

homeschool class order form

18/19



semester

fall spring full school year

contact information

student name *(please print)* parent/ guardian name *(please print)*

birthdate *(mm/dd/yyyy)* co-op group *(if applicable)*

tshirt size

billing address

city state zip code

phone *(mandatory)* email *(mandatory)*

method of payment

Will you be paying monthly tuition or full tuition? monthly* full

check** credit card call me for credit card information

type of card: visa mastercard discover american express

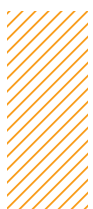
name that appears on credit card

credit card number expiration date

CVC *(3-digit number on back of card)* billing zip code

* If paying monthly, email classes@drphillipscenter.org. Monthly payments are due on the first business day of each month. Cash is not accepted.

** Make payable to Dr. Phillips Center for the Performing Arts. Not valid for monthly payment plans.



Dr. Phillips Center for the Performing Arts
Attn: School of the Arts
155 East Anderson Street
Orlando, FL 32801

407.455.5551
classes@drphillipscenter.org
drphillipscenter.org/homeschool



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class name	course #	semester or monthly tuition

total cost:

please sign

I have read the 2018 Dr. Phillips Center Florida Hospital School of the Arts policies and procedures and agree to attend the classes noted above.

1. I understand I will not be refunded this tuition payment unless my class is cancelled.
2. I understand I am making a commitment to attend all or most classes.
3. I am above 18 years old or my parent/guardian consents to my order.
4. I will read the student handbook, adhere to those rules and complete all additional paperwork on or before my first class.
5. The information in this application is correct to the best of my knowledge.
6. I understand all sales are final.

student name (or parent/guardian, if minor) *please print*

student signature (or parent/guardian, if minor) date

application checklist

complete & sign order form include method of payment