**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 End-of-Course (EOC) Assessments, administered in selected Miami-Dade County Public Schools **on July 14 – 25, 2014.** Prior to the administration of the EOC tests, courses will be provided at opened summer school locations to students who did not pass the course or the test during a prior administration. [Home school] will/will not be opened for the test administration during Summer 2014. *[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 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 26. 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 Florida 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]

Cut Here

------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Summer 2014 EOC Assessment(s) Registration Form**

**This form must be returned between June 10 and 26 to the school where you will test. Testing will be held between July 14 and 25; 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Complete the information below:**

 Yes My student **will** take the Summer 2014 EOC Assessment in the following course(s):

* Algebra 1
* Biology 1
* Geometry
* US History