

\$200 (non-refundable) deposit reserves seat

Date: ___ / ___ / 2010

Willow Bend Academy SUMMER 2010 Registration Form

LEWISVILLE

101 East Southwest Pkwy, St. 101
Lewisville, TX 75067
Ph 972.436.3839 - Fax 972.436.3930

PLANO

2220 Coit Rd., St. 500
Plano, TX 75067
Ph 972.599.7882 - Fax 972.612.7858

SUMMER PROGRAMS	June 14 - July 1	July 6 - July 22	July 26 - August 12
ON-CAMPUS (Monday - Thursday 8:30 am - 12:30 pm) \$595 (Course Name(s) _____)	<input type="checkbox"/> 1st session	<input type="checkbox"/> 2nd session	<input type="checkbox"/> 3rd session
ON-CAMPUS - SASS (Tuesday - Thursday 2:00 pm - 5:00 pm) \$495 (Course Name(s) _____)	<input type="checkbox"/> 1st session	<input type="checkbox"/> 2nd session	<input type="checkbox"/> 3rd session
HOME-STUDY (Monday - Thursday 8:30 am - 12:30 pm) \$445 (Course Name(s) _____)	<input type="checkbox"/> 1st session	<input type="checkbox"/> 2nd session	<input type="checkbox"/> 3rd session

Student Information

Name _____ Soc Sec # _____ - _____ - _____
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Student's Cell Phone _____ Student's Age _____
Date of Birth ___ / ___ / ___ Sex: F / M Last Grade Completed _____

*School credit is to be transferred to: _____

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 ___ / ___ / ___

Deposit Amount: \$ _____ Remaining balance due: \$ _____ by this date: _____

Cash _____ Ck# _____ Credit # _____

Security code (3 or 4 digit code on back) _____ Exp date _____

Billing street address: _____

City: _____ Zip: _____

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