**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](mailto: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](mailto:andre.pellerin@tangischools.org) or

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