

## **FWAHS ACHIEVEMENT TEST REGISTRATION (May 7-9, 2018)**

**(Please print)**

### **PARENT INFORMATION:**

**NAMES** \_\_\_\_\_  
Last name Father Mother

**ADDRESS** \_\_\_\_\_  
street  
City state zip

**PHONE** (\_\_\_\_) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**Cell Phone/Emergency Contact** (\_\_\_\_) \_\_\_\_\_

**NOTE:** Most communication can be done by email – your email address will not be used for any purposes not associated with testing. The use of email helps FWAHS to keep costs low for testing. If you have a cell phone, please list that as well. This should be a number where you can be reached during testing, in case there is an issue (sickness, etc) with your child.

### **STUDENTS BEING TESTED**

Last name needed only if different from parent's last name. *The name that is listed below will appear on the student's testing records, please be sure to give the full first name. We will use the nickname on anything unofficial (rosters, nametags, etc.)*

Name (First, Middle Initial, Last)	Nickname	Grade	Gender	Date of Birth	Spec Needs

**FEES ENCLOSED** (Make check payable to FWAHS -- Check # \_\_\_\_\_):

<b><u>Stanford Achievement Test Fees</u></b>	# of Students		
Second-Third Grade Students:		x \$45 (single parent \$24) =	
Fourth-Twelfth Grade Students:		x \$35 (single parent \$19) =	
		<b>TOTAL ENCLOSED</b>	

\_\_\_\_\_ I would like to volunteer to administer tests. Grade level (s) preferred: \_\_\_\_\_

\_\_\_\_\_ I am available to help as hall monitor

\_\_\_\_\_ One or more children has special needs (please send details to the coordinator at testing@fwahs.org)

Have you enclosed: \_\_\_\_ completed registration form? \_\_\_\_ check payable to FWAHS?

**Registrations must be postmarked by March 1. Send registration to:**

**Kristin Huff, 3442 S. Washington Rd., Fort Wayne, IN 46802**