

District Business Office

RETURN TO: ACD High School Programs

Email: dst-hspprograms@alamo.edu

Have you completed this form for a previous or current Dual Credit participant?

Completed form is required for new Dual Credit participants, not for returning student(s).

Please identify the College(s) the Homeschooled Student(s) will attend:

San Antonio College St. Philip's College Palo Alto College Northwest Vista College Northeast Lakeview College

Homeschooling Parent Invoice Registration Form

The Parent or Guardian of the Homeschooled Student(s) must complete this form for accurate invoicing.

NAME OF STUDENT		STUDENT'S BANNER #
NAME OF 2 nd STUDENT		STUDENT'S BANNER #
NAME O	F PARENT	
STREET/	/P.O.BOX	<u></u> _
CITY		STATE ZIP
PARENT	PHONE ()	WORK PHONE ()
PARENT PRIMARY EMAIL		ALTERNATE EMAIL
STUDEN ⁻	T ALAMO EMAIL	ALTERNATE EMAIL
ALTERN	ATE POINT OF CONTACT	PHONE ()
	questions or concerns regarding b Business Office at (210) 485-0352.	illing or invoices, please contact the Alamo Colleges
•	estions concerning the completion Programs Office at dst-hspprogra	of this form, contact Alamo Colleges District High ms@alamo.edu.
		this form, all foregoing information and statements made n Form are true and correct, to the best of my knowledge.
Signature of Parent or Guardian		Date
	Alamo	Colleges District use only
	VENDOR ID	DATE ENTERED
	The District High School Programs Office will send the completed form to Purchasing & Contract Administration for processing.	