



## Request for Pre-Admission Testing

Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Grade 2020/2021 School Year \_\_\_\_\_

Current School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Non refundable testing fee: \$50.00

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For Office Use Only:

Testing Fee Paid: \_\_\_\_\_

Testing Scheduled: \_\_\_\_\_

Test Results Received: \_\_\_\_\_

Parent's Contacted: \_\_\_\_\_