

St. Bernard Parish School System

Grade 4: May 1-3, 2024 (ELA & MATH) COMPUTER BASED TESTING

- Approximately a 3-hour window each day

Grade 8: April 23-25, 2024 (ELA & MATH) COMPUTER BASED TESTING

- Approximately a 2 ½ hour window each day

SPRING 2024 - STATE TESTING REGISTRATION FORM

Please return this form to the St. Bernard Parish School Board Office by April 5, 2024.

The school board office is located at 200 East St. Bernard Highway, Chalmette, LA 70043. The form must be mailed or hand delivered since payment must be included with registration. You need to ask to speak with or put to the attention of: Jeannie Lannes or Lona Cook when delivering or mailing to the school board office. You will receive a letter **via email** notifying you that your child was registered for the assessment. The letter will contain information regarding the testing time and location approximately two weeks prior to the start of testing.

Check one of the following:

_____ **Nonpublic School Student**

(\$35 fee per content area(s) tested) Payment must be included with registration form.

This would be a payment of \$70 for a student taking the ELA and Math assessments.

_____ **State Approved Home Study Student**

_____ **District approved virtual learning**

Student's Name: _____

Last Name

First Name

Middle Initial

Date of Birth: _____ **Current Grade Level:** _____ **Gender:** _____ **Race:** _____

Parent(s)/Guardian(s): _____

Physical Address: _____ **City:** _____ **Zip:** _____

Email address (where testing information will be sent): _____

Daytime Phone Number: _____ **Evening Phone Number:** _____

Emergency Phone Number: _____ **Name of Emergency Contact:** _____

School your child plans to attend for the 2024-2025 school year: _____

Testing Information: Does your child receive standardized testing accommodations? Yes/No/Unsure

If yes, please list the accommodations needed. Documentation must be provided from your current school to show these accommodations were given throughout the school year.

Special Education Accommodations: _____

504 Disability Accommodations: _____

(For Office Use Only)

Date Received: _____ **LASID:** _____

Test Site Assignment: _____ **Dates Contacted and confirmed:** _____