# LITE_FINAL jpeg 50 percent ACTTest Prep Registration Form Small-Group Classes: 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 App Essay Writing program for next year? | YES NO MAYBE |

**Select the class(es) below for which you would like to register.**

 **Session #1: Tuesday, 7:00-8:15**

 **Session #1: Thursday, 7:00-8:15**

 **Session #2: Tuesday, 7:00-8:15**

 **Session #2: Thursday, 7:00-8:15**

 **Session #3: Tuesday, 7:00-8:15**

|  |
| --- |
| **Rates** |
| **The cost per session is listed below:**Session #1: $1,350.00Session #2: $1,275.00Session #3: $875.00  |

***I understand that the session fee is 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**