

# Gifted Test Prep Registration

## Student Information

Student Name	School District
Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Address	City, Zip Code

## Parent/Guardian Information

Parent/Guardian 1 Name	Parent/Guardian 2 Name
Parent/Guardian 1 Phone Number	Parent/Guardian 2 Phone Number
Parent/Guardian 1 Email	Parent/Guardian 2 Email

## Gifted Test Group Class Rules and Policies

I acknowledge the following:

1. Tuition is due **upon registration**. Seats are reserved when tuition is paid in full. Initial: \_\_\_\_\_
2. Tuition is **non-refundable and non-transferrable to any other program**. Initial: \_\_\_\_\_
3. Parents are **not permitted in the classroom during instruction**. Initial: \_\_\_\_\_
4. Students are required to bring their own pencils and erasers. Initial: \_\_\_\_\_
5. For missed classes, **no make-up classes will be provided**. Initial: \_\_\_\_\_
6. Please keep center and surrounding facilities QUIET and CLEAN at all times. Initial: \_\_\_\_\_
7. No extra copies or replacements of program materials will be provided. Initial: \_\_\_\_\_
8. Do not allow students to wander outside the center. Initial: \_\_\_\_\_
9. BC is not responsible for the SAFETY of the students outside the center. Initial: \_\_\_\_\_
10. BC reserves the right to combine and/or cancel any classes. Initial: \_\_\_\_\_
11. Students must be picked up and dropped off on time. Late pickup may result in a fee of \$1 per minute. Initial: \_\_\_\_\_
12. For the safety of students, parents must park their vehicles properly and come in to the center to pick up their students. Initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Tuition fee: \$	Course Number:
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