**2019 STANFORD ACHIEVEMENT TEST – Grades 1 - 12**

**TESTING LOCATION:**  **The Pillar Foundation**, 15820 Clayton Rd, Ellisville, MO  63011

**TESTING DATES: TUESDAY** May 21th, **WEDNESDAY** May 22st & **THURSDAY** May 23, 2019

**TIME:**  8:30 A.M. to 12 noon

**NOTE**: Not all grades need attend each day**.** However, please plan on students attending each day from 8:30 till 12.  We will let you know via email of any schedule changes.

**TESTING FEE:** $50.00 for first student in grades 4th and up.

$60.00 for first student ingrades 1-3.

Note: Prices reduced from prior years.

\*1st through 3rd grade tests cost $10.00 more from the publisher because the tests are in a different format than in grades 4 -12.

**The testing fee includes the cost of the test, taxes, administration fee, facility donation, physical supplies needed for testing such as paper, pencils, cleaning supplies etc., scoring, postage and detailed report.**

**Please Note:  Stanford Testing in West County is NOT a non-profit organization.**

**TO REGISTER:** Complete registration form and make check out to **Kathy Side** and send via:

**USPS mail:** Registration and check to:  Mary Miles, 9001 Burton Ave, Overland, MO  63114

**EMAIL:** Scan completed form and email to Mary Miles at**:**[**mmmaralie@hotmail.com**](mailto:mmmaralie@hotmail.com)

Mail check Mary Miles, 9001 Burton Ave, Overland, MO  63114

**DEADLINES: REGISTRATION DUE:        April 15, 2019**

**PAYMENT POSTMARKED: April 15, 2019**

**For more information** concerning registration, payment, or schedule of testing contact:

Kathy Side at:  **stlouisstanfordtesting@gmail.com**

**For more information** concerning the content of the test, contact:

Bob Jones Testing Assistance:  1-800-845-5731

**IMPORTANT: Registration confirmation will be emailed to you upon receipt of your application and payment.**

This will be the **ONLY** confirmation you will receive from us to let you know that we received your testing order.

If you do not receive any confirmation or information by April 17th, contact us **immediately.**

Make-up testing for sickness, tardiness etc. will be handled on an individual basis based on proctor availability.

**TEST RESULTS will be emailed to you by the second week of July.**

\*Once you have registered, please be diligent to check your emails as vital information will be sent through your email address.

----------------------------------------(Retain first page as a reminder –  Mail in second page with check.)-------------------------------------------https://docs.google.com/drawings/u/1/d/s-NIqMDdyNkDBvusBG3O7wA/image?w=15&h=11&rev=1&ac=1

Submit this completed form, along with a check (made out to Kathy Side) to:

Mary Miles, 9001 Burton Ave, Overland, MO  63114

[**mmmaralie@hotmail.com**](mailto:mmmaralie@hotmail.com)

**Family Information   \*Please print clearly to help us avoid misspelled names.  All Information requested is required.**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name (Husband / Wife): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone or emergency phone to be used if necessary on day of testing: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Testing information and reminders will be sent by e -mail unless otherwise requested here.**

**In ordering these test materials, the fees paid are for the use of, and NOT for the purchase of the tests.**

**Student Information: (Please print clearly – Use back of form for additional students)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade you wish your student to test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade you wish your student to test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade you wish your student to test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade you wish your student to test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“A student is considered to be home schooled if the *majority* of the child’s academic education is privately funded and provided at home rather than in a classroom setting.   Students whose education is home-based but provided by a publicly funded school would not be considered to be home schooled for the purposes of these tests.” –BJU Press 2006 T & E catalogue

I hereby certify that I have met all of my state’s requirements for homeschooling, and I am currently a homeschooling parent as outlined in the preceding paragraph.  The test(s) currently being ordered is/are for my homeschooled child(ren). I further certify that the test(s) are in no way being used for the purpose of preparing the students or practicing for a later administration of the same or a 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_