



# ACT PREP Class Registration Form

Which ACT test is your child registered to take? TEST DATE: \_\_\_\_\_

Write down the prep class your child wants to attend with AHA: \_\_\_\_\_

All classes held at 4845 Line Ave

STUDENT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_

STUDENT CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIOR TESTS:	COMPOSITE	ENGLISH	MATH	READING	SCIENCE	DATE
ACT SCORE:	_____	_____	_____	_____	_____	_____
ACT SCORE:	_____	_____	_____	_____	_____	_____

PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOM CELL: \_\_\_\_\_ DAD CELL: \_\_\_\_\_

MOM EMAIL: \_\_\_\_\_ DAD EMAIL: \_\_\_\_\_

**COST: \$760 IS THE FEE FOR THE PREP CLASS (PLUS 4% CC FEE IF CARD IS USED) THIS INCLUDES ALL BOOKS/MATERIALS/SCORE REPORTS**

### SELECT METHOD OF PAYMENT

CREDIT CARD: 1/2 COST OF \$380 IS DUE UPON REGISTRATION AND \$380 DUE DAY ONE OF CLASS PLUS 4% FEE

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CVC CODE \_\_\_\_\_ ZIP CODE FOR CREDIT CARD \_\_\_\_\_

CHECK: CAN PAY IN FULL UPON REGISTRATION OR \$380 UPON REGISTRATION AND \$380 ON DAY ONE OF CLASS

CHECKS CAN BE MAILED OR DROPPED OFF (4845 LINE AVE, SHREVEPORT, LA 71106) 0

SCAN/EMAIL TO: [ATHOMEACAD@GMAIL.COM](mailto:ATHOMEACAD@GMAIL.COM)

COLLEGES INTERESTED IN: \_\_\_\_\_

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

WHO REFERRED YOU TO AHA? \_\_\_\_\_

*NOTICE: FROM TIME TO TIME, WE CAPTURE IMAGES OF STUDENTS FOR USE IN OUR MARKETING MATERIALS. IF YOU PREFER US TO NOT INCLUDE YOUR CHILD, PLEASE LET US KNOW BEFORE AHA PROVIDES OUR SERVICES.*