

ncas Learning Center

12 Washington St, Plainville, MA 02762
Tel: 508-695-7899, 508-761-8183
Email: ncas@comcast.net

www.NCASLearningCenter.com
Fax (508) 695-7882

Thank you for your interest in our SATI/PSAT classes. Since we arrange students in classes according to their skill level, we would appreciate it if you could complete this registration form and mail it to us as soon as possible. Timetables detailing the allotted class slot for our test prep sessions will be sent out to each student two weeks before the classes start.

By completing this registration form you are confirming that you/your child will be participating in our prep classes. Please note that since we cap our classes at eighteen students per class, **it is important we receive this registration form together with a down payment of \$100 to reserve a slot.** We typically have a waiting list of students who want to join the program; if we do not receive a complete registration form, we will assume that you are not interested in the classes and offer the slot to another student. If you have any questions, please do not hesitate to call or email us. Thank you.

REGISTRATION FORM

Name of Student: -----

Name of Parents: -----

Mailing Address: -----

Town & Zip code: -----

Tel#:(home) ----- (work)----- (cell)-----

Name of school student attends: -----

Grade Level: ----- Current GPA: -----

10th Grade PSAT Scores: Critical Reading-----Math-----Writing-----

11th Grade PSAT Scores: Critical Reading-----Math-----Writing-----

SAT 1 Scores: Critical Reading-----Math-----Writing-----Essay-----

Have you met with us for: An information session Yes/No (circle one)

A Profile meeting Yes/No (circle one)

Were you enrolled in our summer PSAT Pep classes? Yes/No (circle one)