



**Home Education/PEP
PSAT/NMSQT
Registration Form**

Student Information

_____ (Last Name) _____ (First Name) _____ (Mid. Initial)

Date of Birth: _____

SSD ID if you have been approved to test with accommodations: _____

Ethnicity: ☐ Hispanic or Latino	Gender: ☐ Female ☐ Male
Race: ☐ American Indian/Alaskan Native	
☐ Asian	
☐ Black or African American	
☐ Native Hawaiian or Other Pacific Islander	
☐ White	

Address: _____

Health Concerns:

Grade Level:

_____ Please indicate the appropriate grade level if your child was enrolled in a public school.

Zoned School: _____

Parent Information

Parent(s) Name: _____

Parent(s) Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Emergency Telephone Number: _____

Email Address: _____

Assessments

Please indicate the test site where your child will participate:

- ☐ Atlantic High School

- ☐ Deland High School

Test Information: Thursday, October 22, 2026 – participating students must report to the Main Office and provide proper identification (preferably a photo ID). The test is expected to take about 2 hours and 15 minutes.

In signing this form parent accepts responsibility regarding the following issues:

- The Parent/Guardian agrees to provide transportation for the student to and from school at the time(s) prescribed by the principal of the school. When you return this form, ask what time students should report to the main office on the test day.
- The student shall abide by the rules and regulations of the Code of Student Conduct and Discipline/Student and Family Policy Guide. (Please Note: Any student determined to be in violation of the Code of Student Conduct and Discipline by school officials may be removed immediately from the testing site and will be prohibited from completing the test session from which they were removed and from returning for any additional testing. The parent/guardian will then be required to come to the school to pick up the student immediately.)
- The parent/guardian shall provide the school with all appropriate phone numbers including emergency numbers should the child become ill.
- The parent/guardian shall notify the school of any health concerns of the student for which they must be aware.

Parent Signature

Date