



Enrollment Form

Parent/Guardian Information

Name _____ Date _____
 Address _____ City _____
 State/Province _____ Country _____ Zip/Postal Code _____
 Phone _____ Email _____

Student Information

Name	Date of Birth	Gender	Grade	Start Date
1.				
2.				

Program Description(s)	Quantity	Installments*	Single Pay	Total
1.				
2.				

*I would like to make installment payments Monthly Quarterly
 (Your payment due dates will be determined and scheduled based on your initial payment date. Save 10% by paying off your account within the first 30 days.)

Order Total	
Initial Payment	
Total	
Paid	
Balance	

Method of Payment

Initial Payment Date _____ Authorization _____

Check Visa Mastercard Discover Credit Card Number _____

Expiration Date _____ Signature _____

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Credit/Debit Card and/or Payment Authorization By signing this form, I hereby authorize Progress Academy to debit my secure payment as a single or installment payment(s) as noted on this form. Installment payments will be debited and or secured as scheduled on this form. It is hereby acknowledged that the discontinuance of the automatic debiting or rejection for processing of payments is subject to additional financial charges.

Parent/Guardian Statement & Signature. In completing this enrollment form I affirm that I have reviewed and agree to the Progress Academy Privacy Policy and Copyright Notices within the curriculum. I also affirm that I am the parent or legal guardian of the student applicant. By signing this form I understand that I am securing an annual or biannual subscription with Progress Academy as specified on this form and I understand that there will be no refund made after payment is received, and no discontinuance of payments scheduled after account access. Parent/Guardian is responsible for complying with state and local homeschooling laws.

Parent/Guardian Signature _____ Date _____

Progress Academy Signature _____ Date _____