ACT CLASS AT SAGE WORKSHOP REGISTRATION 2017

Completing this form will register your student for the following class: ACT Prep Course in Larkspur (for the December 9th test date):

The first diagnostic test will be held on Saturday, October 14th at 9:00 am in Larkspur.

- Class: Sundays from 10 am 2 pm, the following dates: 10/15, 10/22, 10/29, 11/5, 11/12, 11/19, 11/26, 12/3
- **Full-length Practice Tests:** Saturday mornings of 10/14 at 9:00 am in Larkspur, and 10/28 and 11/18 at 9:00 am in Mill Valley.
- **Instructor Office Hours:** Wednesdays from 3 5 pm

Student Information

- The ACT test will be given at your scheduled testing location on **Saturday**, **December 12th**
- Note that there will be class on Sunday, November 26th immediately following Thanksgiving Break.

Name:					
Address:					
School:				Current Grade Level:	
Academic Strengt	hs/Weakness	es:			
Is there anything	else we should	l be aware of?:			
Parent Info					
Home Phone:		Cell Phone:		Email:	
Payment In	formation	n:			
Select One:	Check	Visa	MasterCard		
Card number:				Exp:	
Cardholder Name	:				
Billing Address:					
To register, submit there will be a \$20 Within two weeks	this form via er of penalty for a of the first day	ny cancellations ma	l and include pays de more than two be NO REFUND	ment in preferred form. After registration, o weeks prior to the first day of class. S for cancellations or no-shows for any	
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