

Test Registration Form for Hawaii March 2010

Sarah R. Olbris

Tester/Evaluator

1-757-456-9659

www.thetestinglady.com

Judith B. Munday

Special Needs Tester/Evaluator

1-877-418-6264

www.helpinschool.com

**Send registration and checks payable to Michelle Thompson to:
4672 Lexington Blvd., Honolulu, HI 96818**

Parent or guardian's name _____

Student's name _____ Date of Birth _____ Grade _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell _____

E-mail address _____ (This will be used to communicate with you about testing only. We will not forward things and we will not give your address to anyone else.)

_____ Iowa group test _____ Woodcock-Johnson _____ WRAT

_____ special needs test (Complete Woodcock-Johnson with follow up)

Test date request _____ a.m. p.m. (The Iowa will only be given on March 22-23 from 9-12 noon)

Science and Social Studies for Iowa* YES / NO
(* additional charge for 3rd – 8th grades; no charge high school)

Total amount enclosed _____ Check # _____

Self-addressed stamped #10 size envelope enclosed _____

Parent or Guardian Signature _____

For office use only

_____ Test Date _____ Post Card _____ Late fee (#1)

_____ Test Time _____ SASE _____ Late fee (#2)

_____ Test Type _____ Deposit _____ Late fee (#3)

_____ Sci. and Soc. _____ Balance Paid _____ Post Mark