

# Online Campus Class Registration Form 2016-2017

Student ID Number	Student Name (Last, First, Middle)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade level (as of 9/1/2016)
School of Attendance 2016-2017	Ethnicity ( <u>Must check one</u> )  <input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> Yes, Hispanic or Latino	Race ( <u>Check as many as apply, must check one</u> ) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Accommodations (Check applicable)  <input type="checkbox"/> Active IEP <input type="checkbox"/> ESOL  <input type="checkbox"/> Active 504 <input type="checkbox"/> Homebound  <input type="checkbox"/> Homeschooled (needs district registration approval form)	Fairfax County Resident  <input type="checkbox"/> Yes  <input type="checkbox"/> No
School's Street Address		School's City	School's State	School's Zip Code
Parent 1 or Guardian Name (Last, First Middle Initial)	Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Home Phone	Work Phone	Cell Phone
Parent 2 or Guardian Name (Last, First Middle Initial)	Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Home Phone	Work Phone	Cell Phone
Home Street Address		City	State	Zip Code
Student email address ( <u>mandatory requirement</u> )		Student Cell Phone	Parent/Guardian email address	
School Counselor Name (Last, First)	Counselor Phone	Counselor email address		
Course 1 Code	Course 1 Name	Course 2 Code	Course 2 Name	
<input type="checkbox"/> I affirm that the above registered student <b>has not been</b> 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, drugs or the willful infliction of injury to another person  <input type="checkbox"/> I affirm that the above registered student <b>has been</b> 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, drugs or the willful infliction of injury to another person		Approval Signature (Director of Student Services)		Date
		Parent/Guardian Signature*		Date

**Incomplete forms will be returned to the school counselor for completion. Signatures are required of all registrations!**

\* Tuition is required from non-FCPS students or FCPS student who is taking this class as an additional course above their allotted 7 classes.

Email completed form with all signatures to [onlinecampus@fcps.edu](mailto:onlinecampus@fcps.edu)