



## TEST APPOINTMENT (FORM A)

CHILD'S NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

APPLYING FOR GRADE: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_ MOTHER WORK : (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_  
email \_\_\_\_\_

\_\_\_\_ FATHER WORK: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_  
email \_\_\_\_\_

PLEASE PLACE A CHECK BESIDE THE NUMBER WE SHOULD CALL TO SET UP A TEST APPOINTMENT.

RELIGION: \_\_\_\_\_

CHURCH: \_\_\_\_\_

PASTOR: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN IN THE HOME \_\_\_\_\_

WILL YOUR CHILD REQUIRE A TRANSLATOR FOR TESTING? YES NO

### OFFICE USE

FEE PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

TEST DATE \_\_\_\_\_

TIME: \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_

Curr.Sch. Teacher (B) \_\_\_\_\_

Pastor Form (C) \_\_\_\_\_

Application \_\_\_\_\_

Student Info. (D) \_\_\_\_\_

3231 GA Immunization \_\_\_\_\_

Current School Transcript Release \_\_\_\_\_

Report Card \_\_\_\_\_

Standardized Test Scores \_\_\_\_\_