

Fax to 707-256-4313 or mail to:  
Kolbe Academy  
Standardized Testing Service  
1600 F Street  
Napa, CA 94559

## Kolbe Academy's Standardized Testing Service REGISTRATION FORM

Sorry, we cannot accept registrations outside of the U.S.A.

Grades 1-12 Pricing:  
• \$45/per test

Parents' Names: Father (first name) \_\_\_\_\_ Mother (first name) \_\_\_\_\_ Family (last name) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Exact date (MM/DD/YY) you would like to administer test(s): \_\_\_\_\_

Please register your child's name EXACTLY as it will be written on the test. Please list the grade level of the test you want.

| <u>Student's Name</u>                             | <u>Birth Date</u> | <u>Testing Grade Level</u> | <u>Amount</u> |
|---|-------------------|----------------------------|---------------|
| _____<br>First Middle Initial Last (if different) | _____             | _____                      | \$ _____      |
| _____<br>First Middle Initial Last (if different) | _____             | _____                      | \$ _____      |
| _____<br>First Middle Initial Last (if different) | _____             | _____                      | \$ _____      |
| _____<br>First Middle Initial Last (if different) | _____             | _____                      | \$ _____      |
| _____<br>First Middle Initial Last (if different) | _____             | _____                      | \$ _____      |

(Please write additional names on the back of this form. Be sure to include full name, date of birth and Testing Grade Level.) **Total:** \$ \_\_\_\_\_

### Method of payment:

VISA  MASTER CARD  DISCOVER CC #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check CK# \_\_\_\_\_

**IMPORTANT:** Please initial below that you have read and understand the following:

\_\_\_\_\_ I agree to read all testing instructions carefully upon receipt. I acknowledge that Kolbe Academy is not responsible for any unscorable tests. I understand that all testing materials are on loan from Kolbe Academy and that I am responsible for any lost or unreturned materials at an additional cost of \$100 per test. I further acknowledge that all materials must be returned to Kolbe Academy within three (3) weeks of receipt.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_