

## City of Baker School System Home/Private School Test Registration

[Please print or type]					
Last Name		/ First Name	// First Name		_
Social Security Number: 1		Birth D	ate:	Female Male	
Parent(s) / Guardian(s) N	ame:				_
Mailing Address:	No.	Street Name	Apt. No.	City	Street Zip Code
Daytime Phone:		Home Phone: (Name)		e Phone:	
CBSS Public School where your child will test:					
Grade Level and Test Requested (check ✓ only 1 below)					
		LEAP 2025 3-8 Assessments	High Scl Assessme		
		3th 4th 5th	EOC/HS LI ACT WorkKeys	EAP 2025	
		6th 7th 8th	Graduation Examination (e retesters only)		
A \$35.00 processing fee is required with the application, payable by Money Order are certified check.					
year school session. Re LA. 70704. <b>The regis</b>	turn or fax, (2 <b>tration dead</b>	ed Home School Applic 25.774.5797), the registra line for testing is 30 day principal or the school te	ation form to the City ys prior to the start	of Baker School System of the testing window	. After you receive this
		AI	PPROVED:		
Parent or Guardian Signature			Kimberly LeSage, Ph.D. Supervisor of Accountability, Assessment, and Evaluation		
Date:			Date:		_