TANGIPAHOA PARISH SCHOOL SYSTEM
EST. 1896

LEAP TEST REGISTRATION FORM - SPRING 2027

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 12

Student Status

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

☐ **State Approved Home Study Student *(LDOE covers cost)***
Grades 3-8

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 4 LEAP
☐ Grade 5 LEAP
☐ Grade 6 LEAP
☐ Grade 7 LEAP
☐ Grade 8 LEAP

Subjects to be taken: Check all that apply

☐ English/ Language Arts (3-8) ($35)
☐ English I (HS $35)
☐ English II (HS $35)
☐ Math (3-8) ($35)
☐ Algebra I (HS $35)
☐ Geometry (HS $35)
☐ US History (HS $35)
☐ Science (3-8) ($35)
☐ Biology ((HS $35)
☐ Social Studies (3-8) ($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:** _____

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

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

Parent / Guardian's Signature: _____

Email questions to Amy Ard at amy.ard@tangischools.org

Registration Forms must be received *by March 12, 2027.*

For Office Use Only

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