

# IOWA Testing Registration Form

Return this completed form and your total payment to ensure registration  
Mail or bring to:

## Covenant Home School Resource Center

1117 East Devonshire Avenue, Phoenix, AZ 85014 602.277.3497

Parent/s Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ AZ Zip Code \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_ Testing Location \_\_\_\_\_

CHSRC Member (Circle One) Yes No If Yes, CHSRC Membership expires: Month \_\_\_\_\_ 20\_\_\_\_\_

Register student/s for testing by filling in the block and circling the information below:

<i>Student Name</i>	<i>Grade level for testing</i>	<i>Date of Birth</i> <small>Month, Day, Year</small>	<i>Gender</i> <small>Circle One</small>	<i>Testing Dates &amp; Location</i>	<i>Testing Fee</i> <small>See information page for correct fee</small>	<i>Practice Booklet Requested</i> <small>Circle one</small>	<i>Practice Book Fee</i> <small>Circle if Requested</small>	<i>Practice Book Mailing Fee</i>	<i>Total Cost for this student</i>
			F M			Yes No	\$3.00	\$1.75	
			F M			Yes No	\$3.00	\$1.75	
			F M			Yes No	\$3.00	\$1.75	
			F M			Yes No	\$3.00	\$1.75	
			F M			Yes No	\$3.00	\$1.75	

\$5 / Family Late Registration Fee (If Applicable) \_\_\_\_\_

**Total Amount Included** \_\_\_\_\_

**Refunds:** Only 50% is available up to 1 week prior to your scheduled test, after that no refund available

Office Use Only: Cash MO Paypal Check # \_\_\_\_\_ Amount\$ \_\_\_\_\_ Date Received \_\_\_\_\_ PT Sent \_\_\_\_\_ QB \_\_\_\_\_ Reg Bk \_\_\_\_\_ RN Sent \_\_\_\_\_