



ACT Boot Camp Registration Form

Name _____ Student Phone # _____

_____ December 2016 Boot Camp

_____ February 2017 Boot Camp

Parent Name _____ Parent Phone # _____

Address: _____

Student Email: _____

Parent Email: _____

Current High School: _____

Previous ACT Scores: Date (s) Taken: _____

____(E) ____ (M) ____ (S) ____ (R) ____ (Wr)

Previous ACT Scores: Date (s) Taken: _____

____(E) ____ (M) ____ (S) ____ (R) ____ (Wr)

High School GPA: _____

College Plans: _____

Identify your academic strengths/weaknesses: _____

Class Confirmation will be sent via email.

\$225.00 fee payable at first class - *\$50.00 Deposit due at time of registration.

Mail payment/form to: Southwest Psychological Services

4706 Chiquita Blvd, Suite 200 Cape Coral, FL 33914

Questions? Call 239-834-9333