

GHS GT & GHS WT Re-Test Registration Form

INSTRUCTIONS: Students not currently enrolled at Troup County High School must register for a re-test of any portion of the GHS GT/GHS WT. This form should be completed and submitted **3 weeks** prior to the date that you plan to take the re-test in order to guarantee that materials will be available for you and to make testing arrangements. **PLEASE PRINT.**

1) Last Name: _____ First Name: _____ MI: _____

2) Date of Birth (mm/dd/yy): _____ 3) Contact Phone Number: (____) _____

4) Mailing Address: _____
 City: _____ State: _____ Zip: _____

5) In what month and year did you exit Troup High School? (Circle 1 month & 1 year below.)

Month: December May **Year:** 2006 2007 2008 2009 2010 2011 Other: _____

6) During what school year did you **first** take the GHS GT and GHS WT? (Circle school year.)

(Hint: Students usually take these tests for the first time during their 3rd or junior year.)

School Year: 2004/05 2005/06 2007/08 2008/09 2009/10 Other: _____

7) Indicate the test(s) that you need to retake and register for by placing a check mark in the box to the left of each test in the table below.

GHS GT & GHS WT Re-Test Schedule		
Check below	Subject Test	Date
<input type="checkbox"/>	English/Language Arts	Monday, March 19, 2012
<input type="checkbox"/>	Social Studies	Tuesday, March 20, 2012
<input type="checkbox"/>	Science	Wednesday, March 21, 2012
<input type="checkbox"/>	Mathematics	Thursday, March 22, 2012
<input type="checkbox"/>	Writing	February 29, 2012

8) In the past, have you been provided special accommodations while taking the GHS GT/GHS WT and are you requesting to receive these accommodations for the re-test? **YES** or **NO**

If yes, indicate below the document that describes the accommodations you are requesting.

_____ Special Education Individualized Plan (IEP)

_____ Section 504 Individual Accommodation Plan (IAP)

_____ English Language Learner/Testing Participation Committee Plan (ELL/TCP Plan)

List/explain the accommodations that are specified in the documents. Use the back of this paper if needed. _____

9) What form of official picture ID will you be using to identify yourself at the testing site?

___ Driver's License ___ Passport ___ Other (Specify: _____)

10) Signature: _____ Date: _____

Submit this registration form by mail or deliver it to the address below:

Testing Coordinator @ Troup County High School
 1920 Hamilton Rd.
 LaGrange, GA 30241