

[IEPA] APPLICATION FORM

1. STUDENT INFORMATION

First Name		Middle Name		Last Name	
Date of Birth (dd/mm/yyyy)	/ /	Gender (Optional)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
School Name				Grade	

2. PARENT/LEGAL GUARDIAN

First Name		Middle Name		Last Name	
Street Address					
City		State		Zip Code	
Phone Number			E-mail		
<p>I HEREBY AUTHORIZE THE BEARER, WHO IS A MEMBER OF THE STAFF OF IEPA, TO SIGN ON MY BEHALF ANY AND ALL FORMS REQUIRED IN ORDER TO OBTAIN EMERGENCY MEDICAL OR HOSPITAL CARE FOR MY CHILD, AND REQUEST THAT NECESSARY EMERGENCY TREATMENT BE PROVIDED BY YOU FOR MY CHILD. I REALIZE THAT I AM RESPONSIBLE FOR PAYMENT OF SUCH EMERGENCY CARE. A PHOTOCOPY OF THIS DOCUMENT SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.</p>					

3. COURSES

Class Name		Date Class Begins			
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4. AUTHORIZATION AUTOPAY ENROLLMENT (AUTOPAYMENT IS REQUIRED)

1. I SUBMIT MY SIGNATURE BELOW TO AUTHORIZE IEPA TO CHARGE THE CREDIT CARD OR CHECKING ACCOUNT I HAVE PROVIDED FOR THE STUDENT TUITION.
 2. I UNDERSTAND THESE CHARGES WILL BE AUTOMATICALLY PROCESSED ON THE 1ST OF EVERY MONTH AND THAT IT IS MY RESPONSIBILITY TO UPDATE MY BILLING INFORMATION SHOULD ANY CHANGES ARISE.
 3. I UNDERSTAND THAT IF A MONTHLY PAYMENT CANNOT BE PROCESSED DUE TO OUTDATED BILLING INFORMATION OR OTHER CIRCUMSTANCES AND I FAIL TO UPDATE MY BILLING INFORMATION BY THE END OF THE 1ST WEEK, MANAGEMENT HAS THE RIGHT TO CANCEL THE CLASS OR CLASSES.
 4. I UNDERSTAND THAT ENROLLMENT RESERVES MY DESIGNATED CLASS INDEFINITELY UNTIL I SUBMIT A REQUEST FOR WITHDRAWAL.
 5. MANAGEMENT MAINTAINS THE RIGHT FOR CLASS CANCELLATION.
 6. I UNDERSTAND THAT WITHDRAWAL FROM THE MONTHLY TUITION FROM REQUIRES SUBMISSION OF THE WITHDRAWAL FORM BY THE 1ST OF THE PRECEDING MONTH IN WISH TO WITHDRAW FROM CLASSES (e.g. WITHDRAWAL FROM APRIL CLASSES REQUIRES SUBMISSION OF WITHDRAWAL FROM BY MARCH 1ST).
 7. PLEASE FIND WITHDRAWAL FORM AT WWW.IEPAONLINE.COM/TUITION-POLICY.
 8. NO REFUNDS ARE PROVIDED FOR MISSED CLASSES, AND REQUESTS FOR RESCHEDULING MUST BE SUBMITTED AT LEAST 24 HOURS PRIOR TO CLASS TIME ONLINE.

5. IEPA POLICY

1. IEPA RESERVES THE RIGHT TO CANCEL PRIVATE TEACHING CLASS IN THE EVENT OF A TEACHER EMERGENCY. WE WILL NOTIFY THE STUDENT OF THE CANCELLATION WITH A FULL REFUND.
 2. FULL PAYMENT FOR A CLASS IS DUE AT THE TIME OF RESERVATION WITH CREDIT CARD ONLY.
 3. RESOURCE FEE AND REGISTRATION FEE ARE NON- REFUNDABLE.
 4. NO REFUNDS OR MAKE UP CLASSES WILL BE OFFERED FOR ABSENCES, LATE ARRIVALS AND/OR WITHDRAWALS AFTER THE START OF THE SESSION.
 5. CLASS MATERIALS MAYBE PROVIDED BY STUDENT OR PURCHASED THROUGH THE ACADEMY IF NEEDED.
 6. CLASS TUITION IS BASED ON THE TOTAL NUMBER OF SESSION CLASSES AND AVERAGED PER NUMBER OF MONTHS IN THE SESSION. EACH MONTH MAY HAVE A DIFFERENT NUMBER OF CLASSES BUT WILL MAINTAIN THE SAME MONTHLY TUITION FEE.
 7. CLASS TIME WILL BE STRICTLY MAINTAINED BASED ON RESERVED APPOINTMENT. (CLASS TIME 55 MIN)

6. DECLARATION

By signing below I acknowledge that I have read and understand, and I have fully complied with IEPA policies.

	/ /
PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE (mm/dd/yyyy)

OFFICE USE ONLY							
TUITION	\$	Paid	<input type="checkbox"/>	RESOURCE FEE	\$	Paid	<input type="checkbox"/>
REGISTRATION	\$	Paid	<input type="checkbox"/>	TOTAL AMOUNT	\$		