IOWA Test Registration Form 2018

Home Education Partnership of Texas, Inc.

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

Name: _____DOB:_____Grade: _____

Address: _____City: _____Zip:_____

Phone: _____e-mail: _____

Parent Name: _____Emergency Phone:_____

IOWA Test	***Session***	***Cost***	***Paid***
Grade at the end of spring 2018	May 14-16 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 12/12/17***