



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:
<input type="checkbox"/>	Grade 8 Writing Assessment	January 22, 2014	December 13, 2013
<input type="checkbox"/>	Georgia High School Writing Test	February 26, 2014	January 10, 2014
<input type="checkbox"/>	Grade 5 Writing Test	March 5, 2014	January 17, 2014
<input type="checkbox"/>	Georgia High School Graduation Tests	March 17 – 28, 2014	January 31, 2014
<input type="checkbox"/>	Criterion-Referenced Competency Tests	April 14 – 25, 2014	January 31, 2014

Will the student require assessment accommodations? 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 Administration Division
 1554 Twin Towers East
 205 Jesse Hill Jr. Drive SE
 Atlanta, Georgia 30334

**Forms may be submitted via fax to:
 (404) 656-5976**