



Complete and return this form with a PO or check (made payable to Region 4 ESC) for \$25.00 per student to Texas Virtual School, attention Linda Gillis, via fax 713.744.0625.* If you run out of room, please use additional forms. For assistance, please call 1.800.992.9397 or email your TVS regional representative (listed under ESC Partners on the TVS web site:

www.texasvirtualschool.org

Student Name: _____

Course Taking: _____

Student Name: _____

Course Taking: _____

Student Name: _____

Course Taking: _____

Username/passwords and course materials will be sent to the mentor/liason for distribution to students. Students will need their username/passwords to login to this orientation class.

Mentor Name: _____ Title: _____

Email: _____ Phone: _____

District: _____ Campus: _____

Address: _____ City: _____

State: ____ Zip Code: _____ Fax: _____

(form amended on 07-07-10)