

Foreign Language Experience (FLEX) Registration Form

Student Name (First, Middle Initial, Last)		FCPS ID # (see reverse side)		Grade	Course Code (1st choice)	Course Title	Section #	
Street Address		City	State	Zip	Start Date	Site	Total Cost	
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		Course Code (2nd choice)	Section #	
						Course Title	Total Cost	
School		Home Room Teacher		PAYMENT INFORMATION				
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Language		Make check or money order payable to FCPS Adult Education. Total Cost \$ _____ must be paid in full. Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order				
Parent/Guardian Name		Home Phone		Card Number (Charge will be made to FCPS-ADULT/SUM SCH/K12) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Email Address		Work Phone		Exp. Date (Month) <input type="text"/> <input type="text"/> (Year) <input type="text"/> <input type="text"/>				
Address		Cell Phone		Cardholder's Name _____ <i>Please print name clearly as it appears on the credit card.</i>				
Emergency Contact	Home Phone	Work Phone		Cardholder's Signature _____ <i>I agree to pay the total amount according to card issuer agreement.</i>				
Cell Phone					Cardholder's Address _____ <i>(if different from listed)</i>			
<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/register.html or contact your PTA representative for details.				
				A \$15 processing fee is assessed for each refund.				