**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 |
|  |  |  |
| 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)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Assessment | Administration Date(s) | Registration Must be Received by: |
|  | Georgia Milestones End of Grade (EOG) | April 3 – May 5, 2017 | January 27, 2017 |

Will the student require assessment accommodations as indicated in the text on the previous page?

Yes No

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

Forms may be submitted via mail to:

Georgia Department of Education

Assessment Division

Attention: Deborah Houston

[dhouston@doe.k12.ga.us](mailto:dhouston@doe.k12.ga.us)

1554 Twin Towers East

205 Jesse Hill Jr. Drive SE

Atlanta, Georgia 30334

Forms may be submitted via fax to:

(404) 656-5976