

## PSAT/NMSQT Registration

**Administrative Date: Tuesday, January 26, 2021**

The Preliminary SAT/National Merit Scholarship Qualifying Test will be offered at Cal Coast Academy during school hours on **Tuesday, January 26, 2021**. All student testers must come prepared with several #2 pencils, a four-function scientific or graphic calculator, and a valid school or government issued photo ID.

The PSAT/NMSQT measures critical reading, writing and language skills and math problem-solving. The test has four sections (two verbal and two math), which include one 60-minute reading section, one 35-minute writing and language section and two math sections that total 70 minutes in length.

Completed registration forms must be submitted to the school office at [admin@calcoastacademy.com](mailto:admin@calcoastacademy.com) along with the \$75 testing fee by Monday, November 30<sup>th</sup>. If paying via Venmo, please use @CalCoastAcademy and reference your student's name in the transaction memo window. To pay using a credit card, complete the credit card authorization below.

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### 2021 PSAT REGISTRATION

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

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Student School \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

As an authorized signer on the credit card account below, I authorize Cal Coast Academy to charge my credit card in accordance with the information indicated below.

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ 3 or 4-Digit Security Code \_\_\_\_\_

Card Billing Address \_\_\_\_\_

\_\_\_\_\_

Cardholder's Email Address \_\_\_\_\_

**PAYMENT PLAN:** Please initial.

\_\_\_\_\_ I hereby authorize Cal Coast Academy to charge my student's PSAT/NMSQT Testing fee along with the additional 3% credit card processing fee.

I certify that the above statements and information made in the agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect changes to the above credit card number. In the case of any issues or disputes concerning the transactions, I will notify Cal Coast Academy promptly to rectify the situation prior to notifying my credit card company.

Cardholder Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_