligible for employment) (U)
 Employed but with a Notice of Termination or in transition of military service (S) Not in Labor Force (incarcerated, not eligible for employment or seeking employment) (N)

HOMELESS/RUNAWAY YOUTH (Check one)

- Homeless but staying without a fixed, regular nighttime residence (A)
 Homeless but staying in non-traditional housing (ex. park, abandoned building, or bus station) (B)
 Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment (C)
 Under 18 years of age and who has run away from home or legal residence without permission of his or her family (D)
 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) Active Member of the Reserves (R)
 Eligible Dependent (spouse or child) (D) Veteran (service prior to 9/11/2001) (V)
 Veteran (service dates unknown) (E) Veteran (service on or after 9/11/2001) (W)
 Active Member of the National Guard (N) 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
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STUDENT'S E-MAIL	STUDENT'S TELEPHONE NUMBER	HOME: (____) _____ - _____
		CELL: (____) _____ - _____

EMERGENCY CONTACT NAME	PHONE: (____) _____ - _____
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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

The School Board of Broward County, FL Policy 56607 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 re- fund 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 _____

IF 043-WEIM rev. 6/27/18-daa

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or Teletype Machine (TTY) 754-321-2158. Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or Teletype Machine (TTY) 754-321-2158.

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: _____

VISA or MASTERCARD ONLY

PRINT NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD #: _____

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

AMOUNT: \$ 82 _____

CARD HOLDER SIGNATURE: _____

Broward Fire Academy

2600 Southwest 71 Terrace • Davie, FL 33314
754.321.1300 • Fax 754.321.1302

www.browardfireacademy.org

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

_____ Countywide Ability Test 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 _____ DATE: _____
SIGNATURE OF STUDENT PRINTED STUDENT NAME

Witnessed By: _____
(Signature)

Witnessed By: _____
(Printed Name)

Print Form