



Dimension Academic Performance Center

Parent(s): _____
 Last Name **First Name**

Cell: _____ **Email:** _____

Student's Name	
Cell number	
Email address	
High School	
GPA	
Top Five Schools	

Have You registered for the National SAT or ACT test?

- Yes
- No

Which class are you registering for?

- Group
- Individual
- 8weeks

Most Recent SAT or ACT scores:

English _____ Math _____ Writing _____ Science _____

Please make payment online prior to class