

Devon Prep Summer SAT Courses

- How To Register?** In order to enroll, please fill out the enclosed registration form and return it to Mrs. Eshleman in the College Guidance Office.
- When is the deadline?** The registration deadline for Devon Prep students is May 1, 2008. The course will be offered to non-Devon students after that date, in order to fill remaining spots.
- How much does the course cost?** Each course costs \$780. That is ten classes at 2.5 hours for each. In order to reserve a spot, you would need to fill out the enclosed registration form and enclose a check for \$250 made out to Educational Services.
- What times do the classes run from?** All classes begin at 8:30 and run until 11:15. Each session includes a 15 minute snack break.
- How many students will be in each class?** Each class will have no fewer than 8 and no more than 10. Once the classes fill up, there will be no more spaces opened.
- Will there be homework?** There will be homework each night.
- Are there any guarantees of success?** There are no guarantees of point increases from taking this course. However, we have high-quality, proven instructors who have had success before in achieving positive results for students on the SAT.

Devon Preparatory School
363 N. Valley Forge Road
Devon, PA 19333
(610) 688-7337

Summer SAT Course --- Registration Form

Please complete and enclose a check made payable to Educational Services for \$250 and return to Liz Eshleman, our College Guidance Director. The final payment will be due on June 1, 2008. All deposits are non-refundable.

Student Information

Name : _____ Date of Birth _____

Address : _____

Township : _____ Current School : _____

Current Grade Level : _____

Male or Female : _____

Parent Information

Father's Full Name : _____ Occupation : _____

Cell Phone : _____ Email Address : _____

Business Phone : _____ Home Phone : _____

Mother's Full Name : _____ Occupation : _____

Cell Phone : _____ Email Address : _____

Business Phone : _____ Home Phone : _____

Sessions To Be Attended (please circle one or both)

1.) June 16-June 27

2.) July 7-18

Medical Information

Does your son have any medical condition that we should be aware of? Yes No
If yes, please describe _____

Does your son take any medications daily? Yes No
If yes, please list _____

Please list two people who we can contact in case of a medical emergency.

- | | <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> |
|----|-------------|---------------------|---------------------|
| 1. | | | |
| 2. | | | |