

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.

ACT Test Preparation Course

Brother Martin High School



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

Address Correction Required

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.

Registration Form

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

Parent and MEDICAL AUTHORIZATION

I, _____, parent/guardian of _____, do hereby authorize _____ to participate in the Brother Martin Standardized Test course.

I understand that Brother Martin High School, its employees, representatives, or designees, the power and authority to provide medical or surgical treatment which they, in their sole discretion, may deem necessary on my student; however, that the adult consenting to such treatment shall first have attempted to contact me at the telephone number set forth below, unless the need for consent for treatment results from a serious emergency which requires immediate medical attention 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.

I understand that Brother Martin High School, its employees, representatives, or designees, the power and authority to provide medical or surgical treatment which they, in their sole discretion, may deem necessary on my student; however, that the adult consenting to such treatment shall first have attempted to contact me at the telephone number set forth below, unless the need for consent for treatment results from a serious emergency which requires immediate medical attention 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.

I understand that Brother Martin High School, its employees, representatives, or designees, the power and authority to provide medical or surgical treatment which they, in their sole discretion, may deem necessary on my student; however, that the adult consenting to such treatment shall first have attempted to contact me at the telephone number set forth below, unless the need for consent for treatment results from a serious emergency which requires immediate medical attention 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.

Signature _____

Parent's Signature _____

CELL PHONE # _____

E-MAIL ADDRESS _____

HOME PHONE # _____