

Complete one Enrollment Agreement per student (pp. 17–18).

For additional enrollment agreements visit www.abekaacademy.org and click “Downloads”

Customer/Student Information

Expires 2/29/2012

Account Info	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-enrollment Preferred Begin Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Student ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
General Information	Father (last, first) _____ Mother (last,first) _____ Parents separated or divorced? <input type="checkbox"/> No <input type="checkbox"/> Yes, child lives with: _____ Name of Legal Guardian: (last,first) _____ Relationship to student _____ Name of Legal Guardian: (last,first) _____ Relationship to student _____ (If Legal Guardian is not father or mother, legal documentation of guardianship may be required before enrollment is processed.) Additional Contact to access Account: (last,first) _____ Relationship to student _____ Church Name _____ Church Denomination _____
Shipping Address	Physical street address required for all UPS shipments. (Day phone no. required for timely delivery) Street Address _____ City / State _____ ZIP _____ Country _____ Phones Home (_____) _____ Day (_____) _____ Work (_____) _____ Cell (_____) _____ <input type="checkbox"/> Notify by E-mail when statement is available Online—E-mail required: _____
Correspondence Address	<input type="checkbox"/> Same as Shipping Address above Street Address _____ P.O. Box _____ City / State _____ ZIP _____ Country _____
Student Information	Student Name _____ Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Complete the following only if enrolling in the Accredited Program Previous grade completed _____ List previous instruction (school[s] name, address, and phone or fax no.) _____ _____ Will student be enrolled in another program while enrolled in A Beka Academy, Inc.? <input type="checkbox"/> No <input type="checkbox"/> Yes—attach letter of explanation Has student ever repeated a grade? <input type="checkbox"/> No <input type="checkbox"/> Yes—list grade(s) repeated _____

Enrollment Agreement— MUST BE SIGNED AND DATED

REP APP

Student's Name _____

I am enrolling the above-identified student in A Beka Academy, Inc. Video for Homeschool Program. I understand that enrollment may be terminated or student records withheld at any time at the discretion of A Beka Academy, Inc. because of noncompliance with guidelines or failure to keep my account current. A Beka Academy, Inc. reserves the right to deny enrollment to any student who does not meet admission requirements. A Beka Academy is not available to residents of Pensacola, FL, and the immediate surrounding area. I understand that A Beka Academy, Inc. does not discriminate on the basis of race, color, or national origin. I understand it is my responsibility to meet all applicable local and state homeschool requirements and I acknowledge my responsibility to select the course of study [K–12] needed to meet any applicable homeschool graduation requirements in my state. It is my responsibility to contact my local school district to determine if there are any additional requirements in my state for children who are homeschooling. I understand that accreditation is a voluntary process which verifies that A Beka Academy meets reliable education standards. However, it does not guarantee the acceptance of credits since each institution or state creates its own policies of credit transfer. Some schools may require additional validation of academic achievement. I confirm that I understand and am responsible for complying with the contents of the A Beka Academy, Inc. Video for Homeschool brochure and specifically the policies for cancellations, late work, and late DVDs. I understand that the instructional videos remain the unconditional property of A Beka Academy, Inc. and that A Beka Academy shall retain all right, title, and interest, including without limitation all intellectual property rights, in and to the videos. I shall not

copy, modify, license, reverse engineer, or create derivative works of the videos. I understand that the materials on the videos are only for the use of the above-identified student during the term that the student is enrolled and only for purposes associated with the A Beka Academy course of study, and such materials may not be retained or further disseminated in any format. Other than the limited right to use the videos for the express purposes herein, no rights of any nature, express or implied, are granted in the videos or their content. I agree not to sell, lend, or duplicate the video content or allow another child to view any portion of the videos on a regular basis and I agree that the right to use this program is not transferable. I understand that DVDs must be returned to A Beka Academy, Inc. and if all DVDs are not returned before my assigned end date, I will be charged a \$400 late DVD return fee. Delinquent accounts will not be eligible for the payment plan option on future enrollments. Prices are subject to change without notice. Books are the unconditional property of the user and cannot be returned for credit. If return is made, credit will not be issued, nor return made to sender. A Beka Academy, Inc. is not liable for damage to a customer's equipment. This agreement is governed by the laws of Florida. This agreement does not become effective until accepted by an authorized representative of A Beka Academy, Inc.

Signature of Parent or Legal Guardian _____

Print Name Here _____

Date _____

K4-Grade 6 Enrollment Agreement *cont.*

Kindergarten Full-Grade Enrollment	<input checked="" type="checkbox"/> Independent Study Only K4 Full-Grade Enrollment		Select one program: <input type="checkbox"/> Accredited Program OR <input type="checkbox"/> Independent Study Program K5 Full-Grade Enrollment	
	Select one:	Payment in Full	Select one:	Payment in Full Payment Plan
	K4 Streaming Video Complete*	<input type="checkbox"/> \$225	K5 Streaming Video Complete*	<input type="checkbox"/> \$445 <input type="checkbox"/> \$350 Down Payment <small>Savings of \$31 (6×\$21)+\$350=\$476</small>
	K4 DVD Video Complete*	<input type="checkbox"/> \$275	K5 DVD Video Complete*	<input type="checkbox"/> \$495 <input type="checkbox"/> \$350 Down Payment <small>Savings of \$35 (6×\$30)+\$350=\$530</small>
*K4 Book Kit Value — \$60		*K5 Book Kit Value — \$120		

1-6 Full-Grade Enrollment	Select one program: <input type="checkbox"/> Accredited Program OR <input type="checkbox"/> Independent Study Program 1-6 Full-Grade Enrollment			<input type="checkbox"/> Same-Grade Complete \$525 <input type="checkbox"/> Same-Grade Basic \$295 See p. 14 for details.
	Select grade:	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth ©2011		
	Select one below:	Payment in Full	Payment Plan	
	Streaming Video Complete*	<input type="checkbox"/> \$795 <small>Savings of \$53</small>	<input type="checkbox"/> \$350 Down Payment <small>(6×\$83)+\$350=\$848</small>	
	Streaming Video Basic†	<input type="checkbox"/> \$565 <small>Savings of \$37</small>	<input type="checkbox"/> \$350 Down Payment <small>(6×\$42)+\$350=\$602</small>	
	DVD Video Complete*	<input type="checkbox"/> \$895 <small>Savings of \$61</small>	<input type="checkbox"/> \$350 Down Payment <small>(6×\$101)+\$350=\$956</small>	
DVD Video Basic†	<input type="checkbox"/> \$665 <small>Savings of \$45</small>	<input type="checkbox"/> \$350 Down Payment <small>(6×\$60)+\$350=\$710</small>		
*Book Kit Value — \$230 †Video Basic option—see required books, p. 21. Individual books may be purchased from A Beka Book. IMPORTANT: Begin date for new/revised courses must be on or after 8/8/11. To receive earlier versions, begin date must be on or before 6/20/11.				

1-6 Subject Combinations Enrollment	<input checked="" type="checkbox"/> Independent Study Only 1-6 Subject Combinations Enrollment		<input type="checkbox"/> LAB Same-Grade Complete \$345 <input type="checkbox"/> ASHB Same-Grade Complete \$295 <input type="checkbox"/> Same-Grade Basic \$195 See p. 14 for details.	
	Select grade:	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth ©2011		
	Select one below:	Payment in Full		
	Language Arts/Bible Streaming Video Complete*	<input type="checkbox"/> \$495		
	Language Arts/Bible Streaming Video Basic†	<input type="checkbox"/> \$345		
	Arithmetic/Science/History/Bible Streaming Video Complete**	<input type="checkbox"/> \$395		
Arithmetic/Science/History/Bible Streaming Video Basic†	<input type="checkbox"/> \$295			
*Book Kit Value — Language Arts/Bible \$150 **Book Kit Value — Arithmetic/Science/History/Bible \$100 †Video Basic option—see required books, p. 21. Individual books may be purchased from A Beka Book.				

Totals	PAY IN FULL _____	†TAX= Sales Tax Rate _____ X Book Kit Value _____ (or TN/FL Entire Program Price) Tax amount is charged at point of sale according to delivery address in: AL, AR, AZ, CA, CO, CT, DC, GA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NM, NV, NY, OH, OK, PA, RI, SD, TX, VA, VT, WA, WI, WV, WY, and Canada, tax will be charged on the Book Kit Value. Delivery Addresses in TN and FL are charged tax on entire program price.
	DOWN PAYMENT _____	
	OTHER _____	
	TAX† _____	
	TOTAL _____	

Payment Method	<input type="checkbox"/> Check Enclosed for \$ _____ (Make check payable to A Beka Academy, Inc.) <small>Must be drawn on U.S. bank with U.S. funds, No postdated checks, Returned checks subject to service fee.</small>	Driver's License No. or Social Security No. needed for check payment: _____
	<input type="checkbox"/> Charge \$ _____ Visa® MasterCard® Discover® Required for processing credit card order: credit card number, expiration date, security code, and address information	Cardholder's Address Information _____ P.O. Box, Route, or House No. _____ ZIP Code
	Expiration Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <small>Month Year</small>	Security Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Last 3 digits from back of card</small>
	Credit Card Number _____	<input type="checkbox"/> Automatically charge my credit card on the following day of the month for monthly balance (circle one below) 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th
	X _____ Cardholder's Signature	

Office Use Only	Date Received _____	Batch No. _____	Cash or Ck. No. _____	Amount _____	Appl. No. _____
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