

COLLEGE EARLY PROGRAM BILLING AGREEMENT



One Angwin Avenue
Angwin, CA 94508

Human Resources
(707) 965-6231
(707) 965-6400 FAX

STUDENT NAME

Last First Middle

Date of Birth PUC ID #

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
Last First Middle

I, _____ have read and understand that unless full payment is received before the start of the quarter, 50% will be required before the quarter, and 50% will be required before the final week of the quarter.

Parent/Guardian signature: _____ Date: _____

SCHOOL INFORMATION

Attending: ☐ PUC Prep ☐ Other

If you checked "Other", please include the school's name, address, and phone number:

School: _____ Phone Number: _____

Address: _____

ATTENDANCE INFORMATION

Student's year in school: _____ Student's age: _____

Year Attending: _____ Terms Attending: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Student is living: ☐ At home ☐ In residence hall ☐ Away from home / In village

For office use only:

Tuition assistance percentage: _____

Approved by: _____ Date: _____

Starting date of tuition assistance: _____