FLORIDA HOME EDUCATION PROGRAM
TEST REGISTRATION FORM

In order for your child to participate in the Spring 2012 FCAT in Writing, Reading, Mathematics, and Science; and/or End-of-Course (EOC) Assessments for Algebra 1, Geometry and Biology, you must fax this form to The School Board of Sarasota County, Florida, Research, Assessment and Evaluation Department, 941-927-4021, on or before **Friday, February 3, 2012.**

Student's Name	Florida ID. Number	Grade Level

PLEASE INDICATE THE TEST(S) IN WHICH YOUR CHILD WILL PARTICIPATE

_____ **FCAT SSS Writing (Grades 4, 8, and 10)**

_____**FCAT SSS Reading (Grades 3-10) and Mathematics (Grades 3-8)**

_____ **FCAT SSS Science (Grades 5 and 8)**

_____**Algebra I EOC**

_____**Geometry EOC**

_____**Biology EOC**

Upon approval by the Research, Assessment and Evaluation Department, you will be assigned to a school site for testing. You must take the stamped, approved form to the assigned school on the day of testing along with picture ID in order for your child to participate in the FCAT,

_____
Parent's/Guardian's Signature

_____
Print Parent's/Guardian's Name

_____
Address

_____
City **Zip**

(_____)_____
Telephone

For FHEP Use Only:

Assigned School Loc:
School Name:

FHEP Approval:

REQUEST FOR ACCOMMODATION:

If your child requires special format materials (i.e., large print or Braille) or accommodations to access his/her education or assessments, please indicate the nature of any accommodations requested for testing below. All requests for accommodations must be accompanied by supporting documentation at the time of registration.

My child uses the following accommodations on a regular basis to access his/her education and I am requesting those accommodations for the test(s):
_____
District Office Use Only: Supporting Documentation provided: ___ Most recent IEP (expiration date: _____) ___ Copy of medical or psychological evaluation (date _____) ___ Other (specify) The accommodation(s) requested ___ can ___ cannot be provided, as follows: _____