

Summer 2020 - 1:1 Semiprivate SAT | ACT Registration Form

Check the box for sessions (days) you are attending

Time / Date	6/8	6/9	6/10	6/11	6/12	6/15	6/16	6/17
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<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	6/18	6/19	6/22	6/23	6/24	6/25	6/26	6/29
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<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	6/30	7/1	7/2	7/3	7/6	7/7	7/8	7/9
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<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	7/10	7/11	7/12	7/13	7/14	7/15	7/16	7/17
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<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	7/20	7/21	7/22	7/23	7/24	7/27	7/28	7/29
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<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	7/30	7/31	8/3	8/4	8/5	8/6	8/7	8/10
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After summer	8/11	8/12	8/13	8/14	8/21	8/24	8/25	8/26
4 - 7 PM	No class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	8/27	8/28	8/31	9/1	9/2	9/3	9/4	9/7
4 - 7 PM	<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	9/8	9/9	9/10	9/11	9/14	9/15	9/16	9/17
4 - 7 PM	<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	9/18	9/21	9/22	9/23	9/24	9/25	9/28	9/29
4 - 7 PM	<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	9/30	10/1	10/2	SATURDAYS (8/15 - 10/3)				
4 - 7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Time / Date	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3
9 - 12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1:1 Semiprivate Tuition Calculation (20 sessions minimum)

20-28 sessions # of sessions: _____ X \$195 = Total \$ _____

30 or more sessions: # of sessions: _____ X \$185 = 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".

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: _____/_____/_____

Practice Test and Review Sessions

SAT / ACT Practice tests: 9-12:50PM (Fridays)
SAT / ACT Test review 1:30 - 4PM (Fridays)

Time / Date	6/12	6/19	6/26	6/27	7/3	7/10
9 - 4PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	7/17	7/24	7/31	8/7	8/15	8/22
9 - 4PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice Test and Review Tuition Calculation

Not included in the 1:1 semiprivate sessions

Number of sessions _____ X \$75 =

Total: \$ _____

The regular tuition is \$185/session. You get 60% DC.

2020 Test Dates

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

ACT: 7/18*, 9/12, 10/24, 12/12