

Please complete all fields, then email your completed form to: globalschool@flvs.net.
Or fax, to 407-377-8144



Part 1: Student Information

First Name

Last Name

Date of Birth

Male Female

Grade Level

Email Address

Phone Number

Address

Part 2: School Information (Information in this section MUST be completed if your school district is responsible for course registration fees.)

School District

School Name

Address

City, State, Zip Code

School Contact Name

School Contact Email

School Contact Phone

Part 3: Course Registration

All courses are \$400 per semester

Course 1

Course 2

Course 3

Course 4

Start Date

(Students who withdraw during the first 28 days of enrollment OR have completed less than 20% coursework during the first 28 days of enrollment, whichever comes first may be eligible for a full refund minus a \$75 administrative fee)

Part 4: Payment Information (Please fill in the credit card information below, or make a check payable to Florida Virtual School and mail to: 2145 Metrocenter Blvd, Suite 200, Orlando, FL 32835)

Credit Card Visa Mastercard Amex

Card No.

Exp. Date Amount Total

Name on Card

Address, City, Zip Code

Email Address

Phone Number

For help, please contact Florida Virtual Global School at:
866-322-8324, Option #4