

REGISTRATION FORM

Please type or print:

Parents _____

Address _____

City _____

Zip _____ Phone _____

E-mail _____

Student Names

(Last name only if different from parent's)

Name	Age	Test Level
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Name	Age	Test Level
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Name	Age	Test Level
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Name	Age	Test Level
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Your child will be issued a test booklet for the full testing session. If it is written in or defaced, it must be replaced at the cost of \$25 per booklet. The parent or guardian must assume responsibility for this as well as any damage to testing facilities caused by the child. Your signature below indicated your agreement to this responsibility..

Parent/Guardian Signature

of tests

Level 12 @ \$27* _____

Level 13 @ \$27 _____

Level 14 @ \$27 _____

Level 15 @ \$27 _____

Level 16 @ \$27 _____

Level 17 @ \$27 _____

Level 18 @ \$27 _____

Level 19 @ \$27 _____

Level 20 @ \$27 _____

Level 21/22 @ \$27 _____

* At selected locations only

TOTAL _____

Late registrations add \$15/test

TOTAL _____

Teacher scoring: add \$15/test

TOTAL _____

TOTAL AMOUNT ENCLOSED _____

DATE & LOCATION:

Make checks payable to:

Carrie Patterson or Salmon Creek Learning Center

Send registrations to:

Salmon Creek Learning Center

P.O. Box 65042

Vancouver, WA 98665