



STUDENT RESPONSIBLE AGREEMENT

FastForward Open Enrollment Agreement

DATE _____

FULL STUDENT NAME: _____

STUDENT DAYTIME PHONE NUMBER: _____ STUDENT EMAIL: _____

I am enrolling in the following class as part of the **New Economy Workforce Credential Grant Program (WCG)** also referred to as **FastForward**:

NAME OF FASTFORWARD PROGRAM: _____

As a condition to receiving a grant, I agree to the following terms and conditions:

FOR STUDENTS PAYING FOR THEIR COURSE:

If I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date, I agree to pay an additional 1/3 of the total course cost to **Laurel Ridge Community College**. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course.

If I must pay an additional amount, I understand and agree to the following terms:

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
- B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
- C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

FOR STUDENTS WHOSE EMPLOYER / SPONSOR IS ONLY PAYING FIRST THIRD OF COURSE:

I understand in the case where the College has an agreement with my employer and/or sponsor covering the initial 1/3 of the cost of my specific participation in this New Economy Workforce Credential Grant Program (WCG) course per the terms stated above, I agree to pay an additional 1/3 of the total course cost to **Laurel Ridge Community College** should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course. Accordingly, I hereby consent to the disclosure of my final grade to my employer and/or sponsor for any legitimate educational reason related to the WCG course.

- Over Please -

FOR ALL STUDENTS:

1. **I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure.** Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure at an additional cost. I also agree to provide proof of my satisfactory completion of that credential or licensure to the College.
2. **I understand that my social security number is required** in order to maintain enrollment in this class. My social security number is being collected in accordance with federal and state law, and to claim the tax refund and other applicable state refunds and payments in cases where I must pay the College; for debtor information and skip-tracing; and to track and report the number of students who attain noncredit workforce credentials and other outcomes under this WCG.
3. **I am 18 years or older.** If I am under 18 years old, a parent or legal guardian has completed this agreement on my behalf.
4. By reading and responding to the following questions, **I will agree to the above terms and conditions of this agreement.**
5. **I agree to the refund, repeat, completion, and non-completion procedures** at the College.
6. **I understand that I may file a complaint(s)** using the procedures established by the College.
7. **Virginia "domicile" means that you have lived in Virginia and intended to stay here indefinitely** for at least one year prior to the date of this application. I understand that I must be domiciled in Virginia to receive the discount applied to this course. If I do not have domicile in Virginia, I will pay the full cost of the course, which is equal to three times the amount paid at initial enrollment.
8. **I have not previously enrolled in and successfully passed this training program at a Virginia Community College.** If I have previously enrolled in and successfully passed this training program at a Virginia Community College, I understand that I am not eligible to receive WCG funding for this training program and agree to pay an additional 2/3 of the total course cost to the community college where I am now enrolling.
9. **PRIMARY COMMUNICATION WITH STUDENT:** I acknowledge that the college’s primary method of communicating with me will be via the email address I have provided to the college. The secondary method will be the phone number I have provided. I understand it is my responsibility to monitor both for important information about my class prior to, during, and immediately after the class. If either my phone number or may email changes, I will either update my college profile or contact the college with the updated information.

Acknowledgement and Signatures:

I have read, understand, and agree to the terms and conditions of this agreement.

STUDENT NAME (Please Print)

SIGNATURE

DATE

PARENT/GUARDIAN NAME (Please Print)

SIGNATURE

DATE

DOMICILE DETERMINATION FORM



All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- | | |
|--|---|
| <p><input type="checkbox"/> 1. Self: I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces. <input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian. <input type="checkbox"/> I have legal dependents other than my spouse. <input type="checkbox"/> I am financially self-sufficient. <input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18. <input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree. <input type="checkbox"/> I am married. | <p><input type="checkbox"/> 3. Spouse: I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 5. Parent: I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> |
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You may be required to supply "clear and convincing evidence" of your status.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle (Full) Last </div> Date of birth: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> (mm) (dd) (yy) </div> </p>	<p>1. Provide the name of the person upon whom you are basing your domicile: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle (Full) Last </div> </p>
<p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3) If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is your "A number"? _____ If "No," what is your immigration status? _____</p>	<p>2. Using the above person's information, answer the questions below. Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3) If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____</p>
<p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>	<p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>
<p>4. Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>	<p>4. Is the above person married to an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>
<p>8. For the last 12 months, which of the following applies to you: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>
<p>9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>	<p>9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>
<p>10. For the past 12 months, have you: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant Date

Signature of Parent, Legal Guardian (If under 24 years old), or Spouse Date

To register for Workforce Solutions classes, please provide the information below, enclose your payment and return to the Workforce Solutions Office at least 3 days prior to the first class. Registrations are processed on a first-come, first served basis and must be accompanied by payment. It is also possible to register for most of our classes online and pay via credit/debit card on our website: laurelridgeworkforce.com. Some classes and registration processes including financial assistance may require you to register in person or call our office.

PERSONAL INFORMATION:

FIRST NAME: _____ FULL MIDDLE: _____ LAST NAME: _____
 FORMER NAME: (if applicable) _____ VCCS STUDENT ID #: _____
 BIRTH DATE: _____ * SOCIAL SECURITY NUMBER: _____ * Required for FastForward Registration
 * HAVE YOU LIVED IN VIRGINIA THE LAST 12 MONTHS? Yes No GENDER IDENTITY: Male Female Non-Disclosed

CONTACT INFORMATION

MAILING ADDRESS: _____
 CITY/TOWN: _____ STATE: _____ ZIP: _____
 EMAIL ADDRESS: _____ COUNTY OR CITY OF RESIDENCE: _____
 MOBILE PHONE NUMBER: _____ DAYTIME PHONE NUMBER: _____

EMPLOYER INFORMATION (If Employed)

EMPLOYER NAME / ADDRESS: _____
 BUSINESS PHONE: _____

RESIDENCY / DEMOGRAPHICS

UNITED STATES RESIDENCY: Native: U.S. Citizen since birth Not a U.S. Citizen
 Naturalized: Became U.S. Citizen after birth Country of Citizenship: _____
ETHNIC GROUP: Asian Hispanic / Latino Non-Specified
 American Indian Native Hawaiian / Pacific Islander
 Black / African American White / Caucasian

CLASS CAMPUS / CENTER / LOCATION

Middletown Campus (Middletown, VA) Fauquier Campus (Warrenton, VA) Luray-Page County Center (Luray, VA)

COMMUNICATION PREFERENCES

Occasionally, we send information about upcoming classes to former WSCE students. Additionally, we sometimes take pictures / videos in our classes for promotional purposes. **If you prefer to not receive information or would request that we not use your image in promotions, please indicate below:**

- I wish to **OPT OUT** of receiving promotional information via mail or email on upcoming classes and events from Workforce Solutions.
- I wish to **OPT OUT** of being included in any photography, video, or audio recordings for Workforce Solutions promotional purposes.
- I wish to **OPT OUT** of: TEXT MESSAGING for Class Updates TEXT MESSAGING for Marketing (You must list a mobile phone above for text messaging / fees may apply)

CLASS REGISTRATION

CLASS START DATE	START TIME	CLASS NAME	COST
Most classes include handouts and class materials in the cost unless otherwise stated. If this is a FastForward course, then the total cost will reflect the student portion.			TOTAL COST

PAYMENT INFORMATION (Select One)

Cash
 Check Check Number: _____
Debit / Credit Card: American Express Discover MasterCard VISA
 Number _____ - _____ - _____ - _____ Expiration Date: _____ Security Code: _____
 Signature: _____

FOR THIRD PARTY BILLING, you must contact our office and provide the necessary paperwork/approval prior to registration.