

2011 - 2012 Telephone enrollment form

Please fill out this form for use of the school telephone system.

Dear Students / Parents / Guardians: Cushing Academy is committed to making use of the telephone system for its students as simple and economical as possible. To meet the need of all telephone system users, a Personal Identification Number is required to place ANY calls through the telephone system on campus. Local calls and toll-free calls are placed with a PIN at no charge. Toll calls can be placed with your PIN via a school sponsored, reduced rate calling program unique to Cushing Academy. In order to place any calls, you must fill out the attached form to receive your PIN. Please fill out this form and mail as soon as possible in order to have your PIN ready by the time you arrive at school.

Returning Students: You may continue to use your previously assigned PIN. ONLY fill out this form for NEW service or to CHANGE existing service.

Important Registration Materials for All Cushing Academy Students

- 1** Fill out the telephone users name, select the addressing option offered, and complete the email address of the individual who will receive correspondence on telephone system usage.

Campus Communications manages the telecommunications billing program for Cushing Academy. Users with billable calls can receive customer service support and warnings of billable usage levels via your email address once usage surpasses 80% of the threshold watch limit. Details on payments, fees, system provisions, and terms and conditions are printed on the back of this form. Please retain for your records.

- 2** Select the calling program you prefer.

- Local, domestic long distance, and international calling privileges. You designate the Usage Watch Limit per billing period. If no specific amount is designated, a default amount of \$150.00 for US residents, and \$350.00 for International residents is assigned per billing period.* See Rate Table on back of form.
- Optional Kall Pak Package -- 375 ANYTIME DOMESTIC Long Distance Minutes - \$29.99 Monthly**
**That's just \$0.08 per minute!!!

*This program bills in whole month increments. Students will not be billed over the Summer Break. Once you have signed up for the Kall Pak Package, you must contact Campus Communications if you wish to terminate/change service. Monthly billing will resume when the Fall Semester begins if you are still enrolled at Cushing Academy. Additional minutes are billed at \$0.10 per minute over your Kall Pak Package. Anytime Minutes are for Domestic Long Distance only. All calls are rounded to the next full minute. Monthly Anytime Minutes do not accumulate or roll over to the next billing period. International calls are not included in this package and will be billed separately. This plan is not open to the public.

- 3** Sign the Form and Drop it in the Mail.

If you have ANY questions about this form or Cushing Academy's telecommunications program, please do not hesitate to contact us! Campus Communications (800) 965-4838; International Users—dial U.S. country code, then (630) 687-1507. You may email us at: support@e2ebilling.com

PRINT LEGIBLY - FORM Must be complete

Cut on Dotted line. Mailing address must be visible in reply envelope provided. Thank You!

PLEASE CHECK: NEW STUDENT _____ RETURNING STUDENT _____

1 Last Name: _____ First Name: _____ M.I.: _____

Parent Email Address: _____

Student Email Address: _____

Permanent Address Required: _____ Send invoice to: (pick one)
 _____ Cushing Academy _____
 _____ Permanent Address _____

Permanent Phone _____

2 Select the Service PIN to Place Local, Toll-Free, Domestic and International Calls from Cushing Academy
 Kall Pak Package -\$29.99 MONTHLY

3 Signature of Parent or Legal Guardian: I request the options indicated for my child to receive a PIN and agree to the terms and conditions described on this registration form

Print Name: _____ Signature _____ Date: _____

Usage Watch Limit is based upon standard amounts (noted on back of form) unless custom amount indicated.

I wish to designate a custom usage threshold amount for my child:

\$ _____

I wish to place a Visa/MasterCard/Discover on file to automatically pay my child's billable invoice on the due date. A \$3.00 Transaction Fee will apply monthly. Check here, and fill out back of this form.

Available to Auto Credit Card Payers. Email delivery of statement. I wish my statement to be delivered via email.

OFFICE USE ONLY
PIN ASSIGNED: