

ACT COURSE ENROLLMENT FORM

Linda Edgar

3613 N. 45th Place

Phoenix, AZ 85018

ledgar@cox.net

602-795-6312 Fax 602-795-6316 www.LindaEdgarTutorandSATprep.com

I am enrolling for the course which begins on _____

STUDENT _____ GRADE _____ cell _____

SCHOOL _____

MOTHER _____ hm. phone _____ wk. phone _____

ADDRESS _____

E-MAIL _____ CELL _____

FATHER _____ hm. phone _____ wk. phone _____

ADDRESS _____

E-MAIL _____ CELL _____

Previous ACT scores

English _____ Math _____ Rdg. _____ Science _____ Essay _____ Composite _____

To enroll send enrollment form and a check for \$250 for tuition and the book to Linda Edgar at the above address. Books are handed out at the first session. MAKE ALL CHECKS PAYABLE TO LINDA EDGAR.

I HAVE READ AND ACCEPT ALL THE POLICIES OF LINDA EDGAR FOR THE ACT COURSE. I AGREE TO BE RESPONSIBLE FOR PAYING THE TUITION IN FULL. I UNDERSTAND THERE ARE NO REFUNDS OR MAKE-UP SESSIONS.

Student Signature _____ DATE _____

Parent Signature _____ DATE _____