

2008

Form B

Enrichment Courses

Student Name (First, Middle Initial, Last)		FCPS ID #		Grade 2007-08	Course Code	Course Title	Section #	
Street Address		City	State	Zip	Start Date	Site	Tuition	
Date of Birth	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		Home Language		Course Code	Course Title	Section #	
Parent/Guardian Name			Home Phone		Start Date	Site	Tuition	
E-mail Address			Work/Cell Phone		<p style="text-align: center;">PAYMENT INFORMATION</p> <p>Payment and any 2007-08 report card must accompany registration form. Make check or money order payable to FCPS Adult Education.</p> <p>Tuition \$ _____ must be paid in full.</p> <p>Payment <input type="checkbox"/> Personal Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Bank-Certified Check <input type="checkbox"/> Visa <input type="checkbox"/> Cash (walk-in only)</p> <p>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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Charge will be made to FCPS-ADULT/SUM SCH/K12)</small></p> <p>Exp. Date Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/></p> <p>Cardholder's Name _____ <small>(Please print name clearly as it appears on the credit card.)</small></p> <p>Cardholder's Signature _____ <small>(I agree to pay the total amount according to card issuer agreement.)</small></p> <p>Cardholder's Address _____ <small>(If different from listed.)</small></p>			
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"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Black <input type="checkbox"/> White		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>Fairfax County Residents enrolled in private schools and non-FCPS County students must provide documents per registration requirements.</p> <p><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.</p> <p><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.</p>								
Parent/Guardian Signature				Date				