 HEP TX Registration Form

 2019-2020

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Grade\_\_\_\_\_\_ Male/Female

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

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? Yes/No Yearbook Club? Yes/No Graduating this year with us? Yes/No

**Registration Information**

|  |  |  |
| --- | --- | --- |
| Course Name (list each class you are purchasing) | RecommendationReceived (honors) | Cost  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

 (example: 3542 Street or Box 625)

**PAYMENT AGREEMENT:**

**(Please 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 and all classes that my child is enrolled in, even if my child withdraws from the class during the semester.** HEP of Texas reserves the right to pursue the collection of any outstanding fees due and that is 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. MY SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE READ AND UNDERSTAND HEP TX’S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT (posted on the HEPTX.com web page).

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

 (Parent/Guardian)

|  |
| --- |
| FOR OFFICE USE ONLY |

|  |  |
| --- | --- |
| Documents | Check |
| Waiver Received |  |
| Medical Info |  |
| Insurance Card |  |
| Teacher Ease |  |
| Employee |  |
| Class Sub total | $\_\_\_\_\_\_\_\_\_  |
| ½ Down | $ |
| Total Cost | $ |
| Finance Fee(s)($15/class) | $ |
| Due Today | $ |