

## Request for SB10 Private School Scholarship Student to Participate in 2008-2009 State Assessments

Student Name (Last, First, MI)	Student Date of Birth
Student's Grade	Student's School
School Contact	School 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 21, 2009	December 12, 2008
<input type="checkbox"/> Georgia High School Writing Test	February 25, 2009	January 14, 2009
<input type="checkbox"/> Grade 5 Writing Test	March 4, 2009	January 21, 2009
<input type="checkbox"/> Georgia High School Graduation Tests	March 30 – April 3, 2009	February 16, 2009
<input type="checkbox"/> Criterion-Referenced Competency Tests	May 4-8, 2009	March 16, 2009

**Will the student require assessment accommodations?**  Yes  No

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

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

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

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

(404) 656-5976