

FCPS Online Campus Registration

2009-2010

Student ID Number	Student Name (First, Middle Initial, Last)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level 2009-2010
School Student is Attending 2009-2010	Ethnic Group (Check one) <input type="checkbox"/> American Indian or Alaskan Native (4) <input type="checkbox"/> Black (2) <input type="checkbox"/> Asian or Pacific Islander (5) <input type="checkbox"/> Hispanic (3) <input type="checkbox"/> Multiracial (7) <input type="checkbox"/> White (1)		Does the student have the following? <input type="checkbox"/> Active IEP <input type="checkbox"/> ESOL <input type="checkbox"/> Active 504 Plan <input type="checkbox"/> Homebound Committee Approval	Fairfax County Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent or Guardian Name (First, Middle Initial, Last)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss		Home Phone
Street Address		City	State	Zip Code
Work Phone (Father or Guardian)	Work Phone (Mother or Guardian)	Emergency Contact Name		Phone Number
Cell Phone (Father or Guardian)	Cell Phone (Mother or Guardian)			
Student E-mail Address	Parent or Guardian E-mail Address	Guidance Counselor Name	Guidance Counselor Phone Number	
Course Code	Course Name			
Course Code	Course Name			
I affirm that the above registered student <u>has not been</u> 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"/>		School Approval Signature (Middle or High School Guidance Director)		
I affirm that the above registered student <u>has been</u> 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"/>		Date		
		Parent or Guardian Signature		Date

Fax completed form with signatures to 703-503-7786.