

# SOLVING THE TEST PREP PUZZLE

## 2014 Registration

Please return this form to Prime Academics, 710 Timber Lake Drive, Exton, PA 19341

FAX 484-872-8160 E-Mail: dzangwill@primeacademics.com

A workshop fee of \$350 is due with registration. Fee is non-refundable two weeks prior to session date.  
Space is limited to ten participants per session.

Student name: \_\_\_\_\_ School: \_\_\_\_\_

Parent name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ***Session Attending:***

August 18 - 21 \_\_\_\_\_ August 25- 28 \_\_\_\_\_ Other (*specify*) \_\_\_\_\_

\_\_\_\_\_ My check for \$350 payable to "Prime Academics" is enclosed.

\_\_\_\_\_ Please bill the workshop fee of \$350 to my  Visa  Master Card # \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ Signature/Authorization \_\_\_\_\_

Mailing Address for Card: \_\_\_\_\_

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***Please tell us a little more about your student so that we may effectively address his or her needs.***

Math Course completed in '13-'14 school year: \_\_\_\_\_

Level: \_\_\_\_\_ Grade Received: \_\_\_\_\_

Level of English Course: \_\_\_\_\_ Grade Received: \_\_\_\_\_

10<sup>th</sup> grade PSAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Any other testing scores: \_\_\_\_\_

**Please share any other relevant background about your student's learning style or testing history, i.e. test anxiety, test accommodations, etc.** \_\_\_\_\_

### ***Activities:***

Sports Seasons: *Circle all that apply*      Fall      Winter      Spring

Other activities: \_\_\_\_\_

AP Courses Junior year: \_\_\_\_\_

