



ACT CLASS REGISTRATION FORM

ACT TEST DATE: _____ WEEKEND OR WEEKDAY: _____

STUDENT NAME: _____

AGE: _____ SCHOOL: _____ YEAR IN SCHOOL: _____

STUDENT CELL: _____

STUDENT EMAIL: _____

PRIOR TESTS: NONE COMPOSITE ENGLISH MATH READING SCIENCE DATE

ACT SCORE: _____ _____ _____ _____ _____ _____

ACT SCORE: _____ _____ _____ _____ _____ _____

PARENT NAME: _____

ADDRESS: _____

MOM CELL: _____ DAD CELL: _____

MOM EMAIL: _____ DAD EMAIL: _____

Registrations are accepted on a first come, first serve basis. Space is limited. \$300 is required to hold a place for your child. The remaining balance is due the first day of class.

METHOD OF PAYMENT: CHECK ONE

CREDIT CARD: \$650 PLUS MATERIALS \$40 (\$300 CHARGED W/ REGISTRATION FORM)

NAME ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CHECK: \$650 PLUS MATERIALS \$40 (\$300 DUE WITH REGISTRATION FORM)

CAN BE MAILED WITH REGISTRATION FORM – 4727 THORNHILL AVE, 71106 OR SCANNED AND EMAILED TO ATHOMEACAD@GMAIL.COM

COLLEGES INTERESTED IN: _____

WHAT OTHER ACT CLASSES, IF ANY, HAS THE STUDENT ATTENDED? _____

WHO REFERRED YOU TO AHA? _____