

LOGOS PREPARATORY ACADEMY
K-2
PLACEMENT TESTING REGISTRATION FORM

For Office Use Only: Date Rec'd _____ Amount Rec'd _____ Check# _____ Cash _____ Initial _____ Contacted ___ Date ___/___/___ Initial _____

In order to complete registration for placement testing, please fill out and return this form with \$79 per student to Logos Preparatory Academy. You may turn in this form with your supplemental application materials.

STUDENT INFORMATION:

Student name: _____ current / sibling / new (Circle one)

Check one: Male _____ Female _____ Applying for grade Fall 2012: _____

Last school attended, if applicable. If homeschooled, write "homeschooled" and list curriculum used.

TESTING FOR ENROLLMENT:

Testing is based on the grade for which the student is applying. Please circle the level for which your child intends to enroll. Please note that results may warrant additional testing. **Note: You will only need to test your child for kindergarten if he or she will not be 5 years old by September 1st of the enrollment year.**

K

1st

2nd

PARENT INFORMATION:

Parent(s) name(s) _____

Full mailing address _____

Home telephone number _____

Email address _____

Number where you may be reached while your child is testing _____

Please check one of the following:

- This is my child's first time to test at Logos.
- My child is retesting. Please list the last approximate test date. ____/____/____

YOU WILL BE CONTACTED TO SCHEDULE A TEST WITHIN A WEEK OF REGISTERING.