

2009 Spring Achievement Testing, Grades 1–7 | Order Form

Parent's Name _____

Complete Address _____

Parent's E-mail Address _____ () Phone _____

Student's Name _____ Student's ID # _____

OFFICE USE ONLY	
ACADEMY OF HOME EDUCATION #1098358	
Sold To _____	Date _____
Ship To _____	Order No. _____
Entered By _____	Date _____

Please mark the test you are ordering for this student.

AHE membership includes the cost of an achievement test (\$40). If you would like this student to take a combined achievement *and* mental abilities test (selected grades), you may do so for a charge of \$17.50. Please select ONE of the following tests for this student:

The Iowa Tests®	Combined <i>ITBS</i> ®/ <i>CogAT</i> ® (\$17.50 + tax)	Stanford Achievement Test	Combined Stanford with OLSAT (\$17.50 + tax)
<input type="checkbox"/> Grade 1 (333682)	-	<input type="checkbox"/> Grade 1 (065458)	-
<input type="checkbox"/> Grade 2 (333690)	-	<input type="checkbox"/> Grade 2 (065466)	<input type="checkbox"/> Grade 2 (065565)
<input type="checkbox"/> Grade 3 (333708)	<input type="checkbox"/> Grade 3 (333799)	<input type="checkbox"/> Grade 3 (151720)	<input type="checkbox"/> Grade 3 (151738)
<input type="checkbox"/> Grade 4 (333716)	<input type="checkbox"/> Grade 4 (333807)	<input type="checkbox"/> Grade 4 (065482)	<input type="checkbox"/> Grade 4 (065581)
<input type="checkbox"/> Grade 5 (333724)	<input type="checkbox"/> Grade 5 (333815)	<input type="checkbox"/> Grade 5 (065490)	<input type="checkbox"/> Grade 5 (065599)
<input type="checkbox"/> Grade 6 (333732)	<input type="checkbox"/> Grade 6 (333823)	<input type="checkbox"/> Grade 6 (065508)	<input type="checkbox"/> Grade 6 (065607)
<input type="checkbox"/> Grade 7 (333740)	<input type="checkbox"/> Grade 7 (333831)	<input type="checkbox"/> Grade 7 (065516)	<input type="checkbox"/> Grade 7 (065615)

Payment for shipping (per family) and/or combination testing: Canada—\$6.00 All Other Foreign Addresses—\$10.00 Minimum (to be determined by the number of tests ordered)
 Check here for rush processing—\$30.00.

CC # _____

Exp. Date _____ Cardholder's ZIP _____

Cardholder's signature _____

Check
 Please make payable (in U.S. funds) to BJU Press Testing & Evaluation at
 1700 Wade Hampton Blvd., Greenville SC 29614.

Visa MasterCard Discover

Qualified Tester's Information

Students in Grades 1–7 may be tested by an approved parent or relative according to the publisher's guidelines.

Tester's Name _____ Account No. _____ () Phone _____

Tester's Mailing Address _____ City _____ State _____ ZIP _____

Tester's Complete Shipping Address (if Different) _____ City _____ State _____ ZIP _____

Please confirm that the tester has completed the application process and has been approved by BJU Press Testing & Evaluation. The necessary application may be downloaded from www.bjupress.com/services/testing or requested by calling 1.800.845.5731. If you are ordering a Stanford test, please remember that the publisher's nonrelative requirement must be met. If ordering from March–June, a minimum processing fee of \$30 is required if your test date is less than 4 weeks from the date your order is received in our office.

Your testing date should be scheduled for mid-March. Please indicate your proposed testing date here: _____

Mail this form by **mid-January**, so that your testing materials will arrive prior to your testing date.