



## ACT Prep Commitment Form

The Cherokee Nation Foundation and The Princeton Review have partnered together to offer a **free, 6-week** ACT prep class to high school **juniors and seniors** who are citizens of Cherokee Nation. *(Lower grades are welcome if space is available, AND if they have had Alg. 1, Alg. 2 and one semester of Geometry)*

This class is free of charge to you, but normally costs over \$600. You will be provided with materials that you will need to bring to each class, as well as receive homework assignments you will need to complete between classes. You are required to register for the October ACT and agree to be on time and stay for the entire class

**If a student is not a citizen of a federally recognized tribe, the cost of the class is \$150.**

The Cherokee Nation Foundation will:

- Provide a certified Princeton Review Instructor
- Provide an ACT prep manual and two practice tests

*(No materials may be sold or used in a paid workshop without permission.)*

Students, please initial to indicate you agree to do each of the following:

- \_\_\_\_\_ Submit the most recent **OFFICIAL** ACT score report with your application
- \_\_\_\_\_ Register for the official ACT before the deadline
- \_\_\_\_\_ **Attend every class for the entire set time & take the practice mid test**
- \_\_\_\_\_ Complete all homework assignments
- \_\_\_\_\_ Sign and return the “Release of Records” form

### **Please circle which location you are registering for:**

*Class locations are subject to change if the number of participants is too low.*

Ft. Gibson HS - Mondays

Sallisaw – CASC – Tuesdays

Pryor – NE Tech Center - Thursdays

### **Sign below if you agree to the above terms.**

\_\_\_\_\_  
Student name (Print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
High School

\_\_\_\_\_  
Student Cell Phone

\_\_\_\_\_  
Student email (Use one that is checked frequently)

### **PARENTS:**

*By signing this form, you agree that your child may enroll for this class and will abide by the terms described. You also agree to share official ACT scores with the Cherokee Nation Foundation.*

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

\_\_\_\_\_  
Parent email

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work or Home Phone

You may return completed forms to Jennifer Sandoval  
**NO LATER THAN SEPTEMBER 11 or OCTOBER 23**  
Email: [j.sandoval@cherokeefoundation.org](mailto:j.sandoval@cherokeefoundation.org)  
Fax: 918-207-0951



## Release of Records

I \_\_\_\_\_ (parent or guardian) hereby authorize Cherokee Nation Foundation (CNF) or their agent or representative, to inspect, review and make copies, including photostatic copies or digital copies, of all records indicating official ACT test scores pertaining to \_\_\_\_\_ (student) from the date of his or her first enrollment at their high school to their graduation date. Photostatic copies or digital copies of this authorization will be considered as valid as the original. CNF promises that these records are only used for donor and grant funding sources and all student information remains confidential.

\_\_\_\_\_ Please initial if you give the Counselor or Registrar permission to send student records with official ACT scores to a Cherokee Nation Foundation representative.

*\*If the student is **UNDER** the age of 18, use this signature block:*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Parent or guardian's name (please print)

Dated: \_\_\_\_\_

*\*If student is over the age of 18 years, use this signature block:*

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Student name (please print)

Dated: \_\_\_\_\_