



# REGISTRATION PAYMENT FORM

## Early College Start (ECS)

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Student's SSN \_\_\_ - \_\_\_ - \_\_\_\_\_ SACC Student ID (If known) \_\_\_ - \_\_\_ - \_\_\_\_\_

High School Currently Attending \_\_\_\_\_

SouthArk course \_\_\_\_\_ SouthArk term \_\_\_\_\_ Payment amount \$ \_\_\_\_\_

**FOR BUSINESS OFFICE USE ONLY:**

Payment Type \_\_\_\_\_ Check # (if applicable) \_\_\_\_\_ SouthArk Receipt # \_\_\_\_\_