



THE STUDY HALL

Education Consulting Company, LLC

Success Begins Here!



STANDARDIZED TESTING APPLICATION

TESTING DETAILS FOR 2020

To aid home school parents in the administration of this test EPIC Homeschool Network, Inc. in conjunction with The Study Hall Education Consulting Company will be administering the Iowa Test of Basic Skills (ITBS).

Dates (Select the Dates Below)

- Monday June 15 – Thursday June 18, 2020 from 10:30 a.m. to 12:30 p.m. 3rd Grade – 8th Grade

Cost

The cost for our location, materials, results AND administration of the test is listed below for Group Testing. EPIC HSN members receive a 10% discount on all testing.

- K5–3rd grade students- \$100 for the first child, \$80 for each subsequent child.
- Grades 4–12 students- \$80 for the first child, \$60 for each subsequent child.
- Special Needs students must be administered separately – \$150 each child.

Location

South Cobb Regional Library located at 805 Clay Road, Mableton, GA 30126
OR another location in Mableton, GA

Registration

To register please complete this form and email it to Andrea Hall at ahall@thestudyhalledu.com. If you only have one child, simply fill out page 2 alone and submit that.
You may also call 404-644-8391 for additional information. Registration must be received at least 4 weeks prior to the testing dates.

Child 2 Name:

Date of birth: Age:	Testing Grade Level:	Achievement Tests <input type="checkbox"/> IOWA Test (ITBS) <input type="checkbox"/> Stanford 10	Learning Ability Tests <input type="checkbox"/> OLSAT-8 <input type="checkbox"/> CogAT
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Child 3 Name:

Date of birth: Age:	Testing Grade Level:	Achievement Tests <input type="checkbox"/> IOWA Test (ITBS) <input type="checkbox"/> Stanford 10	Learning Ability Tests <input type="checkbox"/> OLSAT-8 <input type="checkbox"/> CogAT
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Child 4 Name:

Date of birth: Age:	Testing Grade Level:	Achievement Tests <input type="checkbox"/> IOWA Test (ITBS) <input type="checkbox"/> Stanford 10	Learning Ability Tests <input type="checkbox"/> OLSAT-8 <input type="checkbox"/> CogAT
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Child 1 Name:

Date of birth:	Testing Grade Level:	Achievement Tests <input type="checkbox"/> IOWA Test (ITBS) <input type="checkbox"/> Stanford 10	Learning Ability Tests <input type="checkbox"/> OLSAT-8 <input type="checkbox"/> CogAT
Age:			

PARENT INFORMATION

Parent 1 Name:

Parent 2 Name:

Street Address:

City: State: ZIP Code:

Parent 1 Phone: Parent 1 E-mail:

Parent 2 Phone: Parent 2 E-mail:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address: Phone:

City: State: ZIP Code:

TERMS AND CONDITIONS

I, the undersigned parent(s)/legal guardian(s), agree to the following terms and conditions:

- I would like for my student to be tested using the achievement test indicated above. I understand that the testing will take several days. My student is in good health and is able to participate in group testing.
- There are no known health issues that EPIC Homeschool Network, Inc. or The Study Hall Education Consulting Company, LLC, needs to take into consideration.
- I will stay on the premise during testing. Should I decide to leave the premise, I will not hold the EPIC Homeschool Network, Inc. or The Study Hall Education Consulting Company, LLC liable for any accidents or emergencies.
- I understand that the achievement test is not a pass/fail test and I will not hold the EPIC Homeschool Network, Inc. or The Study Hall Education Consulting Company, LLC responsible for my student's test scores.

In consideration of my acceptance of any instructional services/activities from the EPIC Homeschool Network, Inc. and The Study Hall Education Consulting Company, LLC, I hereby waive, release and discharge any and all claims for damages, personal injury (whether physical, mental or emotional) or property damage which I may have, or which hereafter accrue to me, against EPIC Homeschool Network, Inc. and The Study Hall Education Consulting Company, LLC as a result of my receipt of any instructional services/activities, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of receiving instructional services; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of those persons or entities mentioned above who might otherwise be liable to me for damages or equitable relief. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

By signing below I acknowledge and agree to these terms and conditions of application.

Signature of Parent 1:	Date:
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Signature of Parent 2:	Date:
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