

STANDARDIZED TEST PREPARATION COURSE

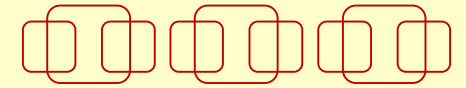
We will be offering a Standardized Test Preparation Course for students that will assist in preparing for the ACT by reviewing basic skills, re-enforcing English and Math concepts, and familiarizing students with question types that commonly appears on the test.

Students will also be introduced to effective test taking strategies, and have opportunities to practice questions and tests. Preparation will also build confidence, decrease anxiety, and assist students in maximizing potential. Each class will consist of 1-1/2 hours of English test preparation and 1-1/2 hours of Math test preparation.

The cost of the course is \$250 and includes books and materials. Seating is limited. Please register as soon as possible.

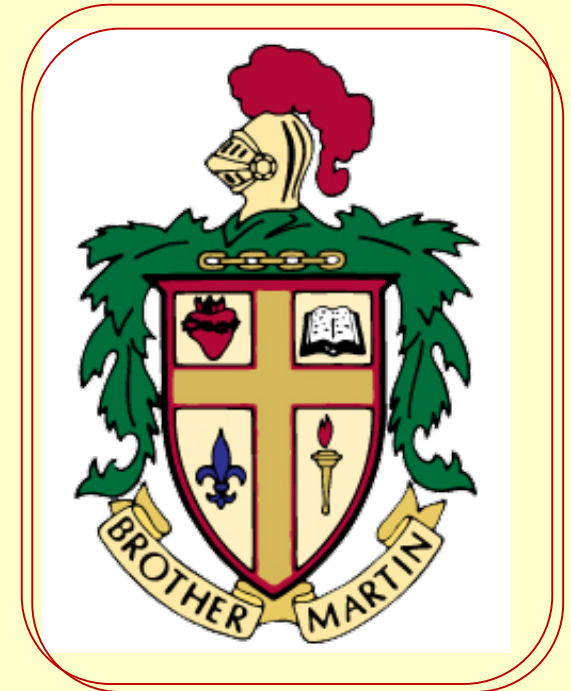
For additional information, please contact Mrs. Jill Gomez in the Guidance Office.

Brother Martin High School
4401 Elysian Fields Ave.
New Orleans, LA 70122
Address Correction Required



ACT Test Preparation Course

Brother Martin High School



Fall 2018

Contact: Mrs. Jill Gomez
Phone: 504-283-1561
Fax: 504-286-8462
E-mail: jgomez@brothermartin.com

BROTHER MARTIN HIGH SCHOOL ACT PREP COURSE

FALL 2018 ACT COURSE

LOCATION: Brother Martin High School

Fall Session: September 15, 22, 29,
October 6, 13, 20
(ACT date October 27, 2018)

TIME: 8:30am - 11:30am

Registration for the ACT MUST be done
through the ACT website at www.act.org.

COST: \$250 (includes textbook) - Checks
payable to Brother Martin High School.

Registration is on a "first come, first served"
basis.

PREREQUISITES

Students will benefit most from the course if they have
completed at least one semester of Algebra II.

Student has had at least one semester
of Algebra II

YES

NO

Registration Form

Student Name _____ School & Yr. of Graduation _____ Home Phone # _____

PERMISSION and MEDICAL AUTHORIZATION

I request that Brother Martin allow my child _____ to participate in the Brother Martin Standardized Test Preparation Course.

I/we do empower Brother Martin High School, its employees, representatives, or designees, the power and authority to authorize any medical or surgical treatment which they, in their sole discretion, may deem necessary on my student; provided, however, that the adult consenting to such treatment shall first have attempted to contact me at the telephone number(s) set forth below, unless the need for consent for treatment results from a serious emergency which requires immediate treatment such that prior attempt to contact me is not practical. This authorization shall remain in effect for the duration of the Standardized Test Preparation Course.

By your signature, you acknowledge these facts and understand that your student is representing Brother Martin High School while participating in this course and will, therefore, conduct himself at all times in a manner consistent with the philosophy and objectives of the Brother Martin High School Behavior Policy.

Student's Signature _____

Parent's Signature _____

CELL PHONE # _____

E-MAIL ADDRESS _____

HOME PHONE # _____