

2009 **Form B**

**HS SOL Test Remediation Program and
HS SOL Test-Only Program Registration**

NO TUITION REQUIRED

★ **THESE PROGRAMS ARE FOR ELIGIBLE FCPS STUDENTS ONLY.**

| | | | | |
|--|---------------|---|---------------|--|
| Student Name (First, Middle Initial, Last) | | FCPS ID # | Grade 2008-09 | Please indicate following services required for access to summer services: <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 |
| Street Address | City | State | Zip | |
| Date of Birth | Home Language | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Summer 2009 Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Enrolled in a VA Public School during 2008-2009 <input type="checkbox"/> Yes <input type="checkbox"/> No | | School Attending This Year _____ | | |
| School Attending Next Year _____ | | | | |
| 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 |
| 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 | | |
| _____ | | _____ | | Parent/Guardian Signature |
| _____ | | _____ | | Date |

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

| HS SOL TEST REMEDIATION PROGRAM | | | | HS SOL TEST-ONLY PROGRAM | | |
|--|----------------|------------------|---------|--|-----------|-----------|
| Complete this section if you want to register for the HS SOL Test Remediation Program. | | | | (FCPS term graduates only – seniors scheduled to graduate by August 31, 2009). Complete this section if you only want to take an SOL test. | | |
| Course Code | Course (Title) | Remediation Site | Tuition | Test-Only Code | Test Name | Test Site |
| | | | | | | |
| Course Code | Course (Title) | Remediation Site | Tuition | Test-Only Code | Test Name | Test Site |
| | | | | | | |
| _____ | | | | _____ | | |
| Parent/Guardian Signature | | | | Parent/Guardian Signature | | |
| _____ | | | | _____ | | |
| Date | | | | Date | | |

FOR SCHOOL USE ONLY – SCHOOL OFFICIALS MUST SIGN BELOW: Check all that apply.

- 504 Plan
- Course Verification
- Test Verification

Counselor's Signature

Date