

**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**](mailto:info@floridaacademy.org)**.**

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