



Dr. Sundar Math Center
Summer 2019 – SAT Math Prep Workshop

Email: drsundarmathcenter@gmail.com

I. Registration/Application Form (One per student)

Student Name: _____ Sex: ___F ___M
Parent/ Guardian Name: _____
Mailing Address: _____
Home Phone: _____ Emergency or Cell Phone: _____
Email Address (Student): _____
Email Address (Parent/Guardian): _____
Grade Level in Fall 2019: Circle: Senior Junior Sophomore Freshman Other: _____
School Name: _____ City: _____
Anything we need to know about the participant (allergies, etc.) _____

II. Consent to Participate in the Summer 2019 – SAT Math Prep Workshop

- (Student’s Name) _____ has my consent to participate in the **Summer 2019 – SAT Math Prep Workshop** offered through Dr. Sundar Math Center Inc. Any videos, photos, and comments of/ from participants while engaged in the program may be used only for the publicity, education, and other training purposes benefiting the program.
- I understand that my child must abide by the rules in order to participate in the program.
- Parent/ Guardian Signature: _____ Date: _____

As a participant of the **Summer 2019 – SAT Math Prep Workshop**, I will abide by all the rules.

- Student Signature: _____ Date: _____

(Required)

III. How to Enroll:

Mail the completed Registration/Application Form and Check to:

Dr. Sundar Math Center; 3848 McHenry Avenue # 135, Box 225, Modesto, CA 95356

Make Check for “\$500.00” payable to: “Dr. Sundar Math Center, Inc.”