

GLOBAL Registration Form

Student Name (First, Middle Initial, Last)		Grade	Course Code (1st choice) GLO-	Course Title	Section #										
Street Address	City	State	Zip	Start Date	Site	Total Cost									
School			Course Code (2nd choice) GLO-	Course Title	Section #										
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Start Date	Site	Total Cost										
Fairfax County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Room Teacher		PAYMENT INFORMATION Make check or money order payable to FCPS-ACE. 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 Card Number (Charge will be made to FCPS-ADULT/SUM SCH/K12) - - - Exp. Date <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">-</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: 8px;">(Month)</td><td></td><td></td><td style="text-align: center; font-size: 8px;">(Year)</td><td></td></tr></table>				-			(Month)			(Year)	
						-									
(Month)			(Year)												
Parent/Guardian Name		Home Phone													
Email Address		Work Phone													
Address		Cell Phone													
Emergency Contact	Home Phone	Work Phone													
Cell Phone															
<input type="checkbox"/> I affirm that the above registered student <u>has not been</u> 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 <u>has been</u> 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		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 submitted to program specialist Joy Raftelis at joyia.raftelis@fcps.edu 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 GLOBAL parent liaison for details. A \$15 processing fee is assessed for each refund.											