



2011 PSAT/SAT & ACT Review Sessions



Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

I wish to register for: (The reviews are exam specific. You may circle only one.) **SAT/PSAT** **ACT**

School: (circle one) Central Lake View Other: _____

Classification: (circle one) Sophomore Junior Other: _____

Please indicate the session that you wish to attend:

_____ Summer 2011 (June 6 – 16). Deadline to register is June 2.

_____ Fall 2011 (Sept. 1 – Oct. 6). Deadline to register is Aug. 31.

Information

Parent's name: _____

Home phone: _____ Cell phone: _____

Other numbers in case of emergency: _____

In the event my child should be injured or become ill and I am unavailable, I hereby consent to such emergency medical or surgical treatment as may be necessary in the judgment of a qualified physician.

Signature of parent/guardian: _____

Physician preference: _____ Phone #: _____

Hospital preference: _____