

# SAT TEST PREP REGISTRATION FORM



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email address: \_\_\_\_\_

Current High School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Address (If different from student's): \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

## **Please check one**

Registration for: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Both Math & Verbal \_\_\_\_\_

Which Session? Session I \_\_\_\_\_ Session II \_\_\_\_\_ Session III \_\_\_\_\_

Session IV \_\_\_\_\_ Session V \_\_\_\_\_ Session VI \_\_\_\_\_ Session VII \_\_\_\_\_

When do you plan to take the SAT examination? \_\_\_\_\_

Have you taken any kind of SAT Prep Classes before?   Yes            No

Have you taken the SAT test before?   Yes            No

Have you taken the PSAT test before?   Yes            No

If yes, when? \_\_\_\_\_ What were your scores? \_\_\_\_\_

Signature: \_\_\_\_\_

Cut along dotted line and return upper portion. Retain bottom for your records.

## SAT Preparation Class Reminder!

**Session:** \_\_\_\_\_ **Starting date:** \_\_\_\_\_

**Location:** SLK Learning Center, 28041 Hawthorne Blvd., Ste. 210, Rancho Palos Verdes, CA.

**Telephone:** (310) 265-4941 **Fax:** (310) 265-4989