

NHS SAT PREP COURSE - REGISTRATION FORM

Saturday Course

WHEN: Sept 21, 28, Oct 12, 19, 26, Nov 2, 9, 16 (no class October 5)
Please register by September 11 to avoid cancellation of the course.

WHERE: Newtown High School, Room F217 & Room A112

TIME: 8:00 am -11:00 am

COST: \$185

Tuesday and Thursday Course

WHEN: Sept 17, 24, 26 Oct 1, 3, 10, 15, 17, 22, 29, 31 Nov 7, 14, 19. 21, 26 (No class Oct 8, Oct 24, Nov 5, & 12)
Please register by Sept 11 to avoid cancellation of the course.

WHERE: Newtown High School, Tuesdays Room F217, Thursdays Room A112

TIME: 6:00 pm -7:30 pm

COST: \$185

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Student Name _____ Grade _____ Parent Name _____

Address _____ City _____ Zip _____

Email Address: _____ Email Address (Student) _____

Contact numbers: H: _____, C: _____ C: _____

Please check:

___ I would like to be enrolled in the Saturday course. Course #6607

___ I would like to be enrolled in the Tuesday/Thursday course. Course #6205

___ If the course I selected is not offered, enroll me in the other course

___ If the course I selected is not offered, please refund my money.

PLEASE NOTE: Maximum enrollment - 25 students per class

Minimum enrollment - no class will be offered for fewer than 12 students

Enclosed is a check for **\$185** payable to **Newtown Continuing Education**

[] Visa [] MasterCard #: _____ Exp. Date ____/____ Security Code _____
[] AMEX [] Discover

Mail or Fax this registration to: Newtown Continuing Ed, 12 Berkshire Rd., Sandy Hook, CT 06482 Fax: 203-426-1787.