

Tutoring 101 College Prep Student Registration Form



Student Name:					
School Year: _____	Grade: _____	Year of Graduation: _____			
Home Phone: _____	Student's Cell: _____	Student's E-Mail: _____			
Home Address _____	City: _____	State: _____	Zip: _____		

Father's Name: _____	Mother's Name: _____	Guardian's Name: _____
Cell: _____	Cell: _____	Cell: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____

Previous Test Results (if applicable)

Test	Date Taken					T o t a l
PSAT		Critical Reading	M a t h	W r i t i n g		
SAT		Critical Reading	M a t h	W r i t i n g		
ACT		Critical Reading	M a t h	E n g l i s h	Science	

Emergency Contact: _____ Cell: _____

Fall: _____	Academy Programs <i>(Please check Fall, Spring, Summer or 1:1)</i>	Summer: _____
Spring: _____		1:1: _____

Academy: 9 th /10 th Grade PSAT/SAT <input type="checkbox"/>	11 th /12 th Grade PSAT/SAT: <input type="checkbox"/>	ACT Prep: <input type="checkbox"/>
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I am paying in full - <input type="checkbox"/>	I am paying in installments (See terms below) <input type="checkbox"/>
<p><i>We accept cash, checks, or Credit card authorization or postdated check payments. Credit cards FOR ALL INSTALLMENTS must be received at the first (MC and Visa) meeting. Credit card payments are run on the 10th of Subsequent payment months. Postdated checks must be dated for the 10th of the subsequent paument months.</i></p>	

CC# Card Holders Name as it appears on the card: _____
Exp. Date: _____ Code#: _____
Signature: _____