

# IOWA/Stanford 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 Type</i> <small>Circle one</small>	<i>Testing Dates</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	I S			Yes No	\$3.00	\$1.50	
			F M	I S			Yes No	\$3.00	\$1.50	
			F M	I S			Yes No	\$3.00	\$1.50	
			F M	I S			Yes No	\$3.00	\$1.50	
			F M	I S			Yes No	\$3.00	\$1.50	

\$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 _____
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