



**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](http://www.edanywhere.com)). I understand these policies and rates may change from time to time without prior notice.

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_