

Test Registration Form for Hawaii

Sarah R. Olbris

Tester/Evaluator

1-757-478-6886

www.thetestinglady.com

**Paypal payments and online registrations preferred.
Paper registrations and checks payable to Sarah R. Olbris
116 Indian Woods Rd, Elizabeth City, NC 27909-9507**

Parent or guardian's name _____

Student's name _____ Date of Birth _____ Grade _____

Address _____ City _____ Island _____

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.)

_____ Woodcock-Johnson _____ WRAT

Test date request _____ a.m. p.m.

Total amount enclosed _____ Check # _____

Self-addressed stamped #10 size envelope enclosed _____ (For Iowa and those not registering by email.)

Parent or Guardian Signature _____

For office use only

_____ Test Date	_____ Confirm.	_____ Deposit
_____ Test Time	_____ SASE	_____ Balance Paid
_____ Test Type		_____ Late fee
_____ Sci. and Soc.	_____ Post Mark	_____ Location