

2015
SPRING SAT PREP COURSE
ENROLLMENT AGREEMENT/APPLICATION

First-come, first served

DATE: _____

STUDENT'S NAME: _____

ADDRESS: _____

SCHOOL: _____ **YEAR OF GRADUATION:** _____

PARENT(S)/GUARDIAN(S): _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Student's e-mail address: _____

Parent's e-mail address: _____

Check one of the following:

_____ **Monday Evening Session**

_____ **Thursday Evening Session**

COURSE FEE: **Shrewsbury residents: \$275.00**
 Non-Shrewsbury residents: \$350.00
 Fee includes all materials

Make checks payable to: SHS SAT Prep Course

PARENT/GUARDIAN SIGNATURE: _____

Send application and payment to:
Shrewsbury High School
Attn: Kathy Taylor
64 Holden Street
Shrewsbury, MA 01545