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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:

Evaluation **Woodcock-Johnson** **AAB** **Portfolio** **WRAT**

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

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