# LITE_FINAL jpeg 50 percentACT& SATTest Prep Registration Form Michele Brower: 2020-2021

# Contact Information

|  |
| --- |
| Student’s Last Name: Student’s First Name: Middle Initial: |
| Home Address: City: State: ZIP:  |
| Home Phone #: |
| Mother’s Name: |
| Father’s Name: |
| Student’s Cell Phone #: |
| Mother’s Cell Phone #: |
| Father’s Cell Phone #: |
| Student’s Email Address: |
| Mother’s Email Address: |
| Father’s Email Address: |
| Emergency Contact (Name/Phone #): |
| How did you hear about our program?  |

## Academic Information

|  |
| --- |
| Student’s High School: |
| Grade in September 2020: |
| Student’s Approximate GPA: |
| Does your child have an Individualized Education Program (IEP) or a 504 Plan? If so, please indicate the student’s accommodations (ex: extended time testing).  |
| Does your child have a severe food allergy? |
| Honors or AP courses taken/will take (if any): |
| Extracurricular Activities/Special Interests: |
| List other children (if any) in the household and the grades they are entering in September 2020: |

## College Readiness

|  |  |
| --- | --- |
| Has your child taken a PSAT/Pre-ACT/SAT/ACT? Yes No | If yes, provide the date and the breakdown of the scores of each exam:  |
| Has your child taken any SAT Subject Tests?  Yes No | If yes, list each exam and the score received: |
| List at least 3 possible college choices: |    |
| Are you interested in our optional College Application Essay Writing program for next year? | YES NO MAYBE |

|  |
| --- |
| **Tutor: Michele Brower** |
| **Below is a list of the remaining possible days and times that your child will meet with his/her tutor EACH WEEK during the school year. Next to each time, indicate your 1st, 2nd, and 3rd choice (in order of preference).**  |
| Monday, 3:15-4:15 |
| Monday, 6:15-7:15 |
| Tuesday, 3:30-4:30 |
| Wednesday, 3:15-4:15 |
| Wednesday, 6:15-7:15 |
| Thursday, 4:30-5:30 |
| Friday, 4:15-5:15 |
| **PLEASE NOTE: It is important to select a time slot that your child will be able to keep on a consistent basis throughout the school year. Consider his/her sports/music/club schedules for the entire school year before committing to a time slot.**  |

|  |
| --- |
| **Fees & Rates** |
| The **non-refundable** registration fee: **$675 (must be submitted with completed packet).** This fee covers your child’s spot in the program, all workbooks and materials, and every practice test he/she will take throughout the program. You can pay the registration fee online or mail a check to LITE at the address below.  |
| **The cost of your instructor per one-on-one session (each session is 1 hour):** $220  |
| **Please note: The registration fee is non-refundable and due in full with your completed registration form. You are not guaranteed a spot in the program until the payment is received and processed.** |

***I understand that the registration fee is non-refundable and due in full with my completed registration form. I also understand that I am not guaranteed a spot in the program until my payment is received and processed.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print your name (parent/guardian)** **Please sign your name (parent/guardian)**

Please complete the form and email it to LITE at mbrower@litutoringandenrichment.com.

Or, you can mail your completed registration form to the address below:

**Michele Brower**

**c/o Long Island Tutoring and Enrichment**

**202 Terminal Drive, Suite 3**

**Plainview, New York 11803**