

GPA+ SOLUTIONS WORKSHOP REGISTRATION
Fenwick High School

PLEASE REGISTER: _____

SCHOOL: _____

CURRENT GRADE: _____

WORKSHOP SESSION FIRST CHOICE: _____

WORKSHOP SESSION SECOND CHOICE: _____

PARENT NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TEL: H: _____ **CELL:** _____

EMAIL: _____

PAYMENT:

_____ Check enclosed for \$ _____ payable to GPA+ Solutions

_____ Charge total of \$ _____ to (circle one): Visa MC AMEX Discover

Cardholder Name (Print): _____

Card Number: _____ **Expiration Date:** _____

Signature: _____ **Security Code:** _____

PLEASE RETURN TO:
Ms. Shanahan
In STUDENT SERVICES