

## **IOWA Test Registration Form 2024** Home Education Partnership of Texas, Inc. 208 E. Edgewood, Friendswood, TX 77546 281-922-0472

Name:	DOB:	DOB:Grade:	
Address:	City:	Zip:	
Phone:e	e-mail:		
Parent Name:	_Emergency Phone:		
TEST ORDERED FROM BJ	U Yes No Order b	оу 4/1/24	
IOWA Test	Session	Cost	Paid
Grade at the end of spring 2024	May 14 & 15, 2024 9:30-12:45 approx. times	\$48.71	
Method of Payment:   Cash Check #   Credit Card: MC/Visa/Discort			
Card #	Security Code: Ex	piration D	oate:
Payment Agreement – Rea	nd carefully as this is a	legal co	ontract:
I understand and agree that my signature or between HEP of Texas and myself. I under HEP of Texas reserves the right to pursue t judgment is sought, the undersigned will be	stand and agree to pay in full for any he collection of any outstanding feet	testing and/os due and that	or related fees. if a legal
I HAVE CAREFULLY READ THIS CO I VOLUNTARILY SIGN THE SAME A THE TEST IN A TIMELY MANNER.			
Parent/Guardian	Relationship	Date	