



APPLICATION FOR ENROLLMENT

(GREEN)

PLEASE TYPE OR PRINT

Date: _____

Applicant's Legal Name: _____
Last First Middle Maiden

Address: _____
Number/Street City State Zip Code

Telephone: _____ Emergency Telephone: _____ Race (Optional): _____ Sex: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Social Security No.: _____

Circle one: Single Married Separated Divorced Widowed

Number of Dependent Children: _____ List their Ages: _____

Employer: _____

Address: _____

Have you applied to this program previously? Yes No Have you attended this program previously? Yes No

Are you presently enrolled in school? Yes No If yes, School: _____ Mo./Yr.: _____

Name used in high school: _____
Last First Middle

List all high schools you have attended and the dates attended:
School City/State Month/Year/Grade

- 1. _____
- 2. _____
- 3. _____

Have you attended trade/vocational/college classes? Yes No If yes, what school: _____
If yes, please submit a transcript from the school.

Time Selection:

Choose your first and second schedule choices. Place a 1 by your first choice and a 2 by your second choice.

____ 9:00 -12:00 a.m. ____ 1:00 p.m.-4:00 p.m. ____ Distance Learning

Applicant's Agreement

I hereby agree to attend classes as prescribed in my Independent Learning Plan in pursuing a high school diploma or GED.

Signature of Applicant

Date

Applicants who are under the age of 21 should complete Section A.



TRANSCRIPT REQUEST/RELEASE FORM

TO: THE REGISTRAR (PLEASE PRINT)

NAME OF THE SCHOOL	
ADDRESS	
CITY, STATE, ZIP CODE	
TODAY'S DATE	

FROM: THE PARENT/GUARDIAN OF (PLEASE PRINT)

STUDENT NAME			
OTHER NAMES USED ON OFFICIAL DOCUMENTS			
ADDRESS			
CITY, STATE, ZIP CODE			
PHONE			
DATE OF BIRTH		SOCIAL SECURITY #	- -
DATES ATTENDED:			
PARENT/GUARDIAN SIGNATURE:			

PLEASE MAIL AN OFFICIAL COPY OF THE STUDENT'S TRANSCRIPT TO THE ADDRESS BELOW:

ED ANYWHERE, LLC
ADMISSIONS/RECORDS OFFICE
10 PIDGEON HILL DRIVE, SUITE 70
STERLING, VA 20165

IF FOR ANY REASON, THIS IS NOT POSSIBLE, PLEASE LET ED ANYWHERE KNOW ASAP. PLEASE CONTACT ED ANYWHERE IF THERE IS A FEE FOR THIS SERVICE. **TELEPHONE NUMBER: 703-433-0805**



FINANCIAL AGREEMENT AND BILLING NOTIFICATION FORM

Home School: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

(If different from Home Address)

Parent /Guardian Name (Print): _____

Home Phone #: _____ E-mail: _____ Business Phone #: _____

Parent's SS# _____ - _____ - _____ E-mail: _____ Sex (Circle one): Male or Female

TO BE COMPLETED BY COUNSELOR:

- _____ Make-up of course work not successfully completed.
- _____ Original credit course work within a student's regular school schedule
- _____ Early Graduation Purpose (Circle one): **High School** **College** **Career Path** **ISAEP** **GED**
- _____ For Remedial or Tutorial Purpose only
- _____ Other: _____

The above named student has permission to enroll in the following courses:

- 1. _____ 3. _____
- 2. _____ 4. _____

Teacher/Designee Signature: _____ Date: _____

Principal/Designee Signature: _____ Date: _____

Payment Plan: I (Parent/Guardian) agree to pay the Credit Transfer Processing Fee and the first month's Access Fee at the time of enrollment. I agree to pay future Monthly Access Fees on the due date as determined by the date of enrollment. The Monthly Access Fees are to be paid in advance for services to be rendered during that billing period. If the payment is more than 15 days past due, the account is subject to suspension and a \$20 late fee will be charged. Accounts more than 30 days past due will be charged interest at the rate of 1.5% per month until the account is brought current. If the account is turned over to a collection agency, I understand that I will be responsible for any collection fees that accrue.

If my account is inactive for more than 30 days, I agree to pay the Reenrollment Fee in effect at the date of reenrollment.

Students wishing to graduate must pay the Diploma Processing Fee at the rate in effect at the date of graduation.

I will notify you immediately of any changes to my account including a change of address or if I wish to withdraw the student from any/all classes. I understand that I will be responsible for the Monthly Access Fee until I notify ED Anywhere in writing of the withdrawal request. I understand there may be a fee charged for withdrawing from a class prior to the completion of that class. If my invoice is returned due to an incorrect address, my account will be suspended immediately.

I understand that I am ultimately responsible financially for services rendered and for fines that may accrue. I agree to be bound by the policies and rates as disclosed on the website (www.edanywhere.com). I understand these policies and rates may change from time to time without prior notice.

Parent/Guardian (Signature): _____ Date: _____

EDUCATION, ANYTIME, ANYWHERE**EDUCATION. LEAVING NO STUDENT BEHIND**10 Pidgeon Hill Drive, Suite 70 Sterling, VA 20165
703-433-0805, fax: 703-433-0378**EFFECTIVE: SEPTEMBER 1, 2005**

<u>PLAN</u>	<u>DESCRIPTION</u>	<u>COST</u>
A	NON-MANDATED <i>DAILY-ONSITE SESSION</i> ENROLLMENT FEE FOR HIGH SCHOOL:	\$50
B	NON-MANDATED <i>DAILY-ONSITE SESSION</i> ENROLLMENT FEE FOR CRAM, REMEDIAL, OR SOL:	\$50
C	MANDATED <i>DAILY-ONSITE SESSION</i> ENROLLMENT FEE FOR HIGH SCHOOL:	\$180
D	MANDATED <i>DAILY-ONSITE SESSION</i> ENROLLMENT FEE FOR CRAM, REMEDIAL OR SOL:	\$180
E	HIGH SCHOOL ON-SITE CREDIT AUDITING, TRANSFER & PROCESSING FEE:	\$200
F	MONTHLY <u>ON-SITE</u> ACCESS FEE:	\$800
G	MONTHLY DISTANCE LEARNING ACCESS FEE FOR 3-6 CLASSES:	\$300
H	VIRGINIA STANDARDS OF LEARNING (SOL) PRE-TESTING/PER TEST:	\$50
I	CAREER TRACK ASSESSMENT AND CONSULTATION FEE:	\$150
J	COLLEGE APPLICATION AND CREDIT PROCESSING FEE (PER CREDIT):	\$200
K	HIGH SCHOOL DL CREDIT AUDIT, TRANSFER, & PROCESSING FEE:	\$200
L	SUSPENSION FINES: (EACH SUSPENSION OR 6.0 HRS. OF COMMUNITY SERVICE):	\$50
M	TEXT BOOK CAN BE ORDERED DIRECTLY FROM PUBLISHERS, ASK FOR DETAILS.	
N	HIGH SCHOOL APPLICATION ONSITE INTERVIEW FEE(NON-REFUNDABLE):	\$30
O	PROCTORING EXAMINATION FEE, PER EXAM	\$25
P	HIGH SCHOOL DIPLOMA PROCESSING, ISSUING & GRADUATION FEE:	\$200
Q	RE-ENROLLMENT FEE:	\$65
R	TUTORING PER HOUR SESSION ONSITE	\$60
S	SUBSTANCE ABUSE SERVICES/COUNSELING—TO BE BILLED BY SERVICE PROVIDER	
T	VISION SPORTS/PHYSICAL EDUCATION—TO BE BILLED BY SERVICE PROVIDER	

HOME STUDY INTERNATIONAL SPECIAL PROGRAMS

GENERAL INFORMATION

Services Offered by HSI:

Students from institutions using the Educational Options/Novel STARS & ED Anywhere, LLC program based on the HSI curriculum and with validated results in the courses, will receive HSI credits and be eligible for HSI high school diplomas. Services include:

1. Admission
2. Transcript Evaluation
3. HSI credits and Transcript
4. Diploma
5. Graduation Transcript (Note: Additional transcripts are available for a fee of \$60.00 each.)

Fee Schedule:

- Per Student: \$300.00*
- Group rate for a minimum of 100 students—\$200 per student
- Fees are non-refundable and payable up-front at time of application.

NOTE: Fees are subject to change in 12 months

*\$300.00 Per Student fee = \$200.00 processing fee, plus \$100.00 graduation fee.
Students not graduating from the program (transferring credits only) will not be responsible for the graduation fee.



INSTRUCTIONS FOR PROCTORING AN EXAM

To: EXAM SUPERVISOR/PROCTOR

We appreciate your taking time from your busy schedule to proctor this exam for our student. Should you not be able to administer this exam, DO NOT give it to the student or any relative of the student. Notify ED Anywhere and ask for further instructions. DO NOT make a copy of the exam either before or after it is taken.

BEFORE BEGINNING THE EXAM

- Staff will be available to activate exams between 8:30 a.m. – 4:30 p.m. EST, Monday through Friday. Exams may be administered after hours with prior scheduling. Notify us by phone at 703-433-0805 or by e-mail at register@edanywhere.com to schedule an exam.

***Our office will be closed during student holidays. Please check our website at www.edanywhere.com, click on Student Center, Bulletin, Calendar, to find the holiday schedule.**

- Students must show photo identification, if the student is not personally known to you.
- Check with the student to be sure that all submissions covered by this exam have been completed and have passing scores (70% or higher), and that the correct exam is being given for which the student studied.
- Complete and sign the Proctor and Proctoring Facility form. The student should also sign the form. Fax the Proctor and Proctoring Facility Form to ED Anywhere at (703) 433-0378.
- The time limit for taking an exam will be two hours unless specified otherwise on the exam.

ADMINISTERING THE EXAM

- Call ED Anywhere's toll free number (1-877-433-0805) to have the on-line exam turned on for the student.
- The student should complete the entire exam at one sitting in a quiet place.
- No reference material may be used unless specified on the test. NOTE: A four function, non-programmable calculator is allowed for Algebra 1, but any calculator may be used for other math courses EXCEPT where otherwise stated on the exam itself.
- **PLEASE REMIND STUDENT THAT HE/SHE MUST PRESS THE "SAVE" KEY WHEN THE EXAM IS COMPLETED. FAILURE TO DO SO WILL RESULT IN A "0" AND THE STUDENT WILL NEED TO RE-TAKE THE EXAM!**

AFTER ADMINISTERING THE EXAM

- Call the toll free number for ED Anywhere to let us know that the exam has been completed. The on-line exam will then be turned off, allowing the instructors to grade the exam.

If the student decides not to take the exam, inform ED Anywhere by calling the toll free number. A charge to take the exam at a later date will apply.

A \$20.00 courtesy proctoring fee will be provided to you by the student at the beginning of the exam. You have the right to refuse this fee.

FAILURE TO FOLLOW THESE INSTRUCTIONS COULD RESULT IN THE INVALIDATION OF THE EXAM AND POSSIBLE FAILURE OF THE COURSE.

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EDUCATION, LEAVING NO STUDENT BEHIND

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PROCTOR AND PROCTORING FACILITY FORM

STUDENT INFORMATION:

Name: _____ Title: _____ Email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Home Phone :(____) _____ Work Phone: (____) _____

Name of Exam: _____ Date/Time of Exam: _____/_____

I, _____, verify that all information on this form is truthful and accurate. I understand that providing fraudulent or misleading information is grounds for possible failure of the course.*

Student's Signature: _____ Date: _____

*THE \$20.00 EXAM FEE WILL BE BILLED TO YOU AT A LATER DATE.

PROCTOR INFORMATION:

Name: _____ Title: _____ Email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Home Phone :(____) _____ Work Phone: (____) _____

I, _____, agree to provide proctoring for the above student. I verify that all information above is truthful and accurate and that I am 21 years of age or older and a non-relative of the student. I further verify that I am not a fellow student, roommate, nor immediate supervisor of the student. I agree to follow the Proctoring Form Guidelines and to faithfully assure confidentiality of materials entrusted to my care.

Proctor's Signature: _____ Date: _____

FACILITY FOR PROCTORING TESTS:

Name of Facility: _____

Name of Contact Person: _____ Phone: (____) _____

Type of Facility: _____ email: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

EDUCATION, ANYTIME, ANYWHERE



EDUCATION, LEAVING NO STUDENT BEHIND

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703-433-0805, fax: 703-433-0378

COMMITMENT TO EDUCATIONAL EXCELLENCE

ED Anywhere is committed to assisting you in reaching your educational goals. ED Anywhere provides you with daily, 24 hour access to appropriate programs and scholastic courses, a self-paced and flexible schedule, low tuition rates, easy ways to communicate with staff, career/vocational planning, and professional guidance for your current and future academic needs.

In order to receive the most positive and useful benefits from the ED Anywhere program, you must be willing to dedicate quality time to our curriculum and make learning a top priority. ED Anywhere has identified several ways you can actively contribute to your own success. Please read the student expectations below and sign your name where indicated. Your signature represents your agreement to abide by ED Anywhere student expectations.

1. I will contact ED Anywhere by telephone, email or fax if I have any questions or concerns about my courses, programs, or diploma status.
2. I will commit to completing at least 10 submissions per week. I understand that I must pay tuition on a monthly basis until I successfully complete my class. My commitment to completing classes quickly will save me even more money.
3. I will contact ED Anywhere for academic help when I need it, rather than ignoring the class if it gets too difficult. Ignoring the problem will hinder my academic progress.

Student Signature _____ Date _____

As the parent/guardian, who provides financial assistance for the student to participate in the ED Anywhere program, I agree to take an active role in monitoring my child's academic progress. My signature represents my agreement to abide by ED Anywhere parent/guardian expectations.

1. I will access my child's ED Anywhere account once a week to ensure they are actively working on their class submissions and preparing for their Midterm and Final exams. If my child has changed their password preventing me from accessing their account, I will contact ED Anywhere to request my child's password be changed back to the one we were assigned at enrollment.
2. I will advocate for my child when they are experiencing academic or personal difficulty by contacting the ED Anywhere staff to make them aware of the situation.
3. I will contact ED Anywhere if I have any questions or concerns about my child's courses, programs, or diploma status.
4. I will complete the ADD/DROP, Exam Proctoring, Official Transcript Requests and Withdrawal forms as necessary during my child's participation with ED Anywhere. I understand these forms are available to me at www.edanywhere.com.
5. I will pay the monthly tuition and fees on time to avoid any negative interruption of my child's educational endeavors.

Parent/Guardian Signature: _____ Date _____