

2018 Home School Graduation Support Group Registration Form

Please PRINT legibly

CONTACT INFORMATION:

Graduate's Full Name: _____

Graduate's Address: _____

City/State: _____ Zip: _____

Home Phone Number: Area Code (____) _____

Cell Phone Number: Area Code (____) _____

Email for Receiving Confirmations/Notifications: _____

DIPLOMA and PROGRAM INFORMATION:

Graduate's Full Name (as is should appear on the diploma): _____

Parent's Names (as they should appear on the diploma – we will print **EXACTLY** as you list the names)

Examples: Mr. & Mrs. OR Mr. and Mrs. OR John and Mary Doe OR John Doe, Mary Doe

Other step-parents or non-custodial parents that should be listed in the program and/or PowerPoint:

CAP AND GOWN AND ADDITIONAL NEEDED INFORMATION:

Graduate's Date of Birth: Month: _____ Day: _____ Year: _____

Graduate's Height and Weight: Height: _____ Weight: _____ (to select gown size)

Graduate's Gender: Male: _____ Female: _____

Please submit along with your registration, a copy of your 2017-2018 Home School Notice of Intent, and a Transcript from 9th – 12th grades, which must total 18 credits to receive a diploma.

REGISTRATION FEE: Postmarked **ON** or **BEFORE** March 25, 2018 **\$70** _____

OPTIONAL PURCHASES:

EXTRA Tassel(s) Yes: ____ No: ____ _____ x \$10.00 = _____

PAYMENT TOTAL AND PAYMENT TYPE: **TOTALS:** _____

CHECK: Make checks payable to The Education Alliance (**Memo: Graduation**) Check # _____

CREDIT CARD: MC _____ VISA _____ DISC _____ # _____

Expiration Date: _____ CCV# _____

Name as it appears on the card: _____

Billing Address for card: _____

Mailing address: The Education Alliance, 414 S. Pulaski St, Ste. 9, Little Rock, AR 72201
Phone: 501-978-5503 info@arkansashomeschool.org Fax: 501-375-7040