

Academic Tutoring Centers

ACT SUCCESS

Small Group

ACT Prep Enrollment Card

Student's Name _____

Parent's Name _____

Address: _____

City _____ State _____ Zip _____

Phone: (day) _____ (evening) _____

GPA: _____ current math course _____

School _____

Have you previously taken a PLAN/ACT/PSAT/ACT? Yes ___ No ___

If yes, list date, Test type, and scores. _____

Small Group Prep Tuition: \$450.00 Check ___ Credit Card ___

Please make checks payable to *Academic Tutoring Centers*

Credit cards (MC/Visa only)

CC# _____

Expiration date ____ / ____ / ____

Name on Card _____

**Students with extended time accommodations please
contact office to schedule individual ACT prep.
Call 847-823-5300*

Please indicate

1st choice: _____

2nd choice: _____

3rd choice: _____

Saturdays:

OR

Sundays:

10am-noon, or

9am-11am, or

noon-2 pm, or

11am-1pm, or

2:30pm-4:30 pm

1:30pm-3:30pm, or

4pm-6pm

**Please print information clearly.
Mail completed card and payment
in the return envelope provided**

**Academic Tutoring Centers, 120 Main Street
Park Ridge, IL 60068**

Questions? Call 847-823-5300 for information.