

**Suwannee County Schools
Homeschool
FSA, NGSSS, EOC Enrollment Form, 2018-2019**

Test(s) Requested: _____ (refer p.2, testing schedule)

Name: First: _____ Middle: _____ Last: _____

Florida ID Number: _____ **you must have a FL ID to test

Date of Birth: _____ (mm/dd/yyyy)

Grade Level: _____ (current grade level, AD for students in adult high school program, 13 for students who were in Grade 12 last year and have returned to school for an additional year)

Gender: _____ (M, F)

Ethnicity: Hispanic/Latino _____ Yes of No

Race: Check all that apply.

_____ **American Indian or Alaska Native** _____ **Asian** _____ **Black or African American**
_____ **Native Hawaiian or Other Pacific Islander** _____ **White**

*Accommodations: Documentation must be provided (Primary Exceptionality, Section 504, ESE/504, ELL) upon submission of form.

Submit this Test Registration Form to **Jennifer Barrs** via email, or US mail.
jennifer.barrs@suwannee.k12.fl.us, 415 Pinewood Drive SE, Live Oak, FL 32064

****Enrollment Form MUST be completed and received by February 11, 2019** in order for your child to participate in assessment(s). You will be given a time and place for testing once your form has been processed.

If you need help or have any questions about completing this form, please call Jennifer Barrs @ 386-647-4243

Contact Name: _____ Phone: _____

Email Address: _____ Today's Date: _____

District Use Only	
Tests:	Contacts and Other Documentation
EOC:	