

Registration Instructions

- Please view our **Video Tour**.
- You should have Downloaded a complete copy of the registration package (6 pages) including instructions.
- Complete each form, and sign in all of the appropriate places.
- Mail or bring your completed package with you to our office on your appointment date; (if you need assistance, please call).
- A full payment is required at registration; please call ahead to confirm your completed fee assessment if not previously discussed. Service fees will vary among services to be provided.
- Fee Assessment:
 - Application Fee - \$10.00
 - Registration Fee - \$25.00
 - Tuition Fee - \$350.00
 - Technology Fee - \$15.00
 - Summer Enrichment Fee - \$800.00 (no other fees applicable).

If you have questions or concerns, please call: 334-279-9700 or

e-mail: marylowe@hillandloweeducationalservices.org

melvinlowe@hillandloweeducationalservices.org

Hill & Lowe Educational Services, Inc.

Exploratorium Academy

Student Enrollment & Registration Form 2010-2011 Academic Year

Student Information:

Name: _____

Student's SS#: _____

DOB: _____

Enrollment Date
& Term: _____ (Fall, Winter, Summer)

Sex: Male _____ Female _____

Last School Attend: _____ City/State: _____

Date: _____

Parent's Information:

Name: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

E-mail Address: _____

Mailing Address: _____

Official Signature of the School Representative: _____

Dr. Mary Hill Lowe
Director

Hill & Lowe Educational Services, Inc. / Exploratorium Academy
Consent Form – To Release, Convey, and/or Request
Student Information

I, _____ give full permission to the administrators of:
(Parent's Name) – Signature

Hill & Lowe Educational Services, Inc. / Exploratorium Academy to receive records on my behalf or on the behalf of my minor child:

_____ SS#: _____
(Student's Name)- Signature

Therefore, I certify my request on this _____ day of _____ 2010/2011 allowing a release, to obtain, request, and forward school records to and by:

Hill & Lowe Educational Services, Inc. – Exploratorium Academy regarding **my child,**

_____ or **myself** _____ as an adult
(Student's Name) – Signature *(Adult/Parent) - Signature*

Additionally, I am aware of my Buckley Amendments Rights and Responsibilities, and I further allow the school's administrator(s) to execute their rights and authorities thereof. ***Please be advised that we are requesting all (BBSST Referral Information, 504 Accommodations, and Special Education Records of Services Provided and Placement).***

Signature of the School Representative: _____
Dr. Mary Hill Lowe – Director

Witness's Signature: _____

Date: _____

Education – Accountability – Leadership

Technology Data Sheet

Please be advised, that the e-mail address you provide will be forwarded to our Technology Technician. Your address will be issued a folder identity that will collect, correlate, and store your assignments and e-mails. To change the address that you provide will cost \$20.00.

An e-mail address is requested for all students; thus is a program requirement.

Student's Name: _____

Parent's Name: _____

Will the student bring a laptop to class? ____ Yes ____ No

Student's E-mail Address: _____

Parent's Email Address: _____



A Progressive Society Requires Progressive Actions.

Summer Enrichment Program 2010 Data Sheet

Student's Name: _____

Date: _____

Please indicate the area of enrichment services needed.

- **Mathematics** -Elementary Math, Pre-Algebra, Algebra I, Geometry, Algebra IIw/ Trig., Pre-Calculus, and Calculus.

_____ - **5 Sessions/5 Hours Each Session**

- **Science** - Elementary Science, Earth Science, Environmental Science, Physical Science, Chemistry, Biology, Anatomy & Physiology.

_____ - **5 Sessions/5 Hours Each Session**

- **Social Science** - Elementary Social Studies, World History, U.S. History, American History, Government & Economics.

_____ - **5 Sessions/5 Hours Each Session**

- **English Language Arts** - English, All Literatures - Essay Writing - Grammar Skills Development.

_____ - **5 Sessions/5 Hours Each Session**

- **Reading** – Elementary/Secondary Reading, Adult Basic Reading Skills, Vocabulary Development, and Comprehension Building.

_____ - **5 Sessions/5 Hours Each Session**

To Begin June 1st – July 30th 2010

Thank you.

Dr. Mary Hill Lowe – Program Director

**Contract – Educational Agreement
(Fall 2009, Winter 2009, Summer 2010)**

The following is a financial and contractual agreement between:

_____ - parent, _____ - student,

Hill & Lowe Educational Services, Inc. -Exploratorium Academy, and/or any additional service providers involved with the educational outcomes of thus identified student. I, **Dr. Mary Hill Lowe – President/Director**

will endorse this agreement with all moral, ethical, and legal considerations. Our organization will craft an interest towards the best educational outcome for the student.

All payments are due on the 1st of the month and is late after the 5th of the month. A \$50.00 late fee will be added to all late payments. Students will not be allowed to attend classes with outstanding balances. Fees will be assessed for abuse of textbooks, software, etc. that are on loan to the student.

The service fees for our program, per the particular needs of this student’s Educational Plan are as follows:

Application Fee	-	<u>\$10.00</u>	
Registration Fee	-	<u>\$25.00</u>	
Tuition Fee	-	_____	- To Be Added
Service/Book Fee	-	_____	- To Be Added
Technology Fee	-	<u>\$15.00</u>	
Workbook Fees	-	_____	- To Be Added
Totaling =	\$	_____	

Date of Agreement

Dr. Mary Hill Lowe
Director

Parent/Guardian