



SAT/ACT Small Group Sessions

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

What High School math class are you currently taking? \_\_\_\_\_

Previous PSAT/SAT score: \_\_\_\_\_ Previous Aspire/ACT score: \_\_\_\_\_

Main area of concern: \_\_\_\_\_ New Score Goal: \_\_\_\_\_

Check the class you wish to enroll in:

\_\_\_\_\_ ACT July 13-17 from 3:00 to 5:00 \_\_\_\_\_ SAT July 20-24 from 4:00 to 6:00

\_\_\_\_\_ SAT/ACT overview July 27-31 from 10:00 – noon

Fees include all materials except for a calculator, snacks, supplies, and prizes.

\$50 deposit will hold your spot. Remainder of \$235 is due on or before the first class. Checks may be made out to TEC and returned or mailed to Texas Educational Consultants 15818 Mueschke Rd. Cypress 77433

RELEASE OF LIABILITY: I hereby agree to be responsible for the conduct and actions of my child/children and to release Texas Educational Consultants (TEC) from any claims and demands that may occur during participation in any TEC session held on or off premises. Furthermore, I agree to release TEC and its employees and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on TEC premises, to the extent allowed by law.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Child/Children's Name(s) \_\_\_\_\_ Date \_\_\_\_\_