

TANGIPAHOA PARISH SCHOOL SYSTEM
GEE LEAP/EOC TESTS
REGISTRATION FORM Session _____ Year _____

This is information for registration for the State GEE LEAP /EOC test. Please review information below and fill out the appropriate column.

- OR**
- Column A – NON – Graduates EOC test** must complete the appropriate registration information below in **Column A**.
- Column B – NON-Graduates** GEE Tests (Grades 10 or 11), must complete the appropriate registration information below in **Column B**.

Complete the student information on the form at the bottom of this page and return via:

1. mail to the address at the bottom of the page
2. scan or email – andre.pellerin@tangischools.org
3. or fax to the number indicated – 748-2455

Column A – Non-Graduates EOC	Column B –Non-Graduates GEE
<p>TEST NEEDED- Please put a Check by test needed.</p> <p>_____ Algebra I _____ Geometry _____ English I _____ English II _____ English III _____ EOC Biology _____ Biology _____ U.S. History</p>	<p>TEST NEEDED- Please put a Check by test needed.</p> <p>_____ English Language Arts _____ Math _____ Science _____ Social Studies</p>
<p>Students will be tested at the school within their attendance zone or school attended INDICATE NAME OF SCHOOL BELOW:</p>	<p>Students will test at the school within their zone or alternative location. INDICATE NAME OF SCHOOL BELOW.</p>
<p>CHECK SPECIAL NEEDS: Check appropriate</p> <p>Special Education 504 LEP</p>	<p>CHECK SPECIAL NEEDS: Check appropriate</p> <p>Special Education 504 LEP</p>
<p>Note: A copy of IEP or 504 Accommodations MUST be attached. (NO EXCEPTIONS!)</p>	<p>Note: A copy of IEP or 504 Accommodations MUST be attached. (NO EXCEPTIONS!)</p>

PLEASE PRINT

Student's Name: _____ Check Appropriate: _____ Male _____ Female

Address: _____

City/State/Zip: _____ Telephone Number: _____

Student's Social Security Number: _____ Birth Date: _____

School _____ Expected Graduation _____ Year _____

NOTE: Social security numbers are used as testing identification numbers only. All students' social security numbers are kept confidential.

Signature: _____

Registration Forms must be received _____

Return all forms to the attention of Andre Pellerin by email at andre.pellerin@tangischools.org or

Mail to 59656 Puleston Road, Amite, Louisiana 70422 or FAXED TO (985) 748-2455