

# BASIC SKILLS ASSESSMENT & EDUCATIONAL SERVICES

## Group Test Registration Form

Father/Guardian: \_\_\_\_\_ Test Date \_\_\_\_\_  
First Last  
Mother/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Last  
Mailing Address: \_\_\_\_\_  
Street  
City, State ZIP Email: \_\_\_\_\_

*\*The Profile is an optional report that shows how your student performed in regards to specific learning objectives measured by the test.*

Student	Date of Birth	Grade Level for Testing	Profile*	
			YES	NO
_____ First Last	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____ First Last	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____ First Last	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____ First Last	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### Testing Fees

Testing total (at \$40.00 per student): \$ \_\_\_\_\_

Profile (at \$7.00 per student): \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Please make checks payable to:  
BASIC SKILLS**

Your signature below affirms that you assume full responsibility for your children while they are on the Basic Skills campus or testing facility and that you will pick up your children immediately at the conclusion of the testing.

\_\_\_\_\_  
Parent/Guardian's Signature

"CTB is licensor only of the basic data used in this testing and makes no warranty with regard to the accuracy or quality of the scoring and reporting prepared and furnished by its licensees."