



# STANFORD Test Registration Form 2015

## Home Education Partnership of Texas, Inc.

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

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

<b>STANFORD</b>	<b>Session</b>	<b>Cost</b>	<b>Amount Paid</b>
Grade at the end of spring 2015	May or June 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 judgement 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.

_____ <b>Parent/Guardian</b>	_____ <b>Relationship</b>	_____ <b>Date</b>
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### OFFICE USE ONLY:

\_\_\_\_\_ Test ordered

\_\_\_\_\_ Tallied

\_\_\_\_\_ Employee's initials **Revised 01/23/15**