

2008

Form A Summer School Registration

You can register by mail or fax. See pages 22-23 for complete registration details.
Summer School Registration, Adult and Community Education (ACE), 6815 Edsall Road, Springfield, VA 22151. Fax (703) 658-1275.

Student Name (First, Middle Initial, Last)		FCPS ID #		Grade 2007-08	Course Code	Course Title <input type="checkbox"/> New <input type="checkbox"/> Repeat	Summer School Site	Tuition
Street Address		City	State	Zip	Course Code	Course Title <input type="checkbox"/> New <input type="checkbox"/> Repeat	Summer School Site	Tuition
Date of Birth	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female		Home Language		<p>Please indicate following services required for access to summer services:</p> <input type="checkbox"/> Interpreter – Deaf & Hard of Hearing <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Learning Support (learning disabilities/emotional disabilities) <input type="checkbox"/> Physical Disabilities			
Parent/Guardian Name		Home Phone						
Address		Work/Cell Phone						
Emergency Contact Name	Home Phone	Work/Cell Phone						
Ethnic Group (check one)		Fairfax County Resident						
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> White		<input type="checkbox"/> Yes <input type="checkbox"/> No E-mail Address						
Summer 2008 Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No	School Attending This Year	School Attending Next Year						
Name and address of non-Fairfax County school where grades are to be sent		Enrolled in a Virginia public school during 2007-08 <input type="checkbox"/> Yes <input type="checkbox"/> No						
HIGH SCHOOL RANK CODES								
<input type="checkbox"/> Code A - High school new credit course or repeat credit course previously failed <input type="checkbox"/> Code B - High school repeat course previously passed								
<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.								
Parent/Guardian Signature				Date				
School Signature				Date				
PAYMENT INFORMATION								
Payment and any 2007-08 report card must accompany registration form. Make bank-certified check or money order payable to FCPS Adult Education.								
Tuition \$ _____ must be paid in full.								
Payment		<input type="checkbox"/> Bank-Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa						
Card Number		[][][][][] [][][][][] [][][][][] [][][][][] (Charge will be made to FCPS-ADULT/SUM SCH/K12)						
Exp. Date		Month [][] Year [][]						
Cardholder's Name _____ <i>(Please print name clearly as it appears on the credit card.)</i>								
Cardholder's Signature _____ <i>(I agree to pay the total amount according to card issuer agreement.)</i>								
Cardholder's Address _____ <i>(If different from listed.)</i>								
FOR SCHOOL USE ONLY — SCHOOL OFFICIALS MUST SIGN BELOW								
<input type="checkbox"/> 504 Plan <input type="checkbox"/> Course verification					This student qualifies for reduced tuition. <input type="checkbox"/> 50% <input type="checkbox"/> 10%			
Counselor's signature _____					Principal or Designee's Signature _____			