

STANFORD 10 ACHIEVEMENT TEST SIGN-UP SHEET

Tuesday, April 25th & Wednesday, April 26th

Cost: \$45/per child for non-HSA families, a parent is required to work both days of testing
Make checks payable to HSA (put "testing" in memo section) - Payment due by March 20th
No refunds will be given after March 20th
Please mail check and information to HSA, PO Box 407, Springfield, MO. 65801-0407

Parent Name _____

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: _____

Number of children for Nursery care: _____

Office Use Only: Amount Paid: _____ Cash or Check # _____ Date Paid: _____
Envelope: _____ Sign-up Sheet: _____ Consent Form: _____ Nursery Form: _____