



**PSAT Test Registration Form
October 14, 2009**

Please print.

Student Name: _____ **Grade:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Current School: _____

Email: _____

The cost for the PSAT Test is \$30. Students are to arrive at the Academy by 7:50 am. Testing is from 8am until noon.

Method of payment:

Check enclosed

Charge my credit card:

Type of card: VISA MasterCard Discover American Express

Account Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

**Please return this form to P.O. Box 9003, Beckley, WV 25801 or fax to 304-929-1626
Attn: Mrs. Wriston.**