

**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"/> | Georgia Milestones End of Grade (EOG) | April 4 – May 6, 2016  | January 29, 2016                  |

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**