



PTSA[®]
everychild. one voice.

Register your student(s) for a

PRACTICE ACT

Date: Saturday, December 5, 2009

Time: 8:00am to 12:00pm

Where: Centreville High School

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Number of students: x \$15.00 = _____
Total

(Make checks payable to 'CVHS PTSA')

I grant permission for the student(s) listed above to take the practice SAT.

Parent's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

The test will be administered by the Princeton Review. Parents and students should plan to attend the follow-up session with the Princeton Review at the high school on the evening of December 16, 2009, 7:00-9:00, at the school.

Mail this form with payment to:
CVHS PTSA Act Practice, 6001 Union Mill Rd., Clifton, VA 20124