

## **PERISCOPE TEST PREP CLASSES AT FGHS** **SPONSORED BY CLC**

Through a partnership with the Community Learning Center in the Forest Grove School District, Periscope Books & Tutoring is able to offer after school test prep classes at no charge to students enrolled at Forest Grove High School. Some home school enrollments are also eligible for this federally funded program. Students may register through Periscope or the CLC.



**FGHS ACT CLASS:** This registration includes a copy of Cracking the ACT, one complete practice test administered at FGHS, analysis of the practice test by the instructors and individual score report, 10 hours of classroom instruction in writing, reading, math and science reasoning, and 7 hours of monitored classroom practice, during which students may approach the instructor with questions.

This class is capped at 25, and is appropriate for juniors taking the ACT at FGHS on March 17th. It meets at FGHS. Students may take the 4:30 bus.

### **Dates and Times:**

**Saturday, January 17, 8:00 a.m. – 12:00 p.m. (Practice Test)**  
**Tuesdays and Thursdays, January 20 – March 12, 3:20-4:25**



**INSTRUCTORS:** **Lorri Nandrea** has a Ph.D. in English from Northwestern University and fifteen years of experience teaching high school and college reading and composition. She will help students grasp grammatical rules, identify and correct weaknesses of style, and strengthen critical reading and reasoning skills. **Paula White** has a Master's degree in mathematical physics from the University of Oregon. She will help students review algebra and geometry and share strategies for approaching the more difficult problems on these tests.

**TO REGISTER, FILL OUT THE ATTACHED FORM AND RETURN IT TO PERISCOPE OR THE CLC.**

# **HURRY! SPACE IS LIMITED.**

**REGISTRATION FORM FOR ACT CLASS AT FOREST GROVE HIGH SCHOOL CLC**

\_\_\_ FGHS ACT Class (must be eligible for the Community Learning Center at Forest Grove High)

**Dates and Times:**

**Saturday, January 17, 8:00 a.m. – 12:00 p.m. (Practice Test)  
Tuesdays and Thursdays, January 20 – March 12, 3:20-4:25**

Student’s Name\_\_\_\_\_

Parent/Caregiver\_\_\_\_\_

Mailing Address\_\_\_\_\_

E-mail(s) \_\_\_\_\_

Phone number(s)\_\_\_\_\_

Student’s age\_\_\_\_\_ Grade in school:\_\_\_\_\_ Student ID\_\_\_\_\_

Two emergency contacts if parent can’t be reached:

Name/Number:\_\_\_\_\_

Name/Number:\_\_\_\_\_

Language(s) spoken at home:\_\_\_\_\_ Student’s primary language\_\_\_\_\_

**Transportation: My child will** \_\_\_Ride the bus \_\_\_Drive \_\_\_Be picked up \_\_\_Walk

**If the student has any allergies or medical conditions, please list:**

**Parent/Guardian Permission:** I, the undersigned parent or guardian, having legal custody of the student named above, give him/her permission to attend the Test Prep Class at the CLC. If my child is not eligible for bussing, I understand that we are responsible for arranging transportation. I understand, beyond check-out time my student is responsible for his/her transportation. I agree to inform the CLC of changes to my child’s contact information or medical status. I understand that my child’s participation in this program is based upon his/her ability to follow the rules of the CLC. Membership may be suspended or canceled for misbehavior. We understand that students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the code of conduct/school policy.

Sign:\_\_\_\_\_

Date:\_\_\_\_\_