 HEP TX Registration Form

 2022-2023

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M/F) Age \_\_\_ Grade\_\_\_ DOB \_\_/\_\_/\_\_\_

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

Parent(s) Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/phone: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home

Parent/phone: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Cell/Home Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please note that we MUST have a contact that can be reached during school hours.)**

Other Emergency contact name/phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your students have any medical issues or learning differences? \_\_\_\_\_\_\_\_\_\_ If, so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TEACHEREASE:** IT IS IMPERATIVE THAT PARENTS OF NEW STUDENTS SET UP THEIR ACCOUNT WITH TEACHEREASE AND CHECK IT DAILY. THAT IS THE COMMUNICATION PORTAL BETWEEN PARENTS AND FACULTY. (See our staff for more information.

**Registration Information**

|  |  |  |
| --- | --- | --- |
| Course Name (list each class you are purchasing) | RecommendationAttached or Seen(Honors classes) | Cost |
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| --- | --- |
| **FOR OFFICE USE ONLY:** |  |
| Class Sub-Total (less previous deposits) | $\_\_\_\_\_\_\_\_\_\_\_ |
| Finance Fee(s) @$15/class (non-refundable)  | $\_\_\_\_\_\_\_\_\_\_\_ |
| Due Today - ½ Downpayment + Finance Charges (Unless using a customized plan) | $\_\_\_\_\_\_\_\_\_\_\_ |
| Remaining Balance Due October 31 (Nov. 1)And November 30… | $\_\_\_\_\_\_\_\_\_\_\_ |
| In two equal payments of  | $\_\_\_\_\_\_\_\_\_\_\_ |
| **Please note that late payments will result in a 15% charge per month on outstanding amounts.**  |
| Forms Received: Waiver \_\_\_\_, Ins. Card \_\_\_\_, Medical: \_\_\_\_\_, Teacherease (explained) \_\_\_, Initialed: \_\_\_\_\_ Teacherease Added:\_\_\_\_\_\_\_\_\_\_ |

**PAYMENT INFORMATION:** Cash / Check / Credit Card (Visa / Mastercard)

For credit card paymentsplease complete the following:

*(A 3% processing fee will be charged when paying with credit cards. There is no additional fee for cash and check transactions.)*

Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_\_(mm/dd/yy)

Street or P.O. Box Number *for card*:\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

**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 if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees. I also understand that if my child contracts Covid-19 at an HEP TX, Inc. function, HEP TX will not be held liable, nor will its employees. 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)

(February 8, 2022)