

**CAMBRIDGE OFFICE NOTES**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Item: \_\_\_\_\_ Distr: \_\_\_\_\_

# Cambridge Tutoring & Test Prep

*"A Tradition of Academic Excellence" • Founded 1992*

Phone: (949) 443-2700 ~ (714) 997-5500

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Lisa Muehle, Director (*Mathematics, Science, Test Preparation & the Cambridge SAT Colloquium*)

Lauren Meggison, MA, MFA, Ph.D., Director (*Language Arts, Elementary Education & the Cambridge Lyceum*)

## **CAMBRIDGE SAT COLLOQUIUM: YEAR V (11<sup>TH</sup> GRADE STUDENTS)**

**Registration Agreement & Enrollment Information for the 2010 - 2011 Academic Year  
(CLASSES HELD IN CAMBRIDGE'S LAGUNA BEACH CLASSROOM)**

- Ø Complete and sign this Registration Agreement along with the \$50.00 Registration Deposit (make check payable to: *Cambridge SAT Colloquium*).
- Ø Mail to: CAMBRIDGE TUTORING & TEST PREP, P.O. Box 9545, Laguna Beach, CA 92652

Referred by (if new student): \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

M/F: \_\_\_\_ Grade (2010 - 2011 Academic Year): \_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) First/Last Names with whom Student Resides:  
 \_\_\_\_\_ & \_\_\_\_\_  
 Parent(s) First Name(s) Parent(s) Last Name

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Stud Home Ph: (\_\_\_\_)\_\_\_\_-\_\_\_\_

M Work/Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ F Work/Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**PLEASE PROVIDE THE E-MAIL ADDRESS TO WHICH WE SHOULD SEND ALL INFORMATION, INCLUDING YOUR STUDENT'S CLASS CONFIRMATION AND SCHEDULE:**

E-Mail: \_\_\_\_\_@\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**PLEASE SELECT PAYMENT METHOD:**  
 \_\_\_\_ I prefer to pay by check. Send Tuition Invoice to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ I prefer to pay by credit card. Credit card payments are accepted only for discounted balance-in-full tuition payments (one payment lump sum). Cambridge does not take credit cards for any installments or registration fees (see next page for payment plan):

VISA or Mastercard #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on VISA card: \_\_\_\_\_