



## Statewide Assessment Program Enrollment Form

### *Home Education Students*

To register your child for participation in the Statewide Assessment Program, please complete the following information:

#### Student Information

Enrolled Grade: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Zoned School: \_\_\_\_\_

#### Assessment Information

Please indicate which exam(s) your child will need to take (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> FSA English/Language Arts Exam | <input type="checkbox"/> Geometry EOC Exam   |
| <input type="checkbox"/> FSA Mathematics Exam           | <input type="checkbox"/> Civics EOC Exam     |
| <input type="checkbox"/> FCAT 2.0 Science Exam          | <input type="checkbox"/> US History EOC Exam |
| <input type="checkbox"/> Algebra I EOC Exam             | <input type="checkbox"/> Biology I EOC Exam  |
| <input type="checkbox"/> Algebra II EOC Exam            | <input type="checkbox"/> Retake: _____       |

*Please return this form to:* The Office of K-12 Accountability & Assessment  
700 SW 2<sup>nd</sup> Ave, Room 306  
Okeechobee, FL 34974

**ALL FORMS MUST BE RECEIVED BY FEBRUARY 12, 2016.**

In order to ensure timely delivery, please postmark all returned forms by Monday, February 8<sup>th</sup>.  
If you have any questions, please don't hesitate to contact us at (863) 462-5000 ext. 260.

\*To register students within the testing system, a Social Security Number is needed. If you have any concerns regarding this issue, please don't hesitate to contact our office.