

Standardized Testing Registration Form 2010

Home Education Partnership of Texas, Inc.

11665 Fuqua, STE A-100 Houston, TX. 77034

Student Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ parent e-mail address _____

Parent's Name: _____ Emergency Phone: _____

Iowa Test	Amount Paid
Grade level:	\$25 due

Method of Payment:

Cash _____ Check # _____ Driver's License # for checks only _____

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

Card # _____ 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 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 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.

Parent or Guardian Signature

Relationship

Date

Office Use only - Employee should complete the following information:

_____ Test ordered from BJU
_____ Employee's Initials