**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

1554 Twin Towers East

205 Jesse Hill Jr. Drive SE

Atlanta, Georgia 30334

Forms may be submitted via fax to:

(404) 656-5976