

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:	Pay in Full	Select one:	Pay in Full	Payment Plan
	K4 Streaming Video & Books*	<input type="checkbox"/> \$225	K5 Streaming Video & Books*	<input type="checkbox"/> \$445	<input type="checkbox"/> \$350 Down Payment 6 payments of \$21
	K4 DVD Video & Books*	<input type="checkbox"/> \$275	K5 DVD Video & Books*	<input type="checkbox"/> \$495	<input type="checkbox"/> \$350 Down Payment 6 payments of \$30
*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						
	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
	Select one below:	Pay in Full	Payment Plan				
	Streaming Video & Books*	<input type="checkbox"/> \$795	<input type="checkbox"/> \$350 Down Payment 6 payments of \$83				
	Streaming Video Only†	<input type="checkbox"/> \$565	<input type="checkbox"/> \$350 Down Payment 6 payments of \$42				
	DVD Video & Books*	<input type="checkbox"/> \$895	<input type="checkbox"/> \$350 Down Payment 6 payments of \$101				
DVD Video Only†	<input type="checkbox"/> \$665	<input type="checkbox"/> \$350 Down Payment 6 payments of \$60					
*Book Kit Value — \$230		†Video-Only option—see required books, p. 23. Individual books may be purchased from A Beka Book.					

Same-Grade Enrollment \$295
 See p. 16 for details.

1-6 Subject Combinations Enrollment	<input checked="" type="checkbox"/> Independent Study Only 1-6 Subject Combinations Enrollment						
	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
	Select one below:	Pay in Full					
	Language Arts/Bible Streaming Video & Books*	<input type="checkbox"/> \$495					
	Language Arts/Bible Streaming Video Only†	<input type="checkbox"/> \$345					
	Arithmetic/Science/History/Bible Streaming Video & Books**	<input type="checkbox"/> \$395					
Arithmetic/Science/History/Bible Streaming Video Only†	<input type="checkbox"/> \$295						
*Book Kit Value — Language Arts/Bible \$150		**Book Kit Value — Arithmetic/Science/History/Bible \$100					
†Video-Only option—see required books, p. 23. Individual books may be purchased from A Beka Book.							

Same-Grade Enrollment \$195
 See p. 16 for details.

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, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NE, 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 _____	
	TAX† _____	
	TOTAL _____	

Payment Method	<input type="checkbox"/> Check Enclosed for \$ _____ (Make check payable to A Beka Academy, Inc.) Must be drawn on U.S. bank with U.S. funds, No postdated checks, Returned checks subject to service fee.	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"/> Month Year	Security Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last 3 digits from back of card
	Credit Card Number _____	<input type="checkbox"/> Automatically charge my credit card on the following day of the month for monthly balance (circle one below)
	X _____ Cardholder's Signature	1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

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