

1:1 Semiprivate **Onsite** SAT | ACT

**Check the box for each session you are attending**

**Weekday Schedule**

Time / Date	8/17	8/18	8/19	8/20	8/24	8/25	8/26	8/27
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	8/31	9/1	9/2	9/3	9/8	9/9	9/10	9/14
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	9/15	9/16	9/17	9/21	9/22	9/23	9/24	9/28
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	9/29	9/30	10/1	10/5	10/6	10/7	10/8	10/13
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	10/14	10/15	10/19	10/20	10/21	10/22	10/26	10/27
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	10/28	10/29	11/2	11/3	11/4	11/5	11/9	11/10
4 - 7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	11/12	11/16	11/17	11/18	11/19	11/23	11/24	11/25
4 - 7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time / Date	11/30	12/1	12/2	12/3	12/7	12/8	12/9	12/10
4 - 7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Saturday Schedule**

Time / Date	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3
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	10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28
1 - 4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**Registration instruction**

1. Check the boxes for the days you are attending
2. Fill out the registration information
3. Count the number of boxes (sessions)
4. Write the total number of boxes (sessions)
5. Find your tuition base
6. Multiply the number of session with the tuition base
7. Fill out and sign the form
8. Make the check payable to "Mega Prep"
9. Send the check to "Mega Prep  
Attention: Registration  
1072 S. De Anza Blvd. A209  
San Jose, CA 95129
10. If you prefer to pay online, please contact us.

**2020 Registration Form**

**Student Information:**

Name: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Parent (Guardian) Information**

Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**When do you plan on taking the test(s) ?**

SAT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Target score ?**

Test	Beginning			Target		
SAT:						
ACT:						
PSAT:						

**Tuition Calculations**

Number of sessions (no. of checked boxes)	_____
Tuition base	X
Minimum 15 sessions	\$240 / each
Over 25 sessions	\$210 / each
Subtotal	_____
Referral code	_____
Total	\$ _____

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Contact info.**

megacollegeprep@gmail.com  
(408) 637 - 9458