

## HEP TX Registration Form 2021-2022

Name	Age	Grade	Male/Female
Address	City	Z	ip
Parent(s) Names			
Parent email(s)	Student en	nail	
Parent/phone:/	Cell/Home		_ Cell/Home
Parent/phone:/(Please note that we MUST have a c	Cell/Home Stude	ent Phone: cached during scho	ool hours.)
Other Emergency contact name/phor	ne:		
Does your child have any medical issulist:	<u> </u>	nces?	_ If, so, please
ESA member? Yes/No Yearbook C	Club? <u>Yes/No</u> Gradua	ating this year with	us? <u>Yes/No</u>
Regis	stration Informa	tion	
Course Name (list each class you	u are purchasing)	Recommendation Attached or Seen (Honors classes)	Cost
Example: JTT 9		V	\$1090.00

FOR OFFICE USE ONLY:	
	\$
Class Sub-1otal	Ψ
Less Previously Paid Deposits	\$
Finance Fee(s) @\$15/class	\$
Due Today - ½ Downpayment + Finance Charges (Unless using a customized plan)	\$
Remaining Balance Due October 31 (Nov. 1) And November 30	\$
In two equal payments of	\$
Please note that late payments will result in a 15% cloutstanding amounts.  Forms Received (check off):  Waiver, Ins. Card, Medical:, Teachered Initialed: Teachered.	
PAYMENT INFORMATION: Cash / Check / Credit Card (Visa / Mastercard) For credit card payments by mail, please complete the follo (This information will be destroyed after payment received. We destroyed after payment received.	
Card#Expiration	
Numeric Street # or PO Box number	
PAYMENT AGREEMENT: (Please read carefully	y as this is a legal contract.)
I understand and agree that my signature on this registration agreement between HEP of Texas and myself. I understand any and all classes that my child is enrolled in even is the class during the semester. HEP of Texas reserves the any outstanding fees due and that if a legal judgment is sough responsible for all court costs, attorney fees, and course fees. contracts Covid-19 at an HEP TX, Inc. function, HEP TX will employees. I HAVE CAREFULLY READ THIS CONTRACT A CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS M SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE REAT TX'S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT page).	d and agree to pay in full for my child withdraws from e right to pursue the collection of at, the undersigned will be I also understand that if my child not be held liable, nor will its AND UNDERSTOOD ITS Y OWN FREE ACT. MY
Signature Relationship _	Date
(Parent/Guardian)	