



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 23, 2013	December 14, 2012
<input type="checkbox"/>	Georgia High School Writing Test	February 27, 2013	January 11, 2013
<input type="checkbox"/>	Grade 5 Writing Test	March 6, 2013	January 18, 2013
<input type="checkbox"/>	Georgia High School Graduation Tests	March 18 – 29, 2013	February 1, 2013
<input type="checkbox"/>	Criterion-Referenced Competency Tests	April 15 – 19, 2013	February 1, 2013

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**