FAITH ACADEMY OF MARBLE FALLS

PLACEMENT TESTING REGISTRATION FORM Dates for Fall 2019 Enrollment

For Office Use Only: Date Rec'd		
Amount Rec'd Check#	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

	<u>N:</u>										
tudent Name:								_current / sibling / new (Circle one)			
Applying for grade:	Age:		Date	of Birth	:						
_ast School Attended:											
Has your child had acader Dyslexia Other	☐ ADHD/	ADD		Dysgra	aphia		:				
Please check one of the formula This is my child's in the My child has teste	ollowing: first time to tes	st at Faith	n Acade	emy.			imate	e test date	<i>!!</i>		
Testing is based on the on the ontends to enroll. Please							cle th	ne level fo	r which yo	our chil	
English: KP K 1 st 2 ^r	nd 3rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	
<u>Math:</u> KP K 1 st 2 ^r	nd 3rd	4 th	5 th	6 th	7^{th}	Pre-Alge	bra	Algebra I	Geometry	y	
						Algebra	a II	Pre-Cal	Calculus	8	
Science: (applies to 10 th -1	2 th grades)	1	Chemistry (10 th)			Advanced Science (11th-12th)					
PARENT INFORMATION	<u>.</u>										
Parent(s) name(s)											
	may be reach	ed while	your ch	nild is te	esting_						

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

Testing must be scheduled 24 hours in advance.

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