



**2022-2023 School Year
State Placement Test
Application**

Student Information

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth : _____

Gender: _____ Race: _____

Grade: _____

All of the above information is required for testing.

Public School Attending in 2022-2023 _____

Check One:

<input type="checkbox"/>	Student qualifies for accommodations
<input type="checkbox"/>	Student does not qualify for accommodations

A copy of the student's current IEP, IAP, or EL checklist must be provided for the student to receive the accommodations.

Parent Information

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone Number : _____

Parent email: _____

Once application is received, a phone call will be made to set testing dates.

This is a two-day assessment.

A confirmation email will be sent to confirm registration.

Email application to Karen.kety@stpsb.org

For more information, you can email Karen.kety@stpsb.org or call 985.898.6481.