

# POLK COUNTY PUBLIC SCHOOLS

## TRAVISS CAREER CENTER REGISTRATION

### BUSINESS AND INDUSTRY SERVICES

- NEW STUDENT  
 RETURNING STUDENT

**Part -Time Adult**

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
PLEASE LEAVE BLANK



LAST NAME	FIRST NAME	MIDDLE/AKA (OPTIONAL)	SOCIAL SECURITY NUMBER (    )
STREET ADDRESS	CITY	STATE/ZIP	DAYTIME PHONE NUMBER (    )
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE/ZIP	EVENING PHONE NUMBER (    )
BIRTHDATE	BIRTH PLACE (CITY, STATE)	EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER
PRESENT OCCUPATION	EMPLOYER	EMPLOYER'S ADDRESS/CITY/STATE/ZIP	

### CHECK BELOW ALL THAT APPLY TO YOU

<u>OPTIONAL</u> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED	<u>OPTIONAL</u> <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> FLORIDA RESIDENT <input type="checkbox"/> U. S. CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN	<b>EDUCATION (CIRCLE ONE)</b> 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 16+  PRIMARY LANGUAGE _____
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<input type="checkbox"/> DO RELEASE GRADES/ATTENDANCE TO EMPLOYERS OR SCHOOLS <input type="checkbox"/> DO NOT RELEASE GRADES/ATTENDANCE TO EMPLOYERS OR SCHOOLS	Course Number _____  Course Name _____  Start Date _____
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#### REFUND POLICY

FOR A FULL REFUND, PLEASE NOTIFY THE BUSINESS & INDUSTRY SERVICES OFFICE 24 HOURS IN ADVANCE BY TELEPHONE **(863) 499-2717** OR FAX **(863) 499-2706**. IF YOU CANCEL WITH LESS THAN A 24-HOUR NOTIFICATION, ONLY TUITION AND BOOK USAGE FEES WILL BE REFUNDED. TRANSFER TO ANOTHER CLASS WILL BE PERMITTED.

TRAVISS CAREER CENTER IS AN EQUAL OPPORTUNITY INSTITUTION AND PROVIDES SERVICES FOR PERSONS WITH DISABILITIES. IF YOU NEED SERVICES IN THE COURSE OF YOUR STUDIES, PLEASE CONTACT YOUR TRAVISS CAREER CENTER COUNSELOR.

STUDENT SIGNATURE \_\_\_\_\_

#### FOR OFFICE USE ONLY

ADD COURSE	COURSE INFORMATION						PAYMENT
	<input type="checkbox"/> DNE <input type="checkbox"/> RESCHEDULING						CASH
	COURSE NO./SECTON	START DATE	DAYS	TIME	ROOM	INSTRUCTOR	CHECK NO.
			M T W T H F S				PURCHASED <input type="checkbox"/> YES BOOK? <input type="checkbox"/> NO
			M T W T H F S				TOTAL AMT PAID \$
			M T W T H F S				RECEIPT NO.
		M T W T H F S				DATE:	
SPONSORSHIP			PURCHASE ORDER NO.				