

Please complete all fields, then click the "Email" button to email your completed form to: GlobalSchool@flvs.net. Or, print and fax to: 1-866-422-7259



Part 1: Student Information

First Name

Last Name

Date of Birth

Male Female

Grade Level

Email Address

Phone Number

Address

City, State, Zip

Part 2: School Information

***Please Note: If student is home educated, please print "Home Educated" in lieu of "School Name". "District Name" or county of residence is still required.**

School District Name

School Name

School Address

City, State, Zip

School Contact Name

School Contact Email

School Contact Phone

For help, please call Florida Virtual Global School at: 407-513-3587

Part 3: Course Registration

Please fill in the course name and appropriate semester (.5 credit).

All courses are \$400 per semester. Please Note: Students residing outside the US will be charged an additional \$25 per semester.

Course 1 Sem. 1 Sem. 2 Full Course

Course 2 Sem. 1 Sem. 2 Full Course

Course 3 Sem. 1 Sem. 2 Full Course

Course 4 Sem. 1 Sem. 2 Full Course

Course 5 Sem. 1 Sem. 2 Full Course

Course 6 Sem. 1 Sem. 2 Full Course

Part 4: Payment Information

Please fill in the credit card information below, or make check payable to Florida Virtual School and mail to: 2145 Metro Center Blvd, Suite 200, Orlando, FL 32835)

Credit Card Visa Mastercard

Card #

Exp. Date \$ Amount Total

Name on Credit Card

Address

City, State, Zip

Email Address

Phone Number

Please Note: By completing this form, you are verifying that the student is legally eligible to enroll in middle school or high school level courses and that all information indicated is accurate.