

# Request for SB10 Private School Scholarship Student to Participate in State Assessments

Student Name (Last, First, MI)	Student Date of Birth
Student's Grade	Student's School
Parent/ Guardian Name (Last, First, MI)	Parent/ Guardian Primary Phone Number
Parent/ Guardian Secondary Phone Number	Parent/ Guardian email address
Parent/ Guardian Street Address	Parent/ Guardian City, State, Zip

**Requested Assessment(s) (check all that apply)**

<u>Assessment</u>	<u>Administration Date(s)</u>	<u>Registration Must be Received by:</u>
<input type="checkbox"/> Grade 8 Writing Assessment	January 18, 2008	December 14, 2007
<input type="checkbox"/> Georgia High School Writing Test	February 27, 2008	January 16, 2008
<input type="checkbox"/> Grade 5 Writing Test	March 5, 2008	January 23, 2008
<input type="checkbox"/> Georgia High School Graduation Tests	April 1-April 4, 2008	February 19, 2008
<input type="checkbox"/> Criterion-Referenced Competency Tests	April 28-May 2, 2008	March 17, 2008

Will the student require assessment accommodations?  Yes  No

(If yes, please attach description and documentation of requested accommodations and submit with this form.)

**Forms may be submitted via mail to:**

Assessment Administration Division, GaDOE  
 1554 Twin Towers East  
 205 Jesse Hill Jr. Drive SE  
 Atlanta, Georgia 30334

**Forms may be submitted via fax to:**

(404) 656-5976