



The Eagle's Nest Eluminatus Accreditation Center

Transcript Year: 2017-2018

Student's Grade Level: _____

TRANSCRIPT ENROLLMENT for: _____ / _____ / _____
(Student's Name) (Date of Birth)

Parent/Guardian Name(s): _____ County _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Parent Email Address: _____ (PLEASE NOTIFY ME IF CHANGED)

Subject(s) to be taught by parent/guardian, at home: _____

(Each subject above will require me proctoring a test at the end of the first and/or second semester.)

Subjects taught outside of the home (i.e., tutor, Eluminatus, Coram Deo, Veritas, CC, dual enrollment): _____

PAYMENT PLAN OPTION: (Initial one of the non-refundable alternatives) _____ *This is my _____ child concurrently transcribing

These are the yearly transcribing fees and are in addition to the accreditation enrollment fee. *\$50 / \$75 / \$100 discount applied

- _____ 1) Bi-annual payment (\$125 is due at the initial conference & \$125 is due at the final conference)
- _____ 2) One lump sum (\$250 due at the initial conference)

ADDITIONAL DESIRED PAYMENT SERVICES (please initial all that apply):

- _____ \$20/class to add 8th grade HS credits (1 time fee for rising 9th graders as applicable)
- _____ \$30 Graduation Fee
- _____ \$50/grade transposing transfer transcripts

PENALTIES: \$25 charged for returned checks. \$20 fee for cancelled appointments/no shows. Fees are due at the time of service.

PLEASE READ PRIOR TO SIGNING: As a parent/guardian, I have read and reviewed the 2017-2018 Information Guide for the accredited track. This service is provided by Eagle's Nest Eluminatus and follows all beliefs and bylaws of the Organization. Payments and correspondence is through the center. I also realize that by signing my Declaration of Intent with the State of Georgia, I am my child's primary instructor and will monitor my student's home schooling progress daily. While Eagle's Nest Accreditation Center will assist me in seeing options and making choices for my student, I am to do my own due diligence to determine what is the best course of action for my student.

Prior to meetings with **Jennifer Switzer** (404-536-8932), I will review the list of materials needed and come prepared at the time scheduled. If I need to cancel an appointment, I will email at entranscripts@gmail.com or call. Cancellations without 48 hours' notice will incur a \$20 cancellation fee.

I have reviewed the Q&A section of the Information Guide and am aware that when transferring from GAC non-traditional education centers into public or private school systems, all credits may not be accepted and/or my student may be subject to end of course testing/assessments. This Center will provide a graduation plan for my student, an updated transcript after completing an academic year in this program, and will have a documentation portfolio on file for my child at the end of each school year.

Fee payments must be current for a transcript request to be processed.

And finally, my signature below validates my knowledge and understanding of the material listed on this application and those stated in the four page Information Guide and confirms that I am electronically submitting my Declaration of Intent to the State in accordance with accreditation requirements regardless of my child's age.

(Parent/Guardian Signature) (Parent/Guardian Signature) (Date)

(Registration Fee Due NOW: \$20 for all returning members, until 9/1/2017 for new registrations; after 9/1/2017 fee is \$40)
(Mail this form and fee with check payable to JENNIFER SWITZER, 303 Silverbell Lane, Sharpsburg, GA 30277)

For administration use: Check # _____ Amount Enclosed \$ _____ Date received _____