

ACT Test Preparation Application Form

Please complete and print this application. Fax it to: 860-773-6790 or mail it to: Learning Power, LLC, 60 Avon Meadow Lane, Suite 4, Avon, CT 06001. Make checks payable to Learning Power, LLC or complete the credit card information section for payment by VISA or MasterCard (We cannot accept Corporate Credit Cards).

Student Information:			
Student Name: _____		Date of Birth: _____	
School Name: _____		Current Grade: _____	
Contact Information:			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Home Phone: _____			
Work Phone: _____		Ext. _____	
Cell Phone: _____			
		Cost	Amount
ACT Diagnostic Testing			
	ACT Diagnostic Testing	\$95.00	
ACT Test Preparation			
	1-on-1 tutoring (per hour)	\$75.00	
	1-on-1 tutoring (4 hours)	\$300.00	
	1-on-1 tutoring (8 hours)	\$600.00	
	1-on-1 tutoring (12 hours)	\$855.00	
	1-on-1 tutoring (16 hours)	\$1140.00	
		Total	
Credit Card Information:			
Please circle one: Visa/MasterCard	# - - -	Exp. Date: /	
<p>A full refund for withdrawal will be given ten days prior to the first class session. No refund or adjustment of fees will be made for absence or dismissal of a student whose presence is a detriment to the program. No supervision of students will be provided by Learning Power, LLC before or after sessions. Learning Power, LLC reserves the right to cancel any scheduled class due to insufficient enrollment. A MAXIMUM ENROLLMENT OF 8 STUDENTS PER CLASS.</p>			
FULL PAYMENT IS DUE WITH APPLICATION!			
I have read the statements above and understand the terms of enrollment.			
<u>PARENT OR LEGAL GUARDIAN'S SIGNATURE:</u>			