



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: \$650 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 \$325 IS DUE UPON REGISTRATION AND \$325 DUE DAY ONE OF CLASS

NAME ON CARD: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CVC CODE _____ ZIP CODE FOR CREDIT CARD _____

CHECK: CAN PAY IN FULL UPON REGISTRATION OR \$325 UPON REGISTRATION AND \$325 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

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.