

# Foreign Language Experience (FLEX)\* Registration Form

Student Name (First, Middle Initial, Last)		FCPS ID #		Grade	Course Code (1st choice) FPO-	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) FPO-	Section #
School				Home Room Teacher		Start Date	Total Cost
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Home Language		<b>PAYMENT INFORMATION</b>	
Parent/Guardian Name				Home Phone		<b>Make check or money order payable to FCPS-ACE.</b> 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	
Email Address				Work Phone		Card Number <i>(Charge will be made to FCPS-ADULT/SUM SCH/K12)</i> <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"/>	
Address				Cell Phone		Exp. Date (Month) <input type="text"/> <input type="text"/> (Year) <input type="text"/> <input type="text"/>	
Emergency Contact		Home Phone		Work Phone		Cardholder's Name _____ <i>Please print name clearly as it appears on the credit card.</i>	
Cell Phone						Cardholder's Signature _____ <i>I agree to pay the total amount according to card issuer agreement.</i>	
<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 or drugs, or for 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 or drugs, or for the willful infliction of injury to another person.							
Parent/Guardian Signature				Date			
<b>REFUND POLICY</b>							
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.							
Download a Request for Refund form from <a href="http://www.fcps.edu/DIS/OACE/documents/ACERefund.pdf">http://www.fcps.edu/DIS/OACE/documents/ACERefund.pdf</a> or contact your PTA representative for details.							
A \$15 processing fee is assessed for each refund.							

\*Includes Spanish Heritage FLEXtra