

**PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
Academic Validation Program (AVP)  
June 23, 25, 26, & 27, 2014**

**REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Base School: \_\_\_\_\_ Rising Senior: \_\_\_\_\_ Potential Graduate: \_\_\_\_\_

Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_

City/State and Zip: \_\_\_\_\_

Medical Information: \_\_\_\_\_  
(List any medical problem which could affect child in school, i.e., epilepsy, bee stings, etc.)

Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Are you eligible to graduate this summer? \_\_\_\_\_ If yes, complete and submit a *Certification For Graduation* SS-CG form.

**Please check the appropriate course(s) in which you need to complete AVP projects (X).**

Academic Validation Course Name
Algebra
Biology
English

**Indicate education plan if applicable:**

ELL (English Language Learners)       IEP (Individual Education Program)       504

Professional School Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MONEY ORDERS ONLY - NO PERSONAL CHECKS OR CASH ACCEPTED**

Registration Fee: \_\_\_\_\_ Fee Waiver: \_\_\_\_\_ (must attach *Fee Waiver* form)

Money Order#: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE FILLED OUT BY 2014 SUMMER SCHOOL PERSONNEL ONLY**

Academic Validation Course Name	Project Code		Date Accepted
	Expectation	Number	
Algebra			
Biology			
English			

Date of Completion: \_\_\_\_\_ Teacher's Signature: \_\_\_\_\_

If withdrawn, give date and reason: \_\_\_\_\_

**Registration will be held on June 18 & 19, 2014, at Charles H. Flowers HS, 10001 Ardwick-Ardmore Road, Springdale, MD 20774.**

**PLEASE NOTE: Seating is limited. Applications will be accepted on a first-come basis.**