



**APPLICATION**  
**Immokalee Technical College**  
 The District School Board of Collier County  
 508 N. 9<sup>th</sup> Street; Immokalee, FL. 34142



**Accommodations/services are available to students with documented disabilities (including learning disabilities or A.D.D.). If you have any special needs, please arrange an appointment for advisement/counseling.**

**SECTION I: MUST BE COMPLETED BY APPLICANT/STUDENT**

SS# <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		BIRTH DATE <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 19 <input type="text"/> <input type="text"/>		STUDENT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LAST NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			FIRST NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		M.I. <input type="text"/>
STREET ADDRESS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				APARTMENT # <input type="text"/>	
CITY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			STATE <input type="text"/>	ZIP CODE <input type="text"/> <input type="text"/> <input type="text"/>	
MAILING ADDRESS (if different from above) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
E-MAIL <input type="text"/>				ALIAS/MAIDEN NAME <input type="text"/>	
HOME PHONE (____) _____ - _____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	ARE YOU HISPANIC OR LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORK PHONE (____) _____ - _____			RACE (mark all that apply)		
CELL PHONE (____) _____ - _____			<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		
Birth Place: City/State or Country <input type="text"/>		First language English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your most frequently spoken language English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Identified <input type="checkbox"/> Yes <input type="checkbox"/> No
Native Language: <input type="text"/>	Transfer school <input type="text"/>	Program studied <input type="text"/>		<input type="checkbox"/> AA or AS Degree <input type="checkbox"/> BA or higher Degree <input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> No HS Diploma	
Have you ever attended a technical school, college, or university? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please check all that apply → <input type="checkbox"/> Employed as _____ <input type="checkbox"/> Unemployed (available to work) <input type="checkbox"/> Veteran <input type="checkbox"/> Unemployed (not available for work) <input type="checkbox"/> Displaced Homemaker (H) <input type="checkbox"/> Single Parent (S)		
Name of Person to Contact in Emergency <input type="text"/>		Relationship <input type="text"/>	Phone Number of Emergency Contact (____) _____ - _____	Phone Number of Emergency Contact (____) _____ - _____	
<p><b>Have you ever been charged with a crime</b> (even if adjudication was withheld) which resulted in, or if still pending, could result in probation, community service, restitution, a jail sentence, or the revocation or suspension of your driver's license? Driving under the influence is not considered a minor offense and must be included. You are not required to include traffic violations which only resulted in a fine.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, explain.</b> (Additional documents may be required.)					
<b>REFUND POLICY</b>					
100% refund of tuition & lab fees if class is cancelled by administration. 100% refund of tuition and lab fees minus \$30.00 for career certificate and continuing workforce education classes of more than four weeks in length if student withdraws prior to the start of class or within the first five business days of the first meeting day of class. No refunds after 5 business days. No refunds for Adult General Education classes or for Continuing Workforce Education classes less than four weeks in length. <b>NO REFUNDS</b> for books, insurance, uniforms, or any other associated costs or fees. <b>REFUNDS, WHEN DUE, ARE MADE WITHIN 30 DAYS</b> ; of the last day of attendance if written notification has been provided by the student, or from the date iTECH terminates the student or determines withdrawal by the student. No refunds will be made until all financial obligations have been cleared. Please read and understand this policy before you pay.					
<b>I HEREBY CERTIFY THAT ALL INFORMATION ENTERED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION OR FAILURE TO DISCLOSE INFORMATION MAY RESULT IN MY DISMISSAL FROM IMMOKALEE TECHNICAL CENTER. I FURTHER CERTIFY THAT I HAVE READ THE REFUND POLICY.</b>					
Signature _____				Date _____	

**SECTION II-RESIDENCY FOR TUITION PURPOSES: MUST BE COMPLETED BY THE PARENT (the applicant, if independent; or the natural/adoptive parent or legal guardian if dependent)**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Permanent Legal Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**You must have at least TWO documents that prove Florida residency for tuition purposes. You must have at least one document from Tier 1; the second document may be from either Tier 1 or Tier 2. COPIES OF DOCUMENTS USED TO PROVE RESIDENCY FOR TUITION PURPOSES MUST BE ATTACHED TO AND SUBMITTED WITH THIS FORM.**

Parent's Florida Driver's License:	Number _____	Issue Date (mm/dd/yyyy) _____
Parent's Florida Vehicle Registration:	Tag Number _____	Issue Date (mm/dd/yyyy) _____
Parent's Florida Voter Registration:	Number _____	Issue Date (mm/dd/yyyy) _____
Other Tier 1 document _____		Issue Date (mm/dd/yyyy) _____
Other Tier 1 or Tier 2 document _____		Issue Date (mm/dd/yyyy) _____

**I am the parent and I have met all requirements for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06 Florida Statutes.**

Signature of Applicant (Student) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_