



ADMISSIONS TESTING REGISTRATION

Grades K-12

Please complete and return this information for testing and attach a check for \$125 per child. Checks should be made payable to Central Academy at Lake Park. This covers the cost of services by an examiner, scoring of the test, the test, and social skills forms. Upon receipt of the application fee, the testing fee, and this form, we will contact you by phone to schedule testing.

Please print clearly.

Child Name _____ Current Grade Level _____

Parent Name _____

Address _____

Home Phone _____ Cell Phone _____

Has your child been diagnosed with a learning disability? yes no *If yes, please explain* _____

Does he/she have an IEP? yes no

Has your child taken the Stanford Achievement Test within the past six months? yes no *If yes, please provide a copy of the results to us.*

You will also receive social skills rating forms as part of the admissions testing process. Depending on the grade of your child, you will receive a parent, a teacher, and a student form. Please note that if your child takes the Stanford Achievement Test at his/her current school, we will still need to have the social skills rating forms completed as part of the admissions process. The fee for these social skills forms is \$25. Please attach a check for the amount to this form and note above that the Stanford Achievement Test has been completed.

RESCHEDULE/CANCELLATION POLICY

Reschedule/Cancellation: Forty-eight (48) hours notice is required to reschedule or cancel a testing appointment without incurring a fee. To reschedule or cancel an appointment, a parent should call the Academy and leave a message for the Admissions Director.

Rescheduling Fee: Without 48-hours notice, a \$35 fee must be paid in cash before another appointment will be scheduled.

Refund Policy: The testing fee will be fully refunded with 48-hours notice of appointment cancellation.

I have read and understand the Central Academy procedures for testing and rescheduling/canceling scheduled appointments. I understand that I will be contacted to schedule an appointment for my child.

Parent's Signature _____ Date _____

Payment Rec'd Date _____ Check #/Cash _____ Amt \$ _____ Date Contacted Parent to Schedule Testing _____

Date Testing Scheduled _____ Date Test Preview/Prep Guide Sent _____ Other Information _____