



ACADEMIC COACHING SERVICES

MAILING ADDRESS: 3540 W. SAHARA AVE #129 ~ LAS VEGAS, NV 89102-5816

PHYSICAL ADDRESS: 8375 W Flamingo Rd, STE. 101 ~ LAS VEGAS, NV 89147

Phone 702-876-3000 ~ Fax 702-792-6855 ~ E-mail academicoaching@yahoo.com

Summer 2021 Test Prep Registration & Service Agreement

Academic Coaching Services agrees to provide educational services as follows to:

STUDENT/CLIENT NAME: _____
PARENT/GUARDIAN: _____
FULL ADDRESS, ZIP: _____
PHONE(S) & EMAIL: _____

ACADEMIC SERVICES or INSTRUCTION REQUESTED:

_____ **ACT /SAT Extended Test Prep Course (50 hrs.)** [10-12th grade high school students]
FEE: \$1500 per course [Summer Sessions I - IV 2021]

PLEASE CHOOSE YOUR ACT/SAT CLASS/SESSION (Choose only one session)*:

_____ June 14, 2021 -July 1 (Thursday), 2021 12:00 - 3:00pm [Monday – Friday (first 2 weeks)]
_____ June 14, 2021 -July 1 (Thursday), 2021 4:00 - 7:00pm [Monday – Friday (first 2 weeks)]
_____ July 12, 2021 -July 29 (Thursday), 2021 12:00 - 3:00pm [Monday – Friday (first 2 weeks)]
_____ July 12, 2021 -July 29 (Thursday), 2021 4:00 - 7:00pm [Monday – Friday (first 2 weeks)]

***ALL SESSIONS INCLUDE FALL REVIEW SESSIONS (10-20 hrs.) IN SEPT. & OCT, 2021 FOR PRACTICE TESTING & REVIEW.**

AS THE CLIENT, OR PARENTS/GUARDIAN FOR ABOVE NAMED STUDENT, I AGREE TO PAY ACS FOR THE SERVICES INDICATED AND REQUESTED ABOVE. I/WE UNDERSTAND THAT REFUNDS WILL NOT BE GRANTED ONCE ACADEMIC PROGRAMS OR SERVICES HAVE COMMENCED AND ANY OUTSTANDING FEES MUST BE PAID IN FULL EVEN AFTER PROGRAM COMPLETION OR CLIENT/STUDENT WITHDRAWAL. ANY EXCEPTIONS TO THIS REFUND POLICY WILL BE GRANTED AT THE SOLE DISCRETION OF ACS OFFICERS.

WE AGREE TO PAY THE AMOUNT OF _____ TO ACS FOR SERVICES INDICATED ABOVE.

ALL PROGRAM PAYMENTS ARE DUE BEFORE SERVICES ARE RENDERED, EXCEPT AS ARRANGED OR AGREED UPON BY ACS OFFICERS. SCHEDULED PAYMENTS ARE DUE ON THE FIRST DAY OF EACH MONTH; INVOICED PAYMENTS ARE PAYBLE UPON RECEIPT.

THIS FORM CONSTITUTES THE ENTIRE PAYMENT AGREEMENT BETWEEN ACADEMIC COACHING SERVICES AND THE STUDENT/CLIENT OR PARENT LISTED ABOVE.

PARENT/CLIENT SIGNATURE: _____

ACS STAFF SIGNATURE: _____

THANK YOU FOR ALLOWING US TO SERVE YOU.