

1:1 Semiprivate SAT | ACT Registration Form (2020)

Check the box for sessions you are attending

Time / Date	2/18	2/19	2/20	2/21	2/24	2/25	2/26	2/27
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	2/28	3/2	3/3	3/4	3/5	3/6	3/9	3/10
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	3/11	3/12	3/13	3/16	3/17	3/18	3/19	3/20
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time / Date	3/23	3/24	3/25	3/26	3/27	3/30	3/31	4/1
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	4/2	4/3	4/6	4/7	4/8	4/9	4/10	4/13
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Class
Time / Date	4/14	4/15	4/16	4/17	4/20	4/21	4/22	4/23
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time / Date	4/24	4/27	4/28	4/29	4/30	5/1	5/4	5/5
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	5/6	5/7	5/8	5/11	5/12	5/13	5/14	5/15
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	5/18	5/19	5/20	5/21	5/22	5/25	5/26	5/27
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Class	<input type="checkbox"/>	<input type="checkbox"/>

Time / Date	5/28	5/29	6/1	6/2	6/3	6/4	6/5	6/6
4:00 - 7:00PM	<input type="checkbox"/>	<input type="checkbox"/>	No Class	No Class	No Class	No Class	No Class	No Class

Summer sessions 6/8 - 8/14/2020

Tuition Calculation

12 - 18 sessions # of sessions: ____ X \$240 = Total \$_____

20 or more sessions: # of sessions: ____ X \$225 = Total \$_____

Please fill out and sign the form and mail it with a check to **Mega Prep**
1072 S. De Anza Blvd. A209 San Jose, CA 95129. Please make the
check payable to "Mega Prep".

megacollegeprep@gmail.com (408) 637 - 9458

Saturdays	2/8	2/15	2/22	2/29	3/7	3/14
9:00-12:00PM	<input type="checkbox"/>	No Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00-4:00PM	<input type="checkbox"/>	No Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	3/21	3/28	4/4	4/11	4/18	4/25
9:00-12:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00-4:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	5/2	5/9	5/16	5/23	5/30	6/6
9:00-12:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Class
1:00-4:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Class

2020 Test Dates

SAT: 3/14, 5/2, 6/6, 8/29, 10/3, 11/7, 12/5

ACT: 4/4, 6/13, 7/18*, 9/12, 10/24

Student Information:

Name: _____

School: _____ Grade: ____

Phone #: _____

Email: _____

Parent (Guardian) Information

Email: _____

Phone #: _____

When do you want to take the test(s)?

SAT: __/__/__ ACT: __/__/__

Target score: PSAT: ____ SAT: ____ ACT: ____

Starting Score: (if applicable)

SAT / PSAT Date: __/__/__ Score: _____

ACT Date: __/__/__ Score: _____

Mega Prep Policy Agreement

By signing below, I agree to the rules and terms of Mega Prep. Absences or missed lessons will not get credited for or refunded and must be made up before the last day session of the initial sign up. I also agree to abide by the academy policy that all tuitions are not refundable.

Parent's Signature: _____

Date: __/__/__