2015 Academic Summer School - TJHSST

Student e-mail address where student can be contacted during course (required). Please print legibly with one character per space.

Parent/Guardian e-mail address. ALL SUMMER SCHOOL MATERIALS WILL BE SENT ELECTRONICALLY TO THIS EMAIL ADDRESS. Please print legibly with one character per space.

<table>
<thead>
<tr>
<th>Student Name (First, Middle Initial, Last)</th>
<th>Student Phone</th>
<th>FCPS ID #</th>
<th>Grade 2014-15</th>
<th>Course Code</th>
<th>Course Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Enrolled in a VA Public School during 2014-15</td>
<td>School Attending 2014-15</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Check One Home Language</td>
<td>Parent/Guardian Name</td>
<td>Home Phone</td>
<td>Street Address</td>
<td>Work/Cell Phone (Parent)</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Fairfax County Resident</td>
<td>Yes</td>
<td>No</td>
<td>Emergency Contact Name</td>
<td>Home Phone</td>
</tr>
</tbody>
</table>

Student’s Racial Group (Select all that apply.)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Student’s Ethnic Group
- Hispanic: Yes No

Current TJ students must hand-deliver this completed form to Elizabeth West in the TJ Main Office (Door 8).

(Incoming freshmen may hand-deliver forms or email directly to Allison Bailey at akbailey@fcps.edu if paying by credit card)

PARENT/GUARDIAN/SCHOOL PERSONNEL SIGNATURE

[ ] 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.

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Parent/Guardian’s Signature ___________________________ Date ___________________________

FOR SCHOOL USE ONLY

This student has a 504 plan. Yes No The student is approved to take this course. Yes No

Counselor’s Signature ___________________________ Date ___________________________

This student is eligible for a reduction in tuition: (check one) 50% 10% 0%

Principal or Designee’s Signature ___________________________ Date ___________________________