GROUP ACHIEVEMENT TESTING

April 3, 2012

REGISTRATION FORM

Please print clearly

LIST EACH STUDENT TO BE TESTED. FILL OUT FORM COMPLETELY AND SIGN

Name (as it should appear on permanent records)			**Grade Level Of Test**	**Date of Birth**	**Male or Female**	**Name for Class roll**
Last	**First**	**Middle**				

* Does your child/children have any special considerations that we need to be aware of? Please explain on back of form.

_____

Parent's Name

_____

Address City ZIP

_____

Phone Number

Member of HINTS? Yes or No

_____

E-Mail Address (please print legibly)

# of tests ordered _____ x $50.00 (K-1 grades) $_____

# of tests ordered _____ x $35.00 (2-3 grades) $_____

Make checks payable to ***HINTS***.

Mail to: Elizabeth Dickson
5206 Jupiter Hills Ct..
Charlotte, NC 28277

# of tests ordered_____ x $25.00 (4-12 grades)$_____

Total # of tests _____ x $10.00 (for non-HINTS)$_____

Total test cost $_____

REGISTRATIONS WITH PAYMENT MUST BE POSTMARKED BY 1/31/12.

How will you help? Please number your job preferences 1, 2. (If you have additional children who will require childcare, please indicate that information. We will make every effort to use families who do not have a childcare conflict. However, if we need additional workers, you will be required to provide childcare for your children away from the testing site.)

____Administrator ____ Proctor _____No Preference ____I will need to make arrangements for childcare.

**Parent's Statement: I understand there will be no refunds or changes made after the registration deadline. I also understand the test will only be administered with the group. I will not be allowed to stay in the testing room with my child, to view the test or make special requests for room assignments and administrators.

_____

(PARENT'S SIGNATURE REQUIRED TO REGISTER)

NO OTHER FORM WILL BE ACCEPTED FOR REGISTRATION. THIS FORM MUST BE SIGNED AND SENT WITH YOUR PAYMENT.