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Test Registration Form

Parents or guardian's name _____

Student's name _____ Date of Birth _____ Grade _____

Address _____ City _____

State _____ Zip _____ Best phone number _____ text? Y N

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

Brigance without SEP Brigance with SEP

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