

# Catskill Area School Study Council

## Enrichment Seminar Program Winter/Spring 2017

### **SAT PREPARATION COURSE**

**Class Limit: 50 students**

**Grades: 10-12**

**This is a 6-week program: January 21 and 28; February 4, 11, 18 and 25, 2017**

**9:00 to 11:30 a.m. each Saturday**

**(Snow Date March 4, 2017)**

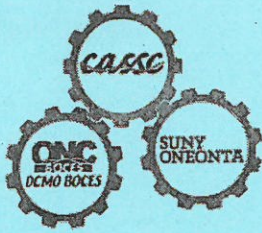
The S.A.T. Preparation Course helps prepare students to take the S.A.T. College Entrance Examination. The course will assist students in pinpointing their strengths and weaknesses. The course also provides strategies to use and practice to improve S.A.T examination scores. Two instructors team-teach the class, alternating between the math and the language arts sections of the exam. Depending on enrollment, the class may be divided into two groups in separate classrooms, with one teacher in each. **This class costs much less than many other S.A.T. Prep Programs.** We offer instructors in the classroom, as opposed to online classes that provide little or no opportunity to ask questions and receive feedback. Students will receive corrections and feedback on written assignments. They also receive a textbook and CD-ROM in order to do additional independent studying between class sessions, and to continue preparation for the exam after the course has ended.

**Tuition for this class is \$ 120.00 (includes textbook and CD-ROM)**

**Note that the registration deadline is January 10, 2017.**

**\*Note:** Students in tenth grade occasionally request to take this course. They may do so if there is still room in the class after all juniors and senior who have requested registration have been placed.





# Student Information Form

Please print legibly (this info is for your child's safety)

Student's Name: \_\_\_\_\_  
(first) (last)

Student's Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Course: **SAT Prep**

School District: \_\_\_\_\_ Building (if district has more than one) \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent phone \_\_\_\_\_

Parent email : \_\_\_\_\_

## Emergency Information

**For your child's safety, please complete the following information accurately:**

### Emergency Contact:

Please list another person **who can be contacted on Saturday mornings**, in case the parent/guardian named above cannot be reached:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ or \_\_\_\_\_  
(first) (last)

Relationship to student: \_\_\_\_\_

**Medical/Health & Safety** Please indicate any pertinent information related to the health and safety of the student named above (allergies, special medication, physical limitations, etc.):

**Special Conditions/Circumstances** Please provide information on any other special conditions, circumstances or considerations of which the staff should be aware in order to ensure your child's well-being in our classes (behavioral or custodial issues, IEP's, etc.):

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

**PLEASE NOTE:** The student named above will not be registered in a seminar class until this form has been completed by a parent or guardian and submitted to the **CASSC** office by the school district at the time of registration.