

2008

Form C

HS SOL Test Remediation Program and HS SOL Test-Only Program 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	Date of Birth	Home Language	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip	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
Please indicate following services required for access to summer services:					Summer 2008 Graduation		
<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		<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Virginia public school during 2007-08 <input type="checkbox"/> Yes <input type="checkbox"/> No School Attending This Year School Attending Next Year			
Parent/Guardian Name			Home Phone		<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.		
Address			Work/Cell Phone				
Emergency Contact Name			Work/Cell Phone				

HS SOL TEST REMEDIATION PROGRAM — Complete this section if you want to register for the HS SOL Test Remediation Program.

Session Code	Session (Title)	Remediation Site	Tuition

Report card(s) showing that the student passed the course(s) must accompany the registration form.

Parent/Guardian Signature **Date**

School Signature **Date**

FOR SCHOOL USE ONLY — SCHOOL OFFICIALS MUST SIGN BELOW	
<input type="checkbox"/> 504 Plan <input type="checkbox"/> Course verification _____ Counselor's signature	This student qualifies for reduced tuition. <input type="checkbox"/> 50% <input type="checkbox"/> 10% _____ Principal or Designee's Signature

PAYMENT INFORMATION—Make check or money order payable to FCPS Adult Education.

Tuition \$ _____ must be paid in full.

Payment Bank-Certified Check Money Order MasterCard Visa

Card Number

(Charge will be made to FCPS-ADULTISUM SCHIK12)

Exp. Date Month Year

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 issuer agreement.)

Cardholder's Address _____
(if different from listed.)

HS SOL TEST-ONLY PROGRAM — No tuition required.		
FCPS term graduates only — seniors scheduled to graduate by August 31, 2008. Complete this section if you only want to take an SOL test. Report card(s) showing that the student passed the course(s) must accompany the registration form.		
Test-Only Code	Test Name	Test Site
Test-Only Code	Test Name	Test Site