

Ruth Cooper, M.Ed. - Tester/Evaluator
Sarah R. Olbris - Tester/Evaluator
142 Yorkshire Court, Portsmouth, VA 23701
757.456.9659 - *www.thetestinglady.com*

Test Registration Form

Parent or Guardian Name _____

Student 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:

Woodcock-Johnson WRAT Evaluation Brigance without SEP
AAB Portfolio WISC-V WAIS 5 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