

Registration Information Required for Aventa Online Courses

Please print your information legibly, thank you.

First Name: _____

Last Name: _____

Student E-Mail: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Birth date: _____

Gender: _____

Ethnicity: _____

Anticipated Year of graduation: _____

Course Name: _____

First Online Course: Y or N

Student Signature

I acknowledge that there is a fee of \$300 per semester for the online course that my child has registered for. We will be billed from Countryside Montessori School and remit payment at that time.

Parent Signature

Below information for Office use only:

Student ID#: _____ IEP: _____

Semester A: Yes or No Semester B: Yes or No

Start Date: _____ End Date: _____