

Svetlana Horhannisyana
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School Name: Franconia ES 2011-12 FLEX* COURSES PTA Rep: Phone Number: (703) 317-7348

Course Code	Course Title/Language	Section Number	No. of Sessions (weeks)	Tentative Start Date	Day/Time	Room	Grades	FLEX Level (1, 2, 3[advanced])*	Tuition	Materials Fee	Total Cost
	FLEX/Spanish	0013	10	03/05	Mon. 1:15-2:15	Band	K	1	118.00	17.00	135.00
	FLEX/Spanish	0005	10	03/06	Tue. 3:45-4:45	Band	1-3	2	118.00	17.00	135.00
	FLEX/Spanish	0006	10	03/08	Thur. 3:45-4:45	Band	4-6	2	118.00	17.00	135.00
	FLEX/Chinese	0003	10	03/05	Mon. 1:15-2:15	Band	1-3	1	118.00	17.00	135.00
	FLEX/Chinese	0004	10	03/06	Tue. 3:45-4:45	Band	4-6	1	118.00	17.00	135.00
	FLEX/Chinese	0005	10	03/09	Thur. 3:45-4:45	Band	K	1	118.00	17.00	135.00

*FLEX level refers to first year, second year, or third (advanced) year in FLEX. Students who have completed two years of the FLEX program, with 30 hours minimum, are eligible for the advanced or third year level course.

Paper Registration Deadline: February 6, 2012
Class Size: minimum 8 - maximum 15 students

Two Ways to Register: Online or Paper Submission to PTA Rep (front side of this document)

1. Online registration for the above-listed courses is available at www.fcps.edu/aceclasses. Click online link under catalog icon at bottom of page. Then click the Kids and Teens link on the left side, next click FLEX, and you will see the FLEX courses available by course number and section number. Please be sure to include at least two phone numbers and an email address on the online registration information. Online registration will be available up to two weeks before the class start unless otherwise notified.
2. Paper registration is completed by submitting this form to the FLEX PTA representative for your school. Please completely fill out one registration form per child. Indicate course and section number for first and second choices.
3. Return completed paper registration form with payment to your FLEX PTA representative by the deadline above. Make check or money order payable to FCPS ACE or use VISA or MasterCard.
4. FCPS ID # - This is your child's identifier for the registration system. It is listed on your child's report card. If you do not know your child's ID number, please leave blank.

Refund Policy:

1. 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.
2. Refunds must be requested in writing. Contact your FLEX PTA representative or call 703-658-1293 for details.
3. A \$15 processing fee is assessed for each refund.

Foreign Language Experience (FLEX) * Registration Form

Student Name (First, Middle Initial, Last)		Grade		Course Code (1st choice)	Course Title	Section #
Street Address		City	State	Zip	Start Date	Site
School		Date of Birth		Course Code (2nd choice)	Course Title	Section #
		<input type="checkbox"/> Male <input type="checkbox"/> Female		FP0-	Site	Total Cost
Parent/Guardian Name <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Room Teacher Home Language		Start Date	Site	Total Cost
Email Address		Home Phone Work Phone		PAYMENT INFORMATION		
Address		Cell Phone		Make check or money order payable to FCPS-ACE. Total Cost \$ _____ must be paid in full.		
Emergency Contact		Home Phone Work Phone		Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order		
Cell Phone				Card Number (Change will be made to FCPS-ADULT/SUM SCH/K12) _____		
<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.		Exp. Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Parent/Guardian Signature		Date		Cardholder's Name _____ Cardholder's Address _____ Signature _____ I agree to pay the total amount according to card issuer agreement.		
				REFUND POLICY		
				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.		
				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 FLEExtra