

Registration Deadline: March 30, 2018

Central Christian Academy MAP Testing

REGISTRATION FORM FOR TESTING CCA STUDENTS

P.O. Box 1629, Goldenrod, FL 32733 • 1-800-806-2140 • Fax: 407-332-4413

Email: cca@acces-inc.com

DATE	<i>PLEASE PRINT !</i>		
PARENT'S NAME: LAST	FIRST		
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NUMBER:			
E-MAIL: (THIS IS A MUST)			
1ST STUDENT'S NAME: LAST	FIRST		
BIRTH DATE:	MALE:	FEMALE:	GRADE:
2ND STUDENT'S NAME: LAST	FIRST		
BIRTH DATE:	MALE:	FEMALE:	GRADE:
3RD STUDENT'S NAME: LAST	FIRST		
BIRTH DATE:	MALE:	FEMALE:	GRADE:
4TH STUDENT'S NAME: LAST	FIRST		
BIRTH DATE:	MALE:	FEMALE:	GRADE:
5TH STUDENT'S NAME: LAST	FIRST		
BIRTH DATE:	MALE:	FEMALE:	GRADE:
FOR CENTRAL CHRISTIAN ACADEMY OFFICE USE ONLY :			
TEACHER I.D.: _____	1ST STUDENT I.D.: _____		
2ND STUDENT I.D.: _____	3RD STUDENT I.D.: _____		
4TH STUDENT I.D.: _____	5TH STUDENT I.D.: _____		

Number of Students being tested _____ X \$15.00 = _____

We accept Checks & Credit Cards. Please indicate method of Payment and enclose Payment with Registration Form.
If using a credit card, you may fax this to us at 407-332-4413.

Check payment method used: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amer Express <input type="checkbox"/> Discover / Amount you want charged: \$ _____	
Card Number # _____ <small>Please be sure to include all digits</small>	Exp Date _____ <small>Print name exactly at it appears on the Credit Card</small>
3-digit CVI# on back of card: _____	Is address above the same as on your credit card? Yes or No _____