



## Responsible Payer Agreement & Enrollment Form Adventure Academy

*In order to secure your place in the program, the entire fee is required at time of enrollment.*

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Complete the following information about the person who is responsible for paying the student's fees. Only one responsible payer may be designated, even when payments may be made by more than one person.**

Responsible Payer Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Responsible Payer email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_ Secondary Phone: (    ) \_\_\_\_\_

- ☐ I will attend the Landmark College Adventure Academy. To secure my space I have:
- \_\_\_\_\_ Enclosed my full payment of \$300.00 per student (\$50 discount for sibling)
  - \_\_\_\_\_ Student's school is covering the fee for my attendance.

**OR**

- ☐ Student will not participate in the program at this time.

By signing this agreement, the student and the person responsible for payment agree to pay Landmark College's fees as presented, to follow the college's payment policies.

Signature of person responsible for payment: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return complete form to:**

**Carroll Paré**

Landmark College – Adventure Academy

19 River Road South

Putney VT 05346

[summer@landmark.edu](mailto:summer@landmark.edu)

**802-387-6885**

**[www.landmark.edu](http://www.landmark.edu)**