



**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 [academiccoaching@yahoo.com](mailto:academiccoaching@yahoo.com)

**Summer 2022 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 (45 hrs)** [10-12<sup>th</sup> grade high school students]  
FEE: \$1500 per course [Summer Sessions I - IV 2022]

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

\_\_\_\_\_ June13 - June 30, 2022 12:00 - 3:00pm [Monday – Friday (first 2 weeks)]  
\_\_\_\_\_ June 13 - June 30, 2022 4:00 - 7:00pm [Monday – Friday (first 2 weeks)]  
\_\_\_\_\_ July 11 - July 28, 2022 12:00 - 3:00pm [Monday – Friday (first 2 weeks)]  
\_\_\_\_\_ July 11 - July 28, 2022 4:00 - 7:00pm [Monday – Friday (first 2 weeks)]

**\*ALL SESSIONS INCLUDE FALL REVIEW SESSIONS (10-20 hrs.) IN SEPT. & OCT, 2022 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.**