

FOR HIGH SCHOOL JUNIORS

S.A.T. (Scholastic Aptitude Test) PREPARATION

This course is designed for students who wish to raise their S.A.T. scores. Emphasis will be placed on the techniques, review and practice on actual S.A.T. tests. The course offered in the Fall Semester will prepare students for the 11/7/09 exam, and the course offered in the Spring Semester will prepare students for the 5/1/10 exam. **REGISTER EARLY! CLASS SIZE LIMITED TO 15 STUDENTS.**

Offered: **Fall 2009** — **October 13, 14, 15, 19, 20, 21, 26, 27, 28, 29**

Math	Jeffrey Haruthunian	Wednesdays & Thursdays	7:00-9:00 pm
English	Daniel Malossi	Mondays & Tuesdays	7:00-9:00 pm

Offered: **Spring 2010** — **April 12, 13, 14, 15, 19, 20, 21, 22, 26, 28**

Math	Jeffrey Haruthunian	Wednesdays & Thursdays	7:00-9:00 pm
English	Daniel Malossi	Mondays & Tuesdays	7:00-9:00 pm

BHS 106

Resident Fee: \$130

Non-Resident Fee: \$135

REGISTRATION FORM—S.A.T. COURSE

AFTER REGISTERING FOR THIS COURSE, AN INFORMATIONAL LETTER WILL BE SENT HOME WITH THE TITLE OF THE BOOK TO BE PURCHASED BY THE STUDENTS. **THIS BOOK IS REQUIRED ON FIRST NIGHT OF CLASS.**

DISRUPTION OF ANY CLASS OR ACTIVITY BY A PARTICIPANT WILL RESULT IN THE TERMINATION OF HIS/HER ENROLLMENT. ANY FEE WILL BE FORFEITED.

IN-PERSON REGISTRATION:

1. Complete all information requested.
2. Bring your Registration Form(s) to the High School on the Registration Dates listed on Page 3.

MAIL-IN REGISTRATION:

1. Complete all information requested.
2. The fee covers the cost of both English & Math together.
3. Make checks or money orders payable to: **Bethpage School District**
4. Mail payment and Registration Forms to: Bethpage Continuing Education, Bethpage High School, Cherry Avenue, Bethpage, NY 11714.

Name: _____	Home Phone: _____
Address: _____	Business Phone: _____
Town/Zip: _____	Parent's Cell: _____
Course Title: <u>S.A.T. PREPARATION</u>	Time: <u>7:00—9:00 PM</u>
Course Fee: Resident: _____	Non-Resident: _____

FOR OFFICE USE ONLY:

CHECK # _____ CASH RECEIPT # _____