

## HEP TX Registration Form 2019-2020

Name	Age _	Grade	_ Male/Female
Address	City _	Z	ip
Parent(s)			
Parent email	Student	email	
Mother phone(s)	home/cell		home/cell/work
Father phone(s)	home/cell		home/cell/work
Student phone			
Emergency contact name/phone			
ESA member? <u>Yes/No</u> Yearbook Club	? <u>Yes/No</u> Gra	duating this year with	us? <u>Yes/No</u>
Registra	ation Infor	mation	
Course Name (list each class you ar	e purchasing)	Recommendation Received (honors)	

## Course Name (list each class you are purchasing) Example: English 9 n/a \$795

## **PAYMENT INFORMATION:**

Cash / Check / Credit Card (Visa / Mastercard)

For credit card payments **by fax or mail**, please complete the following: (This information will be destroyed after payment received. We do not keep it on file.)

Card#	Expiration	(mm/dd/yy) CVS#
Street address or box# card billing _	(example: 3542 Stre	Zip et or Box 625)
PAYMENT AGREEMENT:		
(Please read carefully as th	is is a legal contı	act.)
I understand and agree that my signs agreement between HEP of Texas an any and all classes that my child the class during the semester. He any outstanding fees due and that is responsible for all court costs, attorn THIS CONTRACT AND UNDERSTO SAME AS MY OWN FREE ACT. MY READ AND UNDERSTAND HEP TX IT (posted on the HEPTX.com web p	d myself. I understand is enrolled in, even HEP of Texas reserves a legal judgment is somely fees, and course fee OD ITS CONTENTS, I SIGNATURE BELOWAYS STATEMENT OF F	and and agree to pay in full for n if my child withdraws from the right to pursue the collection of aght, the undersigned will be es. I HAVE CAREFULLY READ AND I VOLUNTARILY SIGN THE ALSO CONFIRMS THAT I HAVE
Signature(Parent/Guardian)		oDate
, , ,	OFFICE USE O	NLY

Documents	CHECK
Waiver Received	
Medical Info	
Insurance Card	

Documents

Check

Insurance Card	
Teacher Ease	
Employee	

Class Sub total	\$
½ Down	\$
Total Cost	\$
Finance Fee(s) (\$15/class)	\$
	\$