

Fort Bend Independent School District

**7th Grade Duke/SAT Prep 2015-2016
Learning Systems Seminar Registration**

Student Last Name: _____ Student First Name: _____

Student ID Number: _____ Home Campus: (Circle) BMS JBMS DCMS

DMS FCMS FSMS MGMS HBMS LOMS CMMS MCMS QVMS SMS SLMS

Parent/Guardian: _____

Address: _____

City: _____ State _____ Zip Code: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

PLEASE MARK DESIRED PREP CLASS SESSION:

<u>Prep Class Session</u>	<u>Registration Deadline</u>
_____ January 9, 2016	December 10, 2015
_____ January 16, 2016	January 7, 2016

CLASS: 9:00 AM – 2:30 PM

**Progressive High School
1555 Independence Blvd.
Missouri City, Texas 77489**

Return white copy of this form to the address below along with a check or money order in the amount of \$85.00 payable to Learning Systems by the deadline listed above. No cash will be accepted.

Mail form to: Fort Bend ISD
Department of Testing
16431 Lexington Blvd.
Sugar Land, TX 77479

OR

Bring to: Testing Department (Annex Bldg)
3119 Sweetwater Blvd
Sugar Land, Texas 77479
(This is not a mailing address)

Class enrollment will be on a first-come, first-served basis. The minimum number of students per class is 40, and the maximum is 60. If the minimum number of students does not register for the class, the class date may be changed or the class may be canceled. Parents will be notified if a class is canceled or if the class date changed. Refunds will only be issued if a class is canceled. If the class needs to be rescheduled, payment may be applied to another available class.

This seminar does not automatically register you for the SAT-I Test or the ACT Test for the Duke Talent Identification Program. Information regarding registration and test dates/locations may be obtained from your middle school counselor at each Fort Bend ISD Middle School. When completing the test registration form, please use the following codes for Garcia Middle School: SAT-44843, ACT-235439.

Office Use Only: Date received _____ Check # _____ Amount \$ _____ By: _____

White: Testing Department

Yellow: Parent Copy