

*Sarah R. Olbris Tester/Evaluator
116 Indian Woods Rd.
Elizabeth City, NC 27909-9507
TEL (757) 456-9659
www.thetestinglady.com*

Test Registration Form

Parents or guardian's name _____

Student's name _____ Date of Birth _____ Grade _____

Address _____ City _____

State _____ Zip _____ Phone _____ Cell _____

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

Circle test choice:

Iowa Evaluation Woodcock-Johnson AAB WRAT Portfolio

Test date request _____ **a.m.** **p.m.**
(Circle one for Iowa tests only)

Science and Social Studies (extra charge) YES / NO

Total amount enclosed _____ Check # _____

I understand that the balance due is based on the date paid. The earlier I pay the balance due, the less I will owe!

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