

STANFORD 10 ACHIEVEMENT TEST SIGN-UP SHEET

Tuesday, April 9th & Thursday, April 11th

Cost: \$37/per child for non-H S A families

Make checks payable to H S A (put "testing" in memo section) - Payment due BY March 18th

No refunds will be given after March 18th

Please mail check and information to H S A/PO Box 407/Springfield MO/65801

If you are not able to get your payment to me by mail before the deadline, we can make arrangements for you to drop it off at our co-op on Mondays. Please email me for more info on that.

Parent's Name	Date(s) to Volunteer	Would you like to Proctor (administer test) or Assist?	Children in the Nursery?
	Tues. 4/9 or Thurs. 4/11 Choose a date or Either or Both	Proctor/Assist/Either One	Y or N

Child's Name	Gender	Date of Birth	Grade To Be Tested
	M or F		
	M or F		
	M or F		
	M or F		

Address:

Phone Number:

Email:

Do any of your children have food allergies?: Yes _____ No

If Yes, please list:

Do any of your children need to take medications during testing? Yes _____ No

If Yes, please list:

Office Use Only: Amount Paid: _____ Cash or Check # _____ Date Paid:

Envelope: Sign-up Sheet: _____ Consent Form: _____ Nursery Form: