



OFFICE ONLY:	Received _____
	Tuition Pd _____
	Regis Fee _____
	Tech Fee _____

NC Online Course Enrollment 2012-2013

Student Name	Grade	Date
Online Course Name	Credits	<u>Type of Course</u> <input type="checkbox"/> AP <input type="checkbox"/> Regular
Course Length <input type="checkbox"/> Semester <input type="checkbox"/> Full-Year	Target Start Date	Target End Date

Cost: \$ _____

Semester course	\$470
Full-year course	\$570
(add \$100 for AP)	
Registration Fee (one-time only)	\$22
Technology Fee (annual – for part-time or non-New Covenant students)	\$50

Student Email _____	Skype Account _____
Student Phone _____	
Student Signature _____	Date _____
Director of Academic Services _____	
Signature	Date
Parent Email _____	
Parent Phone _____	

By signing below, the parent agrees to the policies set forth on New Covenant's website regarding online coursework and indicates understanding of the online course refund policy.

Parent Signature _____ Date _____

Please return completed form and payment to the NCCS office.
Make checks payable to NCCS.
 452 Ebenezer Road, Lebanon, PA 17046
 717.274.2423 \ 717.274.9830 (fax)
 www.nccspa.org