

Student's e-mail address where student can be contacted during course is required. Please print legibly with one character per space.

Parent/Guardian e-mail address. Please print legibly with one character per space.

Student Name (First, Middle Initial, Last)		Student Phone	FCPS ID #	Grade 2013-14	Course Code EFS 6120	Full Tuition: \$100 50% Tuition: \$50 (Reduced Lunch) 10% Tuition: \$10 (Free Lunch)	Site: Online	Tuition
Street Address		City	State	Zip	Enrolled in a VA Public School during 2013-14 <input type="checkbox"/> Yes <input type="checkbox"/> No	School Attending 2013-14	School Attending 2014-15	
Date of Birth	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		Home Language		Please indicate the following services required for summer programs: <input type="checkbox"/> Interpreter – Deaf & Hard of Hearing <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Learning Support (learning/emotional disabilities) <input type="checkbox"/> Physical Disabilities		Summer 2014 Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Name		Home Phone		This course is Pass/Fail only.				
Street Address		Work/Cell Phone (Parent)						
City, State, Zip			This course is only open to FCPS students.		PAYMENT INFORMATION REFUND REQUEST DEADLINE: JULY 9, 2014 (5 P.M.) Payment and any 2013-14 report card must accompany registration form. Make your personal check, bank-certified check, or money order payable to FCPS Adult Education.			
Emergency Contact Name	Home Phone		Work/Cell (Emergency Contact)		Tuition \$ _____ must be paid in full. Payment <input type="checkbox"/> Bank-Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card Number <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"/> (Charge will be made to FCPS-ADULTISUM SCHIK12.) Exp. Date Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> Cardholder's Name _____ (Please print name clearly as it appears on the credit card.) Cardholder's Signature _____ (I agree to pay the total amount according to card issue agreement.) Cardholder's Address _____ (if different from listed)			
Student's Racial Group (Select all that apply.) <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			Student's Ethnic Group Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		FOR SCHOOL USE ONLY Course verification <input type="checkbox"/> Yes <input type="checkbox"/> No Counselor or Designee's Signature _____ Date _____ This student qualifies for reduced tuition. (check one) <input type="checkbox"/> 50% <input type="checkbox"/> 10% Principal or Designee's Signature _____ Date _____			
PARENT/GUARDIAN/SCHOOL PERSONNEL SIGNATURE <input type="checkbox"/> I affirm that the above registered student has not been expelled from school attendance at any private or public school in Virginia or any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. <input type="checkbox"/> I affirm that the above registered student has been expelled from school attendance at any private or public school in Virginia or any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. _____ Principal or Designee's Signature Date _____ _____ Parent/Guardian's Signature Date _____ This student has a 504 plan. <input type="checkbox"/> Yes <input type="checkbox"/> No								