

Date: ____ / ____ / ____

Willow Bend Academy 2010-2011 Registration Form

LEWISVILLE 101 East Southwest Pkwy, St 101
Lewisville, TX 75067
Ph 972.436.3839 / Fax

PLANO 2220 Coit Rd, St. 500
Plano, TX 75075
Ph 972.599.7882 / Fax 972.612.7858

\$250 Non-refundable deposit reserves AM / PM Seat

- ON-CAMPUS AM MORNING SESSION (Year-round enrollment August-May) (8:15 am - 12:15 pm)
- ON-CAMPUS PM AFTERNOON SESSION (Year-round enrollment August-May) (1:00 pm - 5:00 pm)
- HOME-STUDY PROGRAM (Year-round enrollment August-May.)
- ON LINE PROGRAM (Year-round enrollment August-May.)
- SINGLE COURSE (August-May) (Course Name(s) _____)

Student Information

Name: _____ Soc Sec #: ____ - ____ - _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone #: _____ Student's Cell Phone#: _____ Student's Age: _____
 Student's email: _____ Date of Birth: ____ / ____ / ____ Sex: F / M
 Last Grade Completed _____
 List all previous schools, starting with most recent: _____

Parent Information

Father's Name _____ Living in home with student? Yes / No
 Address _____ City _____ ZIP _____
 Work Phone No. (____) _____ - _____ Cell Phone (____) _____ - _____
 Employer _____ May we contact for tardy or absence? Yes / No
 Email: _____

Mother's Name _____ Living in home with student? Yes / No
 Address _____ City _____ ZIP _____
 Work Phone No. (____) _____ - _____ Cell Phone (____) _____ - _____
 Employer _____ May we contact for tardy or absence? Yes / No
 Email: _____

Primary contact _____ Relation _____

Signature _____ Date ____ / ____ / ____

Registration \$ 250 Cash ____ Ck# _____ Credit # _____
 Curriculum \$ _____ Security code (3 or 4 digit code on back) _____ Exp date _____
 Monthly Tuition \$ _____ Billing street address: _____
 Total due \$ _____ City: _____ Zip: _____
 Balance due \$ _____ may be paid in monthly payments of: \$ _____ and are due by the 1st ____ or 15th ____