

## **IOWA Test** Registration Form 2019 Home Education Partnership of Texas, Inc. 11665 Fuqua, STE A-100 Houston, TX 77034 281-922-0478

Name:	D	OB:G	rade:	
Address:	City:	Z	Zip:	
Phone:	e-mail:			
Parent Name:	_Emergency Phone:			
IOWA Test	Session	Cost	Paid	
Grade at the end of spring 2019	May 13-15	\$27.90		
	Morning or Afternoon	\$37.89		
Method of Payment: Cash Check #				
Credit Card: MC/ Visa/ Di	scover/ American	Express (circle	one)	
Card #	Security Code:	Expiration D	ate:	
Payment Agreement — Recomplete I understand and agree that my signature of between HEP of Texas and myself. I under HEP of Texas reserves the right to pursue to judgment is sought, the undersigned will be I HAVE CAREFULLY READ THIS COLUNTARILY SIGN THE SAME ATHE TEST IN A TIMELY MANNER.	n this registration form consti- estand and agree to pay in full the collection of any outstandi- e responsible for all court cost	tutes a contractual ag for any testing and/o ing fees due and that ts, attorney fees, and STOOD ITS CONT	greement or related fees. if a legal course fees.	
Parent/Guardian	Relationship	Date	•	
OFFICE USE ONLY:				
Test ordered				
Tallied				
Employee's initials <i>Revised</i>	01/14/19			