

# 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

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

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## 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 9<sup>th</sup> – 12<sup>th</sup> 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](mailto:info@arkansashomeschool.org) Fax: 501-375-7040