Mail To: Fairfax County Public Schools, ADULT & COMMUNITY EDUCATION
Dept. A, 6815 Edsall Road, Springfield, VA 22151 OR **Fax To:** 703-660-9386

1st Choice Course No.	1st Choice Section No.	2nd Choice Section No.	Start Date	Start Time	Course Title	Tuition Fee	Text Fees	User Fee	Total Fees

SUBTOTAL	$
Fairfax County Senior Discount	–
ACE Scholarship Fund	+
TOTAL (Pay this amount):	**$**

☐ Male
☐ Female

☐ I'd like to make a tax-deductible donation to the ACE Scholarship Fund to provide low-income adults with employability training and educational opportunities. I have added $_____ to my total amount.

☐ **I am a First-Time Registrant**
☐ **Check if change of address**

Birth Date Required for Senior Citizen Discount:
Month / Day / Year

ACE Participant ID Number

First Name **MI** **Last Name**

Street Address **Apt #** **City** **State** **Zip Code**

( ) ( )
Home Phone **Business Phone** **E-Mail Address**

Payment Method (check one):

☐ MasterCard ☐ VISA ☐ Check

Card#

Expiration Date (Month) (Year)

Print Cardholder's Name: _____
Please print name clearly as it appears on the credit card.

Cardholder's Signature: _____
I agree to pay the total amount according to card issuer agreement.

Cardholder's Address/Phone Number (if different from above):

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