

**Enrollment Form  
2005-2006 School Year**

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***Campus Information:***

District Name \_\_\_\_\_  
Campus Name \_\_\_\_\_  
Campus Type (public, private, charter) \_\_\_\_\_  
Grade Level Range                      Start                      End \_\_\_\_\_

***Contact Information:***

First & Last Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
  
Street Name \_\_\_\_\_  
City and Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
School Web Address \_\_\_\_\_  
Campus Student Population                      ADA                      Total \$ \_\_\_\_\_

**COST:**

**\$0.55 per student**

**Minimum per campus \$ 450.00**

PO# \_\_\_\_\_  
Final Total \$ \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_

Please fax the completed enrollment form along with Purchase Order to (210) 370-5754  
or mail to:        ESC Region 20, Attention: Susanna Garza  
                         1314 Hines Ave., San Antonio, Texas 78208-1899

I certify that by signing this enrollment form I intend to purchase PowerMediaPlus for my district/campus and will submit a P.O. or written authorization from my superior or purchasing department confirming my intentions by 9/15/2005. I also understand that any request to alter my PowerMediaPlus enrollment must be made in writing within 30 days of enrollment.