

*Sarah R. Olbris Tester/Evaluator*  
*116 Indian Woods Rd., Elizabeth City, NC 27909*  
*TEL (757) 456-9659*  
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Please send this form and the non-refundable \$10 registration fee per child to Sarah by the end of August. Please use one form per student.

Class for which you are registering \_\_\_\_\_

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ alternate or cell phone \_\_\_\_\_

Parent cell \_\_\_\_\_ student cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency contact \_\_\_\_\_

\_\_\_ I have purchased a textbook (and solutions manual where required) for this class.

\_\_\_ I need to rent a text book from Sarah. I understand that they are available on a first come, first served basis.

I have read, understand, and am willing to comply with the information in this letter.

Parent signature \_\_\_\_\_

Student signature \_\_\_\_\_

For office use only

PM \_\_\_\_\_ ck# \_\_\_\_\_ amt. \_\_\_\_\_ reg. \_\_\_\_\_ other

\_\_\_\_\_