

★ **School-based Credit Recovery, ESOL, and Self-contained Special Education courses are for FCPS students only. Online campus courses are available to FCPS and eligible non-FCPS students.**

Student Name (First, Middle Initial, Last)		FCPS ID #	Grade 2008-09	Course Code	Course Title <input type="checkbox"/> New <input type="checkbox"/> Repeat	Summer School Site	Tuition
Street Address		City	State	Zip	Course Code	Course Title <input type="checkbox"/> New <input type="checkbox"/> Repeat	Tuition

Date of Birth	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Language
Parent/Guardian Name		Home Phone
Address		Work/Cell Phone
Emergency Contact Name	Home Phone	Work/Cell Phone
Ethnic Group (check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> White		Fairfax County Resident <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail Address
Summer 2009 Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No	School Attending This Year	School Attending Next Year
Name and address of non-Fairfax County school where grades are to be sent:		Enrolled in a VA Public School during 2008-2009 <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate following services required for access to summer services:

Interpreter – Deaf & Hard of Hearing
 Hearing Impairment
 Vision Impairment
 Learning Support (learning disabilities/emotional disabilities)
 Physical Disabilities

PAYMENT INFORMATION

Payment and any 2008-09 report card must accompany registration form. Make bank-certified checks or money order payable to FCPS Adult Education.

Tuition \$ _____ must be paid in full. **No Personal checks will be accepted.**

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 issue agreement)

Cardholder's Address and Phone Number _____
 (if different from listed)

HIGH SCHOOL RANK CODES

- Code A – High school new credit course or repeat credit course previously failed
 Code B – High school repeat course previously passed

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.

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.

 Parent/Guardian Signature Date

 School Signature Date

FOR SCHOOL USE ONLY – SCHOOL OFFICIALS MUST SIGN BELOW

- 504 plan
 Course Verification

This student qualified for reduction tuition.

- 50% 10%

 Counselor's Signature

 Principal or Designee's Signature