

**FACS
ACT PREPARATION COURSE
ENROLLMENT FORM**

TUESDAY MORNINGS 7:00 A.M.

Room 214

PAYMENT \$85.00*

STUDENT'S NAME: _____

GRADE: _____

PARENT'S NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

PARENT'S EMAIL: _____

STUDENT'S EMAIL: _____

*Once a student has paid this fee, he/she may attend any further sessions for free. Please bring money and form to the guidance office.

Guidance Office Only:

Date Enrolled: _____

Amount of Payment: _____

Check number: _____