

Sign Up Form for the January Test Preparation Course

Name: _____

Address 1: _____

Address 2: _____

City: _____

Zip: _____

Parent/Guardian Name(s): _____

Contact E-mail Address: _____

Contact Phone Number: _____

Current Grade (Circle One): 10th 11th 12th

School: _____

Please enclose a check made payable to Parantur Services for the amount of \$300.

Slots may be limited to the **first 25 applications with payment, so sign up quickly. Because of both staffing and materials commitments, we cannot offer refunds for students who register but do not attend class.**

Also, registering for our class does not register your child for the test. Please make sure to register for the test separately. The deadline for normal registration with ACT for the February 6th test is January 5, and the late registration deadline is January 15.

By signing and submitting this form, you authorize the school to release your child's test scores to Parantur Services Corporation for the limited purposes of statistical analysis and class impact research.

Parent/Guardian Signature

Student Signature

Mail this completed form **with payment** to:

ACT Preparation Course by Parantur
David Lipscomb High School

3901 Granny White Pike
Nashville, TN 37204