

**REGISTRATION FOR ONLINE COURSES**

**Please type your information directly into this form. Then save it as a WORD DOCUMENT. Attach it to an email and send to** **info@floridaacademy.org****.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **School ID:** |  |
| **School Name:**  |  |
| **School Address:** |  |
|  |
| **Principal/Administrator:** |  |
| **Billing Contact:** |  |
| **Contact Phone:** |  | **Contact Email:** |  |
| **Participant Information** |
| First Name | Last Name | Email | Certificate No. | Certificate Expiration Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |