



## **PERMISSION TO ENROLL**

*Please complete and fax to Office of Admissions and Records: (703) 433-0378*

Today's Date \_\_\_\_\_

I give permission for ED Anywhere, LLC, to enroll \_\_\_\_\_  
*Student name/please print*

in the following classes:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I understand that until transcripts or counselor permission can be provided, any credits issued by ED Anywhere may not transfer back to the student's base school.

\_\_\_\_\_  
*Signature (Parent must sign if student is under 18 years old)*

**For office use only:**

Date Processed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_