

\$200 deposit reserves seat (non-refundable)

Date: ___ / ___ / 2012

Willow Bend Academy SUMMER 2012 Registration Form

LEWISVILLE

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Lewisville, TX 75067
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PLANO

2220 Coit Rd., St. 500
Plano, TX 75075
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SUMMER PROGRAMS	<u>June 11 - June 28</u>	<u>July 9 - July 26</u>	<u>July 30 - August 16</u>
ON-CAMPUS (Monday - Thursday 8:30 am - 12:30 pm)	<input type="checkbox"/> 1st session	<input type="checkbox"/> 2nd session	<input type="checkbox"/> 3rd session
\$595 (Course Name(s) _____)			
HOME-STUDY (Monday - Thursday 8:30 am - 12:30 pm)	<input type="checkbox"/> 1st session	<input type="checkbox"/> 2nd session	<input type="checkbox"/> 3rd session
\$445 (Course Name(s) _____)			

Student Information

Name _____ Student's EMail: _____

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

Dad's 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

Mom's 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: _____