

Plumstead Christian School 2010-2011 ePrep.com (PSAT / SAT / ACT Prep) Registration

Student Information:

First Name

Last Name

Present Grade

Email Address

Year of Graduation

Parent/Guardian Information (optional):

First Name

Last Name

Email Address (*parent email must be different from student email*)

Payment Information: Complete this form and send it with \$25 (cash or check to PCS) to:

Plumstead Christian School
ePrep Registration
5765 Old Easton Road, P.O. Box 216
Plumsteadville, PA 18949

_____ **OPTION 1: I would like to be scheduled into the Cyber Room to work on this program**

_____ **OPTION 2: Do not schedule me for this program at school; I plan to do it at home.**

Once registration is complete, Mr. Dressler will contact you regarding scheduling.

For questions or additional information, please contact:

Mr. Don Dressler
ddressler@plumsteadchristian.org
(215) 766-8073 Ext. 211

Office Use Only: SPW: _____ PPW: _____

Fee Paid: \$ _____ check# _____ Date: _____