**Georgetown High School**

**SAT/ACT Test Preparation Workshop**

I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend the SAT/ACT prep workshop at the Georgetown High School auditorium on Tuesday, October 17th. I understand that my child will be excused from classes while attending the workshop, but will be responsible for making up all missed work. I also understand that if my child disrupts, sleeps, or fails to do his/her work in the workshop, disciplinary action may result with no refund. Students should plan to arrive at GHS by 7:45 AM and will be dismissed at 3:00 PM.

Lunch will be provided. Students with dietary restrictions will need to bring lunch with them. Students will **NOT** be allowed to leave the building for lunch.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form with the $60 registration fee to the Georgetown High School Guidance office by Friday, October 13th. We ask that students bring the correct change or a check made out to GHS. Only completed, signed permission slips with the correct fee will be accepted. Spaces are limited so please register early.**