

Student Contract

Student Information

Contract Date Sep 21, 2023	Center Name Bothell		Contract ID 000183643
Contract Expiration Date Sep 21, 20	025		
First Name Govind	Last Name Nair		Student ID 100354455
Primary Phone (425) 273-0209	School Bothell High Scho	ol	HS Grad Year 2025 - 11th Grade
Student Cell (425) 215-5147	Email govindnair872@gm	nail.com	DOB May 08, 2007
Street 414 210th St SE	City Bothell		State WA Zip 98021
Enrollment New-Referral	DT Date Sep 14, 2023		DC Date -
Hours Allocated 200.00	Remaining Hours balance a	s of today (Feb 24,	2024): 92
How did you hear about C2? Source	: C2 Website		
If you were referred by a current C2 of	customer, please provide their full name	: Soham Bhosale	3
Parent / Guardian Informa	ation		
Father		Mother	
Full Name Santhosh Nair		Full Name Latha	Chandran
Occupation / Employer		Occupation / Empl	oyer
Cell Phone (425) 770-2595		Cell Phone (425)	273-0209
Email sanpnair@hotmail.com		Email lathasanth	osh2007@gmail.com
For Office Use Only			
Program Type Standard # Hours 200.00		Contract Date Payment	
Tuition \$ 15,200.00	discount (%) 20.00	✓ Check/Cash/Credit Card/Other \$ 12,160.00	
Discount \$ 0.00	let Tuition \$ 12,160.00	☐ Financed Payment	
Discount Reason Promotion		Balance Due \$ 0.00	
		☐ Installment Pay	ment
Contract Notes			
Contract Created Date Sep 21, 202	23 Last Updated Date Sep 21, 2	2 023 Ve	ersion# 1
We (the student and parents) have read, understand, and agree to the rules and conditions, including, without limitation, the C2 Education Center Policies, stated in the subsequent pages. C2 Education is committed to helping your child fulfill his or her potential. Pursuing this goal, we will adhere to the responsibility and philosophies stated in the subsequent pages. We represent that the information in this contract is accurate to the best of our knowledge.			
Parent/Guardian: Santhosh Nair	Signature		Date