

SPRING 2012 SAT WORKSHOP Registration Form

Submit by mail (Meg Clemens, 99 State Street, Canton, NY 13617) or fax (386-4614) by **February 3**

For more information or to type this form online: <http://home.roadrunner.com/~mcclemens>

Please Type or Print Clearly in Dark Ink

PART I: Student Information

School District Name: _____

Last Name _____ First Name _____ Grade _____

Gender: M F Email _____
(accurate and clear email is required for email confirmation of section assignment by Feb 10th)

Home Phone Number _____

Section preference—check first choice

Sections are assigned as registrations are received. Late registrations are accepted if there are open slots.

Section 1: Sunday, 11 AM – 2 PM __FULL__

Section 2: Sunday, 2 PM – 5 PM __FULL__

Section 3: Sunday, 5 PM – 8 PM _____

Scores: PSAT Reading: _____ PSAT Math: _____ PSAT Writing: _____

Guidance Counselor _____ Phone _____

Email _____

Parent and Student Agreement - I agree to allow the instructors, Ms. Sally Vrooman and Ms. Meg Clemens, to have access to my SAT and PSAT scores.

Student's Signature Date Parent's Signature Date

PART II: Is your school in the BOCES CoSer for the SAT Workshop?

Yes (Canton, Clifton-Fine, Colton-Pierrepont, Gouverneur, Hermon-DeKalb, Heuvelton, Madrid-Waddington, Morristown)
(Principal signature required)

SCHOOL DISTRICT AGREEMENT: I understand that no cancellations are allowed and that we will be billed for this student under the BOCES CoSer.

Principal's Signature Date

No (Private Pay, principal signature not required, mail check (payable to Sally Vrooman for \$135) and registration form to Meg Clemens, 99 State Street, Canton NY 13617)