

## November 2007 SAT\* Preparation Course Registration Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Entering \_\_\_\_\_

School \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Email: Student \_\_\_\_\_ Guardian 1 \_\_\_\_\_ Guardian 2 \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ W# \_\_\_\_\_ Cell \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ W# \_\_\_\_\_ Cell \_\_\_\_\_

Please bring any results from previous testing (SAT or PSAT) to the first session.

Payment deadline is September 23, 2007.

**Send completed registration form and \$500 to:**

Michael Coates, Director  
*Trusted Tutors*  
2 Gerry Street  
Stoneham, MA 02180

For information about future SAT\* preparation courses, contact Michael Coates at 781-438- 4442.

**[SAT TEST DATES AND REGISTRATION DEADLINES](#)**