

SPRING 2018 SAT/ACT WORKSHOP Registration Form

Submit by mail (Meg Clemens, 99 State Street, Canton, NY 13617) or fax (315) 386-4614 by **February 9**

For more information or to type this form online: <http://satactworkshop.weebly.com/>

Please Type or Print Clearly in Dark Ink

PART I: Student Information

School District Name: _____

Last Name _____ First Name _____ Grade **11** _____

Email _____
(accurate and clear email is required for email confirmation, snow day notification and other reminders)

Parent Phone Number (cell or home - during class) (_____) _____

Section preference—rank in order of choice: 1st, 2nd, 3rd, 4th

Sections are assigned as registrations are received. Late registrations are accepted if there are open slots.

Section 1: **Saturday**, 11 AM – 1:30 PM _____ Section 2: **Saturday**, 1:30 PM – 4 PM _____

Section 3: **Sunday**, 11 AM – 1:30 PM _____ Section 4: **Sunday**, 1:30 PM – 4 PM _____

Scores: PSAT Reading and Writing: _____ PSAT Math: _____ (N/A if you didn't take the PSAT in Oct 2017)

Guidance Counselor _____ Phone (_____) _____

Email _____

Parent and Student Agreement - I agree to allow the instructors, Mr. David Dufrane and Ms. Meg Clemens, to have access to my SAT and PSAT scores (scores only, we are not requesting the entire report).

Student's Signature Date Parent's Signature Date

PART II: Is your school in the BOCES CoSer for the SAT Workshop?

- Yes** (Canton, Gouverneur, Hermon-DeKalb, Heuvelton, Madrid-Waddington, Potsdam)
(Principal signature required)

SCHOOL DISTRICT AGREEMENT: I understand that no cancellations are allowed and that we will be billed for this student under the BOCES CoSer.

Principal's Signature Date

- No** (Private Pay, principal signature not required, mail check (payable to David Dufrane for \$178) and registration form to Meg Clemens, 99 State Street, Canton NY 13617)

No cancellations are allowed. Sections are filled in the order in which registrations are received.