



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)

<input type="checkbox"/>	Assessment	Administration Date(s)	Registration Must be Received by:
<input type="checkbox"/>	Georgia High School Writing Test	February 25, 2015	January 9, 2015
<input type="checkbox"/>	Georgia Milestones End of Grade (EOG)	March 30-May 1, 2015	January 30, 2015

Will the student require assessment accommodations as indicated in the memorandum? 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