

Class Order Form



LEAD Center
 16555 Shannon Rd.
 Los Gatos, CA 95032
 408-356-0931

- New Student
 (fill in all information and remit \$250 deposit)
- Returning Student in Same Academic Year
 (Please fill in Student Name, class choices +\$200 deposit)

____ / ____ / ____
 Month / Day / Year

Student Name	
Responsible Party	
Address	
Home Phone and Cell	
Email	
Birth date	
Charter School?	
Emergency Contact	
Allergies?	

Class Name	Semester F/W/S	LEAD Price	LCS Price	PO amount	Credits/ Discounts	TOTAL
TOTAL						

Method of Payment:

- Charter School PO
- Check
- Visa/MasterCard/AMEX
- Monthly Billing (2% service fee)

 Card Number & Expiration date

 Signature