



**ADMISSION TESTING APPLICATION
STUDENT INFORMATION**

Grade Going Into: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous School Attended: _____

Has this student ever repeated a grade? If yes, please explain.

Has this student ever been suspended? If yes, please explain:

To assist us in administering today's test:

Does this student have an IEP/504 or other accommodations? If yes, please explain.

Has this student been diagnosed with ADD or ADHD? If yes, please explain.

PARENT CONTACT INFORMATION

Name: _____ Phone: _____

Amount due: \$50

OFFICE USE ONLY: Paid Cash or Check