



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

PLEASE PRINT NEATLY AND COMPLETE ALL INFORMATION

Student Name _____ Exam Date _____
 Street Address _____ City _____ Zip _____
 Home Phone _____ Student's Mobile Phone _____
 School _____ Year In 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? _____

FEES

ALA CARTE SESSIONS \$ 60.00 _____ PACKAGE 5 SESSIONS \$ 267.00 _____ PACKAGE 10 SESSIONS \$ 467.00 _____

BOOK(S) _____ DIAGNOSTIC TEST - Non Clients \$ 225.00 _____ Clients \$ 85 _____ SUPPLEMENTAL ITEMS \$ 25.00 _____

TUTORING BUDDIES™- 10 SESSIONS - 2 STUDENTS - \$ 320.00 PER STUDENT ♦ 3 STUDENTS - \$ 265.00 PER STUDENT

For your convenience, we accept Check, Discover Card, Visa or MasterCard. There is a 4% bank service fee on all credit card transactions.

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 _____

Fees are non-refundable. Any unused sessions may be used at another time for another subject.

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.

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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 Tutoring™") is hereby authorized to provide educational services including SAT™ and ACT® preparation services and/or materials specified and payment will be made as outlined herein.

By signing this agreement, you recognize and acknowledge that A+ Skills Tutoring™ will provide educational services. You further acknowledge that A+ Skills Tutoring™, its officers, shareholders, tutors, 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 Tutoring™ 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 Tutoring™ 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+ Skills Tutoring™ including that of ordinary negligence on the part of A+ Skills Tutoring™. 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 Tutoring™ harmless from any and all actions, causes of action, damages, claims, or demands that may arise from or as a result of A+ Skills Tutoring™ reliance on such representation.

Fees are non-refundable. Any unused sessions may be used at another time for another subject.

Dated: _____

Parent Signature: _____

Printed Name: _____

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5621 STRAND BLVD. – SUITE 108, NAPLES, FL 34110
239-254-9807 ♦ fax 239-596-3132
www.APlusSkillsTutoring.com
addam@apluskills.com

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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
- 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 cell phones or food during all sessions.

Parent Signature: _____

Student Signature: _____

Date: _____

Date: _____

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