

# REGISTRATION FORM

Please type or print:

Parents \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Student Names

(List last name only if different from parent's)

\_\_\_\_\_  
Name Age Test Level

\_\_\_\_\_  
Name Age Test Level

\_\_\_\_\_  
Name Age Test Level

\_\_\_\_\_  
Name Age Test Level

Your child will be issued a test booklet for the full testing session. If it is written in or defaced, it must be replaced at the cost of \$25 per booklet. The parent or guardian must assume responsibility for this as well as any damage to testing facilities caused by the child. Your signature below indicated your agreement to this responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

Level # of tests

Level 12 @ \$28\* \_\_\_\_\_

Level 13 @ \$28 \_\_\_\_\_

Level 14 @ \$28 \_\_\_\_\_

Level 15 @ \$28 \_\_\_\_\_

Level 16 @ \$28 \_\_\_\_\_

Level 17 @ \$28 \_\_\_\_\_

Level 18 @ \$28 \_\_\_\_\_

Level 19 @ \$28 \_\_\_\_\_

Level 20 @ \$28 \_\_\_\_\_

Level 21/22 @ \$28 \_\_\_\_\_ TOTAL \_\_\_\_\_

\* At Woodland and East Vancouver locations only

**Late registrations** add \$10/test TOTAL \_\_\_\_\_

**Teacher scoring:** Add \$15/test TOTAL \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

**Make checks payable to:**

Carrie Patterson or Salmon Creek Learning Center

**Send registrations to:**

Salmon Creek Learning Center

P.O. Box 65042

Vancouver, WA 98665