

## Consent to Testing

I give permission for Atholton Adventist Academy to test my son/daughter. I understand that after the testing results are completed, I will be notified and a meeting will be held to discuss the results.

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Parent/Guardian Signature

Date

Testing is requested to determine your child's academic progress so we can best serve his or her needs. This is not to be considered a complete battery of tests, but it will help the teachers evaluate your child's individual needs.

If your child has had any prior testing of this kind, it is important for the school to have a copy of the testing results so additional testing is not administered unnecessarily.

For Office Use Only:

Testing Date and Time: \_\_\_\_\_

Testing Location: \_\_\_\_\_