

Willow Bend Academy Registration Form

Non-Refundable Deposit Reserves AM/PM Seat

Teacher: _____

Registration Date: ____/____/____

Start Date: ____/____/____

☐ **Lewisville**

101 East SW Pkwy, #101
Lewisville, TX 75067
Ph 972.436.3839, Fax 972.436.3930

☐ **Plano**

2220 Coit Rd., #500
Plano, TX 75075
Ph 972.599.7882, Fax 972.612.7858

- ☐ On-Campus AM Morning Session (August – May, 8:15 a.m. – 12:15 p.m.)
☐ On-Campus PM Afternoon Session (August – May, 1:00 p.m. – 5:00 p.m.)
☐ Home Study Program (August – May)
☐ Single Semester Course (August – May) Semester A Semester B

Course Name: _____ Transfer Credit to: _____

Photo Release: _____

NCAA: _____

Campus: _____
(Plano Only)

Student Information

Name: _____, _____, _____ Student's E-mail: _____
(Last Name) (First Name) (M.I.)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone#: _____ **Student's Cell Phone #:** _____ **Ethnicity:** _____

Date of Birth: ____/____/____ **Sex:** F / M **Student's Age:** _____ **Last school grade completed:** _____

List all previous schools & city of location, starting with the most recent:

Reason for leaving current school: (Circle all that apply)

- ☐ Academics ☐ Attendance ☐ Illness ☐ Behavior ☐ Substance Abuse ☐ Relocation
☐ Other: (please specify) _____

Parent Information

Father's Name: _____ Living in home with student? Yes / No

Address: _____ **City:** _____ **Zip:** _____

Work Phone #: (____) ____ - ____ **Cell Phone #:** (____) ____ - ____

Employer: _____ May we contact for tardy or absence? Yes / No

Dad's E-mail: _____

Mother's Name: _____ Living in home with student? Yes / No

Address: _____ **City:** _____ **Zip:** _____

Work Phone #: (____) ____ - ____ **Cell Phone #:** (____) ____ - ____

Employer: _____ May we contact for tardy or absence? Yes / No

Mom's E-mail: _____

Primary Contact: _____ **Relationship:** _____ **Cell:** _____


Signature Date How did you hear about WBA? _____

For Office Use:

Registration: \$ _____ Date Paid: _____ Check# _____ Cash _____ CC _____

Curriculum: \$ _____ Date Paid: _____ Check# _____ Cash _____ CC _____

Tuition: \$ _____ Date Paid: _____ Check# _____ Cash _____ CC _____

\$ _____  If applicable, Credit Card Service Fee charged per semester

Total Due: \$ _____

Payment Notes: _____

(3-19-13)