



Request for Pre-Admission Testing

Student's Name _____

Student's Date of Birth _____

Current Grade Level _____

Grade Entering 2025/2026 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: _____