



Institute for the Arts Registration 2008

PLEASE TYPE OR PRINT

Student and Parent Information

Student Name (First, Middle Initial, Last)		FCPS Student ID	<input type="checkbox"/> IFT 0001 (Rising 7-8) <input type="checkbox"/> IFT 0002 (Rising 9-12)	
Street Address		City	State	Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Ethnic Background (Check) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multicultural <input type="checkbox"/> Black <input type="checkbox"/> White		Fairfax County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
School Attending 2007-2008		School Attending 2008-2009		Present Grade
Complete Address of Non-FCPS School Attending 2008-2009				
Parent/Guardian Name		Address		Relationship to Student
Home Telephone		Work/Cell Telephone	Fax	E-Mail
Parent/Guardian Name		Address		Relationship to Student
Home Telephone		Work/Cell Telephone	Fax	E-Mail
Emergency Contact Name		Relationship to Student	Telephone	Home Language
Have you attended Institute for the Arts before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of years _____				
I affirm that the above registered student <input type="checkbox"/> has / <input type="checkbox"/> 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 the willful infliction of injury to another person.				

Payment Information

Make check or money order payable to:
FCPS Adult Education

Mail payment and completed forms to:

Summer School IFTA Registration
 Adult and Community Education (ACE)
 5775 Spindle Court, Room 2
 Centreville, VA 20121
 Fax: 703-227-2327

Tuition

Fairfax County Resident: \$750
 Non-Fairfax County Resident: \$950
 Full payment must accompany registration.

Method of Payment

Check or Money Order MasterCard VISA

Card Number (Credit card will be charged to FCPS-Adult/Sum Sch/K-12)

Exp. Date Month Year

Cardholder's Name _____
 (Please print name clearly as it appears on the credit card)

Cardholder's Signature _____

Cardholder's Address _____
 (if different from listed)

Course Selection

Registration begins March 17 and ends April 18, 2008.

Students must select and rank six courses in order of preference. Four courses will be assigned. Students must select courses that match the grade level they will enter in the fall of 2008. Please check the descriptions of your selected courses to see if auditions or portfolio reviews are required.

Choice	Course Name	Course Code	Check Here If Audition/Portfolio Required
1st			
2nd			
3rd			
4th			
5th			
6th			

The student's final schedule will be determined after auditions and portfolio reviews. Note: Schedule conflicts and limited class size may impact the student's final schedule of four courses.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____