



IOWA Test Registration Form 2017

Home Education Partnership of Texas, Inc.

11665 Fuqua, STE A-100 Houston, TX 77034 281-922-0478

Student Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ e-mail: _____

Parent Name: _____ Emergency Phone: _____

<i>IOWA Test</i>	<i>Session</i>	<i>Cost</i>	<i>Paid</i>
Grade at the end of spring 2017	May 15-17 Morning or Afternoon	\$37.89	

Method of Payment:

Cash _____ Check # _____ Driver's License # _____

Credit Card: MC/ Visa/ Discover/ American Express (circle one)

Card # _____ Security Code: _____ Expiration Date: _____

Payment Agreement – Read carefully as this is a legal contract:

I understand and agree that my signature on this registration form constitutes a contractual agreement between HEP of Texas and myself. I understand and agree to pay in full for any testing and/or related fees. HEP of Texas reserves the right to pursue the collection of any outstanding fees due and that if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees.

I HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. I ALSO AGREE TO ORDER THE TEST IN A TIMELY MANNER.

Parent/Guardian **Relationship** **Date**

OFFICE USE ONLY:

_____ Test ordered

_____ Tallied

_____ Employee's initials **Revised 11/07/16**