**TANGIPAHOA PARISH SCHOOL SYSTEM**

**GEE LEAP/EOC TESTS**

**REGISTRATION FORM Session \_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_**

 This is information for registration for the State GEE LEAP /EOC test. Please review information below and fill out the appropriate column.

**Column A – NON – Graduates EOC test** must complete the appropriate registration information below in **Column A**.

**OR**

**Column B - NON-Graduates GEE** Tests (Grades 10 or 11), must complete the appropriate registration information below in **Column B**.

 Complete the student information on the form at the bottom of this page and return via:

1. mail to the address at the bottom of the page
2. scan or email – andre.pellerin@tangischools.org
3. or fax to the number indicated – 748-2455

|  |  |
| --- | --- |
| **Column A – Non-Graduates EOC** | **Column B –Non-Graduates GEE** |
| **TEST NEEDED- Please put a Check by test needed.**\_\_\_\_\_ Algebra I \_\_\_\_\_ Geometry \_\_\_\_\_ English I \_\_\_\_\_ English II \_\_\_\_\_ English III \_\_\_\_\_ EOC Biology \_\_\_\_\_ Biology \_\_\_\_\_ U.S. History | **TEST NEEDED- Please put a Check by test needed.****\_\_\_\_\_** English Language Arts\_\_\_\_ Math\_\_\_\_ Science\_\_\_\_ Social Studies |
| Students will be tested at the school within their attendance zone or school attended INDICATE NAME OF SCHOOL BELOW: | Students will test at the school within their zone or alternative location. INDICATE NAME OF SCHOOL BELOW. |
| **CHECK SPECIAL NEEDS: Check appropriate** | **CHECK SPECIAL NEEDS: Check appropriate** |
|  Special Education |  Special Education |
|  504 |  504 |
|  LEP |  LEP |
| Note: A copy of IEP or 504 Accommodations MUST be attached. (NO EXCEPTIONS!) | Note: A copy of IEP or 504 Accommodations MUST be attached. (NO EXCEPTIONS!) |

**PLEASE PRINT**

Student's Name: Check Appropriate: Male Female

Address:

City/State/Zip: Telephone Number:

Student's Social Security Number: Birth Date:

School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ Expected Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year

NOTE: Social security numbers are used as testing identification numbers only. All students’ social security numbers are kept confidential.

Signature:

**Registration Forms must be received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return all forms to the attention of Andre Pellerin by email at andre.pellerin@tangischools.org or

Mail to 59656 Puleston Road, Amite, Louisiana 70422 or FAXED TO **(985) 748-2455**