

NBHSA 2011 TESTING REGISTRATION

Parent Name _____

Address _____

E-mail Address _____

Phone _____ Cell phone _____

Please circle two days that you are able to work during testing. Volunteer roles include helping with children of teachers and helpers kindergarten age and under, assisting a teacher in the classroom, signing children in/out, and room setup and take down. We will do our best to accommodate your choices. You will be notified by phone to confirm the dates.

Wednesday, April 27 Thursday, April 28 Friday, April 29

Any special circumstances that we need to know about: _____

CHILDREN TO BE TESTED (no nick-names or abbreviations please):

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>D.O.B.</u>	<u>Grade Testing</u>
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

Children needing nursery when parent volunteers (must be 6 or younger):

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

Member: \$50, per student Amt. Pd. _____ Cash or Check # _____

Non-member: \$65, per student Amt. Pd. _____ Cash or Check # _____

Signature _____ Date _____