

## ITBS Testing

WCA Parents:

To sign up for the May ITBS testing (May 22<sup>nd</sup>, 23<sup>rd</sup>, and 24<sup>th</sup>, 2017, at Second Baptist Church, 2504 Moody Road, Warner Robins), please complete the following certification form. Send the form, along with the \$30 **per test** fee by April 10, 2017.

Make checks payable to **Wynfield Christian Academy**.

Mail to: **Barbara Raines, 110 Palm Dr., Warner Robins, GA 31088**

Questions: Email Barbara Raines at [braines@wynfieldca.org](mailto:braines@wynfieldca.org)

### CERTIFICATION:

I certify that the test(s) are in no way being used for the purpose of preparing my child(ren) or practicing for a later administration of the same or similar test in any public or private school or for purposes of advanced placement in a public or private school. I agree to maintain full security of the testing materials and not discuss test content with any other parent or with any child(ren), including my child(ren). I understand that my signature below is legally binding.

Signature of parent: \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Phone # for testing days \_\_\_\_\_

Names and **grade levels** of all students being tested with the tests on this order: Attach a separate listing if necessary. Grades 3<sup>rd</sup> to high school only. (For 1<sup>st</sup>-2<sup>nd</sup> grades, contact Barbara Raines)

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

I am willing to help: (check area you are willing to help)

Test Administrator (4 year degree)  Test proctor  childcare  registration/dismissal

Childcare will be provided for **test administrators, proctors, and other helpers only**. Please fill in the following if you are volunteering and will need childcare.

Child's name \_\_\_\_\_ age \_\_\_\_\_ nursery or playground

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**PLEASE NOTE: Please provide a snack (non messy items only) and a drink for each of your students. If you are not helping in some area and plan to stay on the campus of the church, please keep all children not being tested with you. Also, there should be NO gathering in the testing halls; you are welcome to meet in the gym. We want to maintain a quiet atmosphere during testing hours. PARENTS PLEASE NOTE—ABSOLUTELY NO CELL PHONES OR ELECTRONIC DEVICES ARE TO BE BROUGHT INTO THE TESTING ROOMS BY STUDENTS.**