

Podium Power

Name _____

Registration

(Please Print)

STUDENT INFORMATION

Student Name	
Age	
Date of Birth	
Grade	
Student e-mail	
Student Cell Ph.	

Please check the appropriate boxes	
Class	
Speech	
Debate	
American Government	
Location	
CCPA	
Other	

PARENT INFORMATION

Last Name		Mailing Address	
Husband		City	
Wife		State	
Home Phone		ZIP	
Mom Cell Phone		Parent e-mail	
Work Phone			

STUDENT FEES

	METHOD OF PAYMENT	DATE	AMOUNT	ADDITIONAL CHARGE	BALANCE
Registration					
September					
October					
November					
December					
January					
February					
March					
April					
May					

Class Policy Agreement

All documents are online at www.podiumpower.net.

I have read and understand the Podium Power Course Policy, Payment Policy, and subject syllabus for each course for which I am registered. I agree to the terms stated in each document. I understand that failure to abide by all regulations and requirements stated in any of these documents can result in disciplinary action by Podium Power.

Student Signature

Date

Parent Signature

Date