

HUNTERDON CENTRAL REGIONAL HIGH SCHOOL JANUARY 2024 SAT REVIEW COURSE REGISTRATION FORM

Please print and complete this form to request registration for the SAT Review course. Registration is on a first come, first served basis. Classes are held on Saturdays and some Wednesdays. Please see the schedule for complete details. REGISTRATION DEADLINE: DECEMBER 15, 2023

Student's Name (please print)		HCRHS ID#	(if
Student's Name (please print)attending HCRHS)	Last, First, Middle		
Street Address	City	Zip Code_	
Parent/Guardian Cell:			
PARENT/Guardian email addres	S		
Please indicate if your student ha	s any known allergies		
Note: If your child has any know child's doctor.	n allergies, we ask that they carr	y an epipen and/or inhaler, if r	required by the
If your student has been approved (908-284-7203) to request this ac	, .	* ±	e Sullivan
	I have completed Algeb	ra II	
MY SIGNATURE BELOW SIGNIFI FESTING MAY BE USED WITHOU EVALUATING THIS PROGRAM.			
Student Signature		Date	
Parent/Guardian Signature		Date	
Registration Fee: \$250 CHECK School (HCRHS)*. A confirmat	# Please make check ion/reminder email will be sent	ks payable to Hunterdon Cent the week prior to the start of	ral Regional High the course.
*Classes may be canceled due t	o lack of enrollment. Registra	ation fee will be refunded if	class is canceled.
This completed form and paymen			

Attn: Jackie Sullivan jsulliva@hcrhs.org 84 Route 31 Flemington, NJ 08822