



GOVERNOR LIVINGSTON HIGH SCHOOL

Berkeley Heights, NJ 07922
(908)464-3100 FAX (908)464-7508



Mr. Robert B. Nixon, Jr.
Principal

Mrs. Tara M. Oliveira
Assistant Principal

Mr. Lawrence N. Seid III
Assistant Principal

September 14, 2018

Dear 9th, 10th and/or 11th grade parent/guardian,

Once again this year at Governor Livingston High School, we are excited to offer an amazing opportunity for your student to take the PreACT test. ACT will provide actionable insights and tools for early and effective planning. This test will give you and your student a series of benefits:

- practice on an ACT level test
- an ACT predictor score
- an ACT Interest Inventory result (a personalized view of college and career alignment)

This achievement test, identified by ACT to be most appropriate for 10th graders, is being offered to our 9th, 10th and 11th grade students in order to prepare them for the ACT. Please find the test information below:

Date:	Thursday, November 8, 2018
Check-In:	8:00am-8:25am (room assignments will be given out at this time)
Test Start Time:	8:30am
Test End Time:	12:00pm **
Cost:	\$27

If you are interested in this opportunity, please fill out the PreACT Registration Form and return it to Mr. Seid's office prior to Tuesday, October 2, 2018.

If you have any questions or concerns please reach out to the Assistant Principal's Office by calling 908-464-3100 ext 2525 or email lseid@bhpsnj.org.

Sincerely,

Robert B. Nixon, Jr.
Principal

** Students utilizing testing accommodations may finish after 12:00 PM

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PreACT Registration Form

Please return this form to Mr. Seid's office prior to Tuesday, October 2, 2018

Space is limited so hurry up and register today!

Student First Name: _____ Student Last Name: _____

Student Email (bhpsnj.org) _____ Grade Level _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Email: _____

I understand that my student will be taking the PreACT at GLHS on November 8th from 8:00am to 12:00pm

Parent Signature: _____

Emergency Contact Number 1: _____

Emergency Contact Number 2: _____

Check # _____ (Make checks payable to GLHS in the note/memo write *PreACT*)

Amount Paid: _____ \$27 _____

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