

Foreign Language Experience (FLEX)* Registration Form

Student Name (First, Middle Initial, Last)		Grade		Course Code (1st choice) FPO-	Course Title	Section #	
Street Address		City	State	Zip	Start Date	Site	Total Cost
School				Course Code (2nd choice) FPO-	Course Title	Section #	
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Start Date	Site	Total Cost	
Fairfax County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Room Teacher		PAYMENT INFORMATION			
		Home Language		Make check or money order payable to FCPS-ACE.			
Parent/Guardian Name		Home Phone		Total Cost \$ _____ must be paid in full.			
Email Address		Work Phone		Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order			
Address		Cell Phone		Card Number (Charge will be made to FCPS-ADULT/SUM SCH/K12)			
Emergency Contact		Home Phone	Work Phone	Exp. Date _____			
Cell Phone				<div style="display: flex; justify-content: space-between; width: 100%;"> (Month) (Year) </div>			
				Cardholder's Name _____			
				Cardholder's Signature _____			
				Cardholder's Address (if different from listed) _____			
<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.				REFUND POLICY			
<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.				All refunds are for tuition only, and requests will be considered on a case-by-case basis. Your written refund request must be received by the FLEX Program Office by the second class meeting. No refunds will be issued after the second class.			
Parent/Guardian Signature		Date		Download a Request for Refund form from http://www.fcps.edu/DIS/OACE/documents/ACERefund.pdf or contact your PTA representative for details.			
				A \$15 processing fee is assessed for each refund.			

*Includes Spanish Heritage FLEXtra