

ACT COURSE ENROLLMENT FORM
Linda Edgar | Test preparation Courses
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 _____

If you have previously taken the ACT please include a copy of your scores with the enrollment form. To enroll send enrollment form and a check for \$200 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 _____