

The Math Center Registration Form

Please print and mail to
The Math Center, 1143 Hinman Ave. #3 Evanston, IL 60202

Parents' names (please print) _____

Student's name _____ School _____ Grade Level _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

If registering with a friend, what is the friend's name? _____

Student's math grades (A, B, 90%, 80%, etc.):

6th _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Student's test scores (where applicable):

PSAT#1: Math _____ Verbal _____ Date _____

PSAT#2: Math _____ Verbal _____ Date _____

SAT I #1: Math _____ Verbal _____ Date _____

SAT I #2: Math _____ Verbal _____ Date _____

SAT II: Math IC _____ Math IIC _____ Date _____

PLAN: Math _____ English _____ Reading _____

Science _____ Comp. _____ Date _____

ACT (highest score): Math _____ English _____ Reading _____ Science _____

Composite _____ Date _____

Course title _____

Section (first choice) _____ Dates _____ Time _____

Section (if first choice is unavailable) _____ Dates _____ Time _____

Amount enclosed \$ _____ (Make check payable to **The Math Center.**)