FAITH ACADEMY OF MARBLE FALLS

PLACEMENT TESTING REGISTRATION FORM Dates for Fall 2018 enrollment

For Office Use Only: Date Rec'd		
Amount Rec'd	Cash	Initial
Contacted Date	_//_	Initial

In order to complete registration for placement testing, please fill out and return this form with your one time testing.

STUDENT INFORMATIO	<u>N:</u>								
Student Name:					cu	_current / sibling / new (Circle one)			
applying for grade:	Age:	[Date of Birth	:		-			
ast School Attended:									
las your child had acader □ Dyslexia □ Other	☐ ADHD/A	ADD	□ Dysgra	aphia					
Please check one of the formula in t	ollowing: first time to tes	t at Faith A	Academy.			te test date.	//.		
esting is based on the ntends to enroll. Please						he level fo	which yo	our child	
inglish: K 1 st 2	n nd 3 rd	4 th 5 ^t	th 6 th	7 th	8 th 9 th	10 th	11 th	12 th	
lath: K 1 st 2	n nd 3 rd	4 th 5 ^t	th 6 th	7 th	Pre-Algebra	Algebra I	Geometry	/	
					Algebra II	Pre-Cal	Calculus	5	
<u>cience:</u> (applies to 10 th -1	I2 th grades)	Ch	Chemistry (10 th)		Ad	Advanced Science (11 th -12 th)			
ARENT INFORMATION	<u>l:</u>								
arent(s) name(s)									
hone number where you	ı may be reach	ed while yo	our child is te	sting					

Please indicate what date you will be here for testing: ______

Testing must be scheduled 24 hours in advance.

Please check-in at the Faith Academy office 10 minutes prior to your testing time.