



Mail registration form with check or money order to:

FBISD Extended Learning Attn: Community Education 226 Lakeview Dr., Sugar Land, TX 77498 <i>Please make checks out to FBISD Extended Learning</i>

Name: _____

Email: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____

Work Phone: _____

Please complete the following information if enrolling a child in our Youth Program, Success Zone.

Child's Name: _____

Homeroom Teacher: _____

Child's DOB: _____ Gender: M F

Student ID: _____ Grade: _____

As a participant in this program, I hereby agree and promise that I will not hold Fort Bend ISD, its employees, or any instructors responsible for any loss, damage, or personal injuries that I may receive as a result of participation.

I authorize the release of my name and picture for use in the FBISD Community Education catalog, marketing materials and/or news media.

Yes No

Signature of Participant or Parent/Guardian

Date

Course No	Course Name	Location	Start Date	Time	Cost
1.					
2.					
3.					

For Office Use Only:

Total Fee Paid: _____

Date Rec'd: _____

Rec'd By: _____