

**Gloucester Catholic High School  
SAT PREP PROGRAM**

**FALL SAT PREP COURSE**

This 10-session course is designed to prep you for the  
Saturday, November 6, 2021 - SAT test date.

2:45-PM-4:45PM

Classes will take place in Room 104.

Tuesday, October 5	Thursday, October 7
Tuesday, October 12	Thursday, October 14
Tuesday, October 19	Thursday, October 21
Tuesday, October 26	Thursday, October 28
Tuesday, November 2	Thursday, November 4

**There will be an option for remote meetings**

(If you prefer individual remote, please contact Mr. Walt Kruc directly for details)

**\*FACE MASKS WILL BE REQUIRED & MUST BE WORN AT ALL  
TIMES WHILE IN THE SCHOOL BUILDING\***

**\*\*Cost: \$500.00**

**Please make checks payable to Mr. Walt Kruc.**

**Please turn checks into the School Counseling Office.**

**Please note: this DOES NOT include SAT test fee/registration.  
You must register on line at [sat.org/register](https://sat.org/register).**

Mr. Kruc can be reached directly at 856-904-6953 or by email  
at [wjkruc@comcast.net](mailto:wjkruc@comcast.net)

GCHS

FALL 2021 SAT PREP REGISTRATION

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Homeroom: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please read each statement below and place a check in the space provided:

\_\_\_\_\_ I am electing to enroll my child in a SAT Prep program at Gloucester Catholic HS and understand that there is no guarantee that my child's scores will increase.

\_\_\_\_\_ I recognize that it is my responsibility to provide transportation home for my child at the end of each session.

\_\_\_\_\_ I agree to receive email and/or text messages regarding any class cancellations, practice questions, general SAT prep information.

\_\_\_\_\_ I recognize that it is my responsibility to register my child for the SAT testing at [collegeboard.com](http://collegeboard.com).

I would like to sign up for the following SAT PREP COURSE:

FALL 2021 SAT PREP Course\*

I am interested in the remote meeting option for my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*Payment in full required 1 week prior to start date.

Please **make checks payable to Mr. Walt Kruc** & turn in to Gloucester Catholic School Counseling Office with registration form.

Mr. Kruc can be reached directly at 856-904-6953 or by email at [wjkruc@comcast.net](mailto:wjkruc@comcast.net)