



# SOAR® Parent Guarantee Agreement

If the *SOAR® Online Applications* are used with fidelity, we guarantee that your child will experience the following improvements:

- ✓ 0.5 increase in GPA
- ✓ 20% improvement in student confidence and attitude, as measured by the pre and post Study Skills Scorecard
- ✓ 30% reduction in missing assignments

...or we will issue you a full refund for your purchase.

**To be eligible for this guarantee, please complete and sign the agreement below and email ([info@studyskills.com](mailto:info@studyskills.com)) to us within 14 days of the date of your purchase.**

\_\_\_\_\_ I understand that this guarantee is valid for 12 months from the date of purchase.  
Initial

\_\_\_\_\_ I have read the Guarantee Redemption Form (page 2) and understand the  
Initial information/usage that I must verify in order to receive a refund.

Parent Name:	Parent Phone:
Date of Order:	Order Number:
Street Address:	City, State, Zip:
Child's Name:	Child's Username/Email (app login):
Parent's Email (at time of order):	

\_\_\_\_\_ Parent's Name (Print)

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Date

We hope you find this program to be an enjoyable and empowering resource for your child. However, our program does not walk, talk, teach, or touch lives like you do! Only you can bring the compassion and encouragement to this program that are absolute cornerstones to your child's success. We appreciate the commitment and dedication you make to your child's education!

**Please email this completed and signed form to SOAR® Learning Inc. at [info@studyskills.com](mailto:info@studyskills.com) • ATTN: Curriculum Guarantee**



# SOAR® Parent Guarantee Redemption Form

I have used the SOAR® Online Applications with fidelity and my child has NOT achieved the following benchmarks:

- 0.5 increase in GPA
- 20% improvement in student confidence and attitude, as measured by the pre and post Study Skills Scorecard
- 30% reduction in missing assignments

Therefore, I am requesting a refund for the program.

I have verified the following portions of the SOAR Online Application have been completed:

- \_\_\_ All lessons have been completed over an appropriate amount of time for effective learning (online application access once per week until course completion).
- \_\_\_ All of the lesson quizzes have been completed.
- \_\_\_ All of the available PDF forms have been completed (saved or printed/handwritten)
- \_\_\_ The final exam has been completed.

Parent Name:	Parent Phone:
Date of Order:	Order Number:
Street Address:	City, State, Zip:
Child's Name:	Child's Username/Email (app login):
Parent's Email (at time of order):	

Please help us improve and provide details about why the online application did not work to your satisfaction. (Use the back of this page for additional details.)

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What suggestions do you have for improving the online application?

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Please complete this form and email to:  
info@studyskills.com • ATTN: Curriculum Guarantee