ELITE PREMIER

SCHEDULE SURVEY SHEET

Student Name: _____ **Grade & School:** _____

Academic Subject / Course: _____

Test Prep (Please Circle):

SAT Prep **ACT Prep** → With Science | Without Science

Accommodations

Extended Time: _____

Preferred Schedule (Please Circle All Available Time Slots):

DAY	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SUBJECT
Monday	*CLOSED*				
Tuesday	4:00 - 6:00	6:00 - 8:00			
Wednesday	4:00 - 6:00	6:00 - 8:00			
Thursday	4:00 - 6:00	6:00 - 8:00			
Friday	4:00 - 6:00	6:00 - 8:00			
Saturday	9:00 - 11:00	11:00 - 1:00	1:30 - 3:30	3:30 - 5:30	
Sunday	*CLOSED*				

Notes & Remarks: