



ALPHARETTA LOCATION: THRIVE BLDG.

44 Milton Ave, Alpharetta, GA 30009

PRIVATE/SEMI-PRIVATE CLASSES

(Please fill-out one form per student, even if they belong to the same family)

Student's Name: _____
 Grade Level: _____ Student's Age: _____ Student's Birthday: _____
 Student's email _____ Student's Phone Number: _____
 Parent/Guardian's Name: _____
 Address: _____ City, Zip: _____
 Phone: _____ Parent's email: _____
 Emergency Contact: _____
 Special Health Considerations: _____

Please indicate any academic, physical, emotional, psychological, or mental challenges you have to function through or get medication for: _____

(Examples would be an illness or surgery, headaches, anxiety, sleeping problems, OCD, depression, severe allergies, concussion, dyslexia, ADD or ADHD—which could affect the preparation for and performance during an exam)

Most recent PSAT/SAT/ACT, AP, or CLEP Scores (if any): _____

Referred By: _____

PSAT/SAT/ACT

Live or Online Private Workshop

ACT Workshop Package*

Please indicate and mark your preferred exam & rate

Duration: 5-6 weeks before each exam

ACT Exam Date: _____

Total Hours:

Without Essay: = 20 hours

- ✓ 15 hours of class time (1.5 hours, 2x/week)
- ✓ 5 hours of full mock-test before the exam

With Essay: = 23 hours

- ✓ 15 hours of class time (1.5 hours, 2x/week)
- ✓ 5 hours of full mock-test before the exam
- ✓ 5 hours of essay instruction

Registration Fee: \$100.00 Due before Orientation

- Non-refundable
- Covers: all materials, including books

Tuition: Please indicate your preferred rate/s below.

Due on the first day of class.

- o **\$815.00** Private Rate
- o **\$690.00** Semi-private, per student rate—the 2nd student must be of the same household.
- o **\$985.00** (Private w/ Essay classes, per student)

Start Date: (will plan with parent/student) _____

End Date: (will plan with parent/student) _____

Days & Times (will plan with parent/student during _____)

SAT/PSAT Workshop Package*

Please indicate and mark your preferred exam & rate

Duration: 4-5 weeks before each exam

SAT Exam Date: _____

Total Hours: = 16 hours

- ✓ 12 hours of class time (1.5 hours, 2x/week)
- ✓ 4 hours of full mock-test before the exam

Registration Fee: \$100.00 Due before Orientation

- Non-refundable
- Covers: all materials, including books

Tuition: Please indicate your preferred rate/s below.

Due on the first day of class.

- o **\$650.00** Private Rate
- o **\$525.00** Semi-Private, Per Student Rate—the 2nd student must be of the same household.

Start Date: (will plan with parent/student) _____

End Date: (will plan with parent/student) _____

Days & Times: (will plan with parent/student) _____

***Test-Prep Packages will not be broken in half or parts. For smaller packages, please refer to the rate schedule under Homework Help**



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FEE POLICY:

- Payment portals can be found through our website at AlmondTreeEducation.com/Enroll
- An invoice will be emailed or texted to you at your request.
- Other payment Apps: **VENMO: MrsV@AlmondTree**
- Cash and checks are no longer accepted.
- If any family/student chooses to withdraw from class (or cancel enrollment), a refund for the workshop fee will be issued **only if written notice** (via email or regular mail) **24** hours after the Orientation is received. However, there will be **no refunds** issued for the Registration Fee.



_____ (please initial here)

MISSED CLASS POLICY:

- Upon registration, the students (and their parents/guardians who enrolled them) assume responsibility for attendance, and the enrolled student is expected to attend every class meeting.
- Students are responsible for planning their schedules to avoid excessive conflicts with course requirements.
- Classes CANNOT be made up unless ...
 - o Cancellation is communicated at **least** 24 hours in advance,
 - o A proof of absence is provided,
 - o Or in the case of an extreme emergency
- Ultimately, the instructor can decide whether or not to award a make-up class.
- That being said, accommodations for make-up classes are **not guaranteed**. Missed classes must be scheduled within the week of the original class.
- If a student is going to miss a class, the student will still be expected to complete the missed coursework during their absence.
 - o Because of the rigor and speed of the review schedule, accommodations for make-up work are highly limited.

_____ (please initial here)

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IMPORTANT REMINDERS:

1. Completing 1 to 1.5 hours of homework, four days a week (outside of the review class), is essential to their success in these test-prep sessions; it's **just as important** as the class review. If your child/ren cannot complete assigned work at home, please **do not register them**. They will get burned out.
2. As an old saying goes: "Early is on time, on time is late." Please give your student enough time to get to class, get settled, and prepared to work.
3. Unless it is an emergency, cell phones are not allowed during class. Social media and online networking will not be allowed while sessions are in progress.
4. **For SEMI-PRIVATE:** Because each session is a set amount of time, it is not possible to offer the same attention to each student in the same session. If your student needs more specific attention, consider signing him/her up for **private** classes instead.
5. These review sessions will go by quickly, as we will do many simulated tests. However, we shall have ample breaks in between. Students are welcome to bring their own refreshments, but please remind your student to minimize distractions.
6. Students may **not** bring weapons, alcohol, drugs, or tobacco products to the premises.
7. Please observe proper attire. No undergarments displayed, please.
8. For homeschooled/hybrid students, each student will receive a grade (based on their class tests) and 0.5 credit once the session is completed.
9. The first day of class is Orientation. Please make sure your child communicates what has been covered in class.

_____ (please initial here)

I, the undersigned father/mother/legal guardian, agree to the following stipulations:

- ✓ If my student/s missed a class, my student/s and I are responsible for communicating with the instructor and know what is assigned for the next class, if anything is required.
- ✓ I agree to pay the fee/s for the session/s I checked above. I agree with the payment plan stated above.
- ✓ During class time, I can be reached at this phone # _____.
- ✓ I understand that the evaluation and grade my student will receive is not a *pass/fail* grade.
- ✓ **I will not** hold Caryl Veloso and **Almond Tree Education, LLC**. responsible for my student's final PSAT or SAT or ACT test scores.
- ✓ I understand, agree, and will abide by all the **Policies** and **Special Note** as expressed above.

Please sign, scan, & send your signed registration form and payment to:

Caryl Veloso

caryl@almondtreeeducation.com

Credit Card Payments: **Venmo or Paypal**

Personal Checks are no longer accepted.

Mailing Address

Thrive Coworking

44 Milton Avenue

Desk 17

Alpharetta, 30009

Signature: Parent/ Legal Guardian

Date: _____

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