**Sylvan Learning Center** is excited to again offer Test Prep Programs at Islamic Foundation North!

We are offering an **SAT Course** that prepares students for the **Wednesday, April 5th SAT Exam** (all Juniors take the 4/5/17 SAT at their local high school)

* Convenient location: at IFN!
* 24 hours of instruction in 12, two-hour sessions
* We are working on days and times with Oghay from IFN
* Sylvan experienced instructors, who know the ins and the outs of the SAT
* Three practice tests with Individualized Score Reports. This allows your child to see his or her strengths and weaknesses, thus focusing prep time.
* 24/7 access to SylvanPrep Online, which includes explanatory videos on all test questions
* Two Workbooks, which document the top test-taking strategies and allow for practice of those strategies, so your child is ready by test day.
* Tuition: $375 (payable to Sylvan)

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Space is limited, so register today to ensure your spot.

Registration options: 1) Fill out this form, then scan & email to **gurnee.il@sylvanlearning.com**

 2) Fill out this form and turn it in to Oghay at IFN

3) Call us to register at **(847) 625-2660**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

(fill out one form per child if you have multiple children)

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any allergies? Circle YES or NO

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition: $375/child Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_/\_\_\_ Code on back: \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/ST/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If paying by check, please turn check in with registration form to IFN, or mail to address below: