



LEAP TEST REGISTRATION FORM - SPRING 2026

Parents of home study or nonpublic school students requesting to take the Spring 2026 LEAP 2025 assessments should complete the form below and return it to Amy Ard at the TPSS Technology Center, 795 S. Morrison Blvd. Hammond, LA 70403. 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 Amy Ard when delivering or mailing. 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.

- ★ The test cost is \$35 per content area for Non-Public School Students
- ★ Money orders made out to Tangipahoa Parish School System must be sent with the Registration form.

Test Window: April 1- May 15

Student Status

- Nonpublic (\$35 fee per content area(s) tested) State Approved Home Study Student (*LDOE covers cost*)
- Enrolled in Nonpublic School (list below)
- Transferring from an out-of-state school
- Home Study(Not State Approved)

Name of School or Home Study Program: _____

NAME OF DISTRICT GRADE-Proper SCHOOL:

Students are tested at the grade-appropriate school within their district attendance zone. <https://shorturl.at/9TbmH>

Test to be taken: Check One

- Grade 3 LEAP Grade 5 LEAP Grade 7 LEAP
- Grade 4 LEAP Grade 6 LEAP Grade 8 LEAP

Subjects to be taken: Check all that apply

- English/ Language Arts (\$35) Math (\$35) Science (\$35)
- English I (HS \$35) Algebra I (HS \$35) Biology ((HS \$35)
- English II (HS \$35) Geometry (HS \$35) Social Studies (\$35)
- US History (HS \$35) Civics (HS \$35)

Special Needs: Check all that apply

Note: A copy of IEP or 504 Accommodations MUST be attached. (NO EXCEPTIONS!)

- Special Education 504 EL Plan (LEP)

PLEASE PRINT

Student's Name : _____ Gender: Male Female
Social Security Number: _____ Birthdate: _____
Race: _____ Grade: _____

Parent/ Guardian Name: _____
Address: _____
City/State/Zip: _____ Phone Number: _____

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

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

Parent / Guardian's Signature: _____

Email questions to Amy Ard at amy.ard@tangischools.org
Registration Forms must be received by March 15, 2026.

For Office Use Only

Date Received: _____ Date Contacted and Confirmed _____
Test Site Assignment: _____ Fees Collected _____