

ACT SIGN-UP FORM FOR FALL 2023

Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_ I DO plan to take the ACT on Tuesday, October 17<sup>th</sup>. I understand that the cost of this test is \$49, and the money is due by October 5<sup>th</sup>. I also understand that I will have to complete or update my information on MyACT.org once I receive the ACT information sheet and before I take the ACT on October 17<sup>th</sup>.

\_\_\_ I DO NOT plan to take the ACT on Tuesday, October 17<sup>th</sup>. I understand that I cannot change my mind AFTER the October 5<sup>th</sup> deadline.

\_\_\_\_\_

Student Signature

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Parent Signature