

2009 SAT Registration Form

Please Print Clearly

Registration and payment **MUST** be RECEIVED
by Friday, May 15, 2009

Parent(s): _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Cell Phone: _____

E-mail: _____

Emergency Name: _____

And Phone: _____

Please print child's name (listing last name only if different than
parents), preferred Test/Grade Level and Date of Birth.

Name: _____

Test/Grade Level: _____ DOB: ___/___/___

Name: _____

Test/Grade Level: _____ DOB: ___/___/___

Name: _____

Test/Grade Level: _____ DOB: ___/___/___

Name: _____

Test/Grade Level: _____ DOB: ___/___/___

Name: _____

Test/Grade Level: _____ DOB: ___/___/___

Name: _____

Test/Grade Level: _____ DOB: ___/___/___

Grade 2: _____ @\$47= _____

Grade 3: _____ @\$47= _____

Grade 4: _____ @\$42= _____

Grade 5: _____ @\$42= _____

Grade 6: _____ @\$42= _____

Grade 7: _____ @\$42= _____

Grade 8: _____ @\$42= _____

Grade 9: _____ @\$42= _____

Grade 10: _____ @\$42= _____

Grade 11: _____ @\$42= _____

Grade 12: _____ @\$42= _____

Total = \$ _____

Please send your registration
with full payment to:

Renton Testing
11702 SE 157th St.
Renton, WA 98058

If you have any questions,
please contact Dave and
Charlyn Bartlett at
rentontesting@gmail.com