

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 (do not print) 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 - **\$25.00**
 - Registration Fee - **\$100.00 (not required for dual enrollment)**
 - Tuition Fee - **\$500.00 (Full-time student) a month**
 - Tuition Fee - **\$400.00 (Adult student) a month**
 - Technology Fee - **\$30.00**
 - Book Fee – **\$300.00 (optional and non-refundable)**
 - On-Line K-12 Academic Tutoring including Dual Enrollment - **\$300.00 a month**
 - Personal Tutoring/Remediation Services - **\$250.00 per a 4 hour session.**
 - Workbook Fees – Optional/As needed.

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, Spring, and 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**

Please write/sign in Cursive Writing

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:

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

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 \$30.00.

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.

Contract – Educational Agreement (Fall 2010, Spring 2011, Summer 2011)

The following is a financial and contractual agreement between:

_____ - parent, _____ - student,

Hill & Lowe Educational Services, Inc. -Exploratorium Academy, and/or any additional service provider(s) involved with the educational outcomes of thus identified student. I,

Dr. Mary Hill Lowe – President/Director and the Administrative Staff.

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 are 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 both **site and on-line** 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>\$25.00</u>	(Yearly)
Registration Fee	-	<u>\$100.00</u>	(Yearly)
Tuition Fee	-	<u>\$500.00</u>	(Monthly)
Book Fee	-	<u>\$300.00</u>	(Optional) non-refundable
Technology Fee	-	<u>\$30.00</u>	(Yearly)
<i>Other Services:</i>			
<i>Personal Tutoring/K-12 Tutoring</i>			
<i>& Dual Enrollment</i>	-	<u>\$300.00</u>	(Monthly)
Totaling =	\$	_____	

Date of Agreement

Parent/Guardian

and/or

Dr. Mary Hill Lowe
President/Director

Dr. Melvin Alonza Lowe, III
Academic Officer – Curriculum & Accreditation

Hill & Lowe Educational Services, Inc. is an Independent Education Resource Provider.

Dual Enrollment School-To- School Agreement

The following is an agreement between _____
Name of School

and **Hill & Lowe Educational Services, Inc.** – *Exploratorium Academy*; to

accept _____ as a dual enrollment high

Student's Name & Social Security Number

school student for the year/semester: _____. The home school will accept records to include attendance and grades for the above identified student. **Hill & Lowe Educational Services, Inc.** will provide sufficient documentation to support all grades and services provided to thus identify student on the return of grades and other materials to the student's home school.

This agreement will be considered a binding agreement per the following signatures:

_____ - Parent/Guardian

_____ - Student

_____ - Counselor

_____ - School's Administrator

_____ - Dr. Mary Hill Lowe, President/Director

_____ - Date

The student will be required to attend all monthly attendance dates identified by **Hill & Lowe Educational Services, Inc.** All records per the above student will be kept confidentially in agreement with: The **Family Educational Rights and Privacy Act of 1974 (FERPA or the Buckley Amendment)**