**SAMPLE PARENT REGISTRATION FORM**

**(ENGLISH VERSION)**

[Insert School/District Letterhead]

[Date]

Dear Parent/Guardian,

The Florida Department of Education will offer a summer administration of the Next Generation Sunshine State Standards (NGSSS) and Florida Standards Assessments (FSA) End-of-Course (EOC) Assessments, administered in selected Miami-Dade County Public Schools **on July 11-21, 2016.** Prior to the administration of the NGSSS and FSA EOC tests, courses will be provided at opened summer school locations to students who did not pass the course during a prior administration. [Home school] will/will not be opened for the test administration during Summer 2016. *[If home school will be closed.]* Your student is eligible to attend [Summer feeder school] to take the EOC test this summer.

If your child will participate in the NGSSS and FSA EOC Assessment(s), please fill out the information below and return it to the school where you will test this summer no later than June 30. You will receive notification of your student’s testing date and time at a later date via email or phone after you register with the school.

For more information about NGSSS and FSA EOC Assessments, you may visit the Department of Education’s website at <http://fcat.fldoe.org/eoc/>. Please contact [name] at [contact information] if you have any questions.

Thank you,

[name]

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**Summer 2016 NGSSS and FSA EOC Assessment(s) Registration Form**

**This form must be returned between June 13 and 30 to the school where you will test. Testing will be held between July 11 and 21; you will be notified of the day and time you are scheduled to take the test.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_

M-DCPS ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FLID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home School Location #: \_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the information below:**

 Yes My student **will** take the following Summer 2016 EOC Assessment:

* Algebra 1
	+ NGSSS
	+ FSA
* Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_