

**CYPRESS-FAIRBANKS I.S.D. AFTERNOON SCHOOL at Leonard Brautigam Center  
REGISTRATION CARD**

(Please PRINT or TYPE all information)

STUDENT ID#: \_\_\_\_\_ HOME CAMPUS 2019-2020 \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE 2019-2020 \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) SUBDIVISION \_\_\_\_\_

Parents or Guardian Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Counselor's Signature Date Parent/Guardian Signature Date

**DIRECTIONS:** Circle the course and session requested. COUNSELOR, PLEASE email the registration card along with the receipt of payment to [bianca.thomas@cfisd.net](mailto:bianca.thomas@cfisd.net) when complete.

- Course Requested (please circle)  
 Economics (original or make up credit)  
 Government (original or make up credit)  
 English IV A (original or make up credit)  
 English IV B (original or make up credit)  
 Geometry B (make up credit only)

All sessions meet Tuesday/Thursday  
 September 3rd-December 6th  
 4:00- 6:30 P.M.

***\*Students must meet prerequisites to enroll in a course for original credit.\****

**PAYMENT IS DUE ON YOUR HOME CAMPUS BY August 29, 2019  
 \$120.00**

-----For Office Use Only -----

\$ _____ Receipt # _____	_____ W/D Date & Initial
Check one: Cash ____ Cashier Check ____ Money Order ____	_____ Amt. Refund
*Refunds will be paid to the guardian only before 9/10/2019	P.O. # _____
Tuition Paid to: _____ Date: _____	_____ Signed
Revenue: 1990-00-N6-000-00000 R5739 Tuition Night School	_____ Date

Contact Susan Calda for any questions at 281-807-8689  
 or email [susan.calda@cfisd.net](mailto:susan.calda@cfisd.net) (Director of Instruction)