



# A+ Skills SAT™ & ACT® Prep™ Registration Form

Student Name \_\_\_\_\_ Exam Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 School \_\_\_\_\_ GPA \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_  
 Primary Parent/Guardian Name \_\_\_\_\_  
 Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Secondary Parent/Guardian Name \_\_\_\_\_  
 Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Most Recent PSAT™, SAT™ or ACT® Scores: ***Please attach a copy of the official scores to this registration form***

SAT/PSAT™ Date Taken ____/____/____	SAT/PSAT™ Date Taken ____/____/____	ACT® Date Taken ____/____/____
_____ Writing	_____ Writing	_____ English
_____ Critical Reading	_____ Critical Reading	_____ Reading
_____ Math	_____ Math	_____ Math
_____ Total	_____ Total	_____ Science
		_____ Writing
		_____ Total

Please describe any strengths/weaknesses you are aware of in reference to taking the SAT™ or ACT®:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any previous SAT™ or ACT® test preparation you have had and how it helped or did not help you:  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us why you are taking this course, what test date(s) you are preparing for and what score you would like to achieve: \_\_\_\_\_

Please describe any medical, visual, hearing or learning issues that we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

To what colleges are you planning on applying? \_\_\_\_\_  
\_\_\_\_\_ Are you considering early admissions? \_\_\_\_\_

**TUITION**  
The tuition for A+ Skills SAT™ is \$ 425 and \$ 469 for the ACT® complete courses and \$ 250 for the SAT™ Math, Verbal and ACT® Verbal half courses and \$ 285 for the ACT® Math/Science half course including all materials except a calculator. Each student should bring a familiar scientific or graphing calculator to the course. If there are any questions regarding suggested calculators, please let us know and we will be glad to make suggestions.

*Due to limited space, A+ Skills SAT™ and ACT® Prep requires full tuition upon course registration. There is a \$100.00 cancellation fee and all cancellations must be made at least 14 days prior to the start of each session. No money will be refunded for cancellations made less than 14 days from the start of each course and there will be no make-up classes without an additional fee.*

For your convenience, we accept Check, Discover Card, Visa or MasterCard.  
 Payment Type:  Check # \_\_\_\_\_  MC  Visa  Discover Card Amount \$ \_\_\_\_\_ (Includes cost of materials)  
 Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code (on back of card) \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

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## TERMS AND CONDITIONS

STUDENT'S NAME: \_\_\_\_\_

**AGREEMENT.** Upon execution of this agreement, A+ Skills Tutoring Service, Inc., a Florida Corporation (hereinafter referred to as "A+ Skills") is hereby authorized to provide SAT™ and ACT® preparation educational services and/or materials specified and payment will be made as outlined herein.

By signing this agreement, you recognize and acknowledge that A+ Skills will provide SAT™ and ACT® preparation educational services. You further acknowledge that A+ Skills, its officers, shareholders, employees, agents, successors or assigns make no promise, representation or guarantee of any kind whatsoever other than that specifically specified, without limitation, concerning the academic performance or academic progress of the student receiving the educational services. You further acknowledge that any evaluation, expression or comment that A+ Skills and has made, or may have made, now or in the future, is an expression of opinion only and in no way constitutes a representation, guarantee or promise of any kind.

**MEDIATION AND ARBITRATION.** Any disputes between the parties hereto, whether arising under this agreement, or otherwise, which the parties cannot resolve between themselves using good faith shall be referred to a court certified mediator in Collier County. The client shall bear the cost of said mediation. In the event that the dispute is not resolved in mediation, the parties shall submit the dispute to a neutral arbiter residing in Collier County. If either party refuses to comply with a ruling or decision of the arbiter, and a lawsuit is brought to enforce said ruling or decision, it is agreed that the party not complying with the ruling or decision shall pay all of the court costs and reasonable attorney's fees incurred in enforcing the ruling or decision of the arbitrator.

**ENTIRE AGREEMENT.** This agreement constitutes the entire understanding of the parties and supersedes all prior discussions, negotiations agreements and understandings, whether written or oral, with respect to its subject matter.

**MODIFICATION.** No change or modification of this Agreement shall be valid unless it is IN WRITING AND SIGNED BY ALL THE PARTIES who are bound by the terms of this Agreement.

**SEVERABILITY.** If any provision of this Agreement is held invalid, unenforceable, or void by a court of competent jurisdiction, this Agreement shall be considered divisible as to such provision, and the remainder of the Agreement shall be valid and binding as though such provision were not included in this Agreement.

**VENUE AND JURISDICTION.** Should a lawsuit be necessary to enforce this Agreement the parties agree that jurisdiction and venue are waived and suit shall be brought in Collier County.

**HEADINGS.** Headings in this Agreement are for convenience only and shall not be used to interpret or construe its provisions.

**GOVERNING LAW.** This Agreement shall be governed by the laws of the State of Florida (without regard to the laws that might be applicable under principles of conflicts of law) as to all matters, including, but not limited to, matters of validity, construction, effect and performance.

**COUNTERPARTS.** This Agreement may be executed in two or more parts, each of which shall be deemed an original but all of which together shall be one and the same instrument.

### RELEASE

By signing this release and these Terms and Conditions, I/we hereby agree to release and hold harmless and forever discharge A+ SKILLS and their subsidiaries, affiliates, successors, and assigns and the Directors, officers, shareholders, employees, representatives and agents of each of the foregoing (collectively "Releases") of and from any and all claims, demands, and liabilities whatsoever of every name and nature as a result of participating in the tutoring offered by A+ SKILL including that of ordinary negligence on the part of A+ SKILLS. This release and assumption of risk shall bind me, my heirs, my assigns, and my personal representatives. If I am signing on behalf of another, I hereby represent that I am the legal or nature guardian of the student, child or ward on behalf of whom I am signing this instrument and that I have the legal authority to sign this instrument on behalf of said individual; I also hereby agree to indemnify and hold A+ SKILLS harmless from any and all actions, causes of action, damages, claims, or demands that may arise from or as a result of A+ SKILLS' reliance on such representation.

Dated: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SAT is a registered trademark of the College Board and ACT is a registered trademark of ACT, Inc. Neither organization was involved in the production of, and do not endorse this product.

5621 STRAND BLVD. – SUITE 108, NAPLES, FL 34110  
239-254-9807 ♦ fax 239-254-8267  
www.aplusskills.com

# A+ Skills SAT™ & ACT® Prep™ Registration Form

## STUDENT AGREEMENT

I \_\_\_\_\_ acknowledge that I am taking A+ Skills SAT™ and/or ACT® Prep™ to improve my SAT™/ACT® scores. I understand that to best accomplish this goal of improving my scores, A+ Skills has developed a set of guidelines to which I agree to adhere as follows:

- I understand that homework will be given at each session and that I will complete the homework in a quiet, timed, non-disrupted environment before the next session;
- I understand that each session starts promptly each day and that I will make every effort to be prompt;
- I understand and agree to make arrangements for transportation to and from the course, be in my seat by the class start time and leave the parking lot no later than 15 minutes after class has ended;
- I understand and agree that I could be excluded from ANY session if I am late;
- I understand and agree that behavioral issues will not be tolerated and will be means for immediate dismissal with no refund;
- I understand that I must practice and that it is my responsibility to take the skills and strategies learned in this course and continue to apply them to daily SAT™/ACT® preparation on my own up until the testing date;
- I understand and agree to come prepared for each session including bringing the issued text, materials and calculator;
- I understand that there will be no make-up classes without an additional fee;
- I understand that there will be no cell phones or food during all sessions.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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