

Complete one Enrollment Agreement per student (pp. 19–20).

For additional enrollment agreements visit [www.abekaacademy.org](http://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"/>
			Month	Day	Year
	Account No. <input type="text"/> <input type="text"/> <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 _____ (optional)				
Shipping Address	Church Name _____ Church Denomination _____				
	Physical street address required for all UPS shipments. (Day phone no. required for timely delivery)				
	Street Address _____				
	City / State _____ ZIP _____ Country _____				
Correspondence Address	Phones    Home ( _____ ) _____ Day ( _____ ) _____				
	Work ( _____ ) _____ Cell ( _____ ) _____				
	<input type="checkbox"/> Notify by E-mail when statement is available Online—E-mail required: _____				
Student Information	<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 _____				
	If grade 9–12, does student plan to receive a diploma from A Beka Academy, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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 \_\_\_\_\_

P.O. Box 17600, Pensacola, FL 32522-7750, U.S.A. • 1-800-874-3592 • [abekaacademy.org](http://abekaacademy.org) • Fax: 1-800-874-3593

