

2018-2019

Florida Standards Assessment Test (FSA), and End of Course (EOC) Registration Form
for Home Education Program Student Participation

Registration Deadline - All Forms Must Be Received by February 28, 2019

- ✓ Participation is **optional**; however, **registration is required** to participate. If you choose to have your child take a state assessment listed, the results **must** be used as part of their Home Education Annual Evaluation.
- ✓ Please duplicate and complete a separate registration form for each student.
- ✓ ALL information must be received by the **February 28, 2019** deadline in order to process the student's registration to take any test listed. This includes: 1. Copy of the Florida Form 680 immunization form 2. FSA/EOC Registration form 3. Copy of IEP/504 accommodations (if applicable).
- ✓ Bring your copy of this completed form on the day of the test along with some form of personal identification.

NOTE: Specific test dates will be provided by the zoned school test coordinator.

Please CIRCLE Each Test to be Administered	Testing Date Window
FSA English Language Arts Writing: Grades 4-6 (paper based test)	April 2-12, 2019
FSA English Language Arts Writing: Grades 7-10 (computer based test)	April 1-12, 2019
FSA English Language Arts Reading: Grade 3 (paper based test)	April 4-12, 2019
FSA English Language Arts Reading: Grades 4-6 (paper based test)	May 2-14, 2019
FSA Mathematics: Grades 7-8 (computer based test)	May 1-24, 2019
FSA Mathematics: Grades 3-6 (paper based test)	May 6-14, 2019
FSA English Language Arts Reading: Grades 7-10 (computer based test)	May 1-24, 2019
FSA EOC: Algebra 1 and Geometry (computer based test)	May 1-24, 2019
NGSSS EOC: Civics, US History, Biology I (computer based test)	May 1-24, 2019
FSAA SSS Science: Grade 5 (paper based test)	May 9-14, 2019
FSAA SSS Science: Grade 8 (paper based test)	May 9-14, 2019

PLEASE PRINT

Follow this link to <http://www.stjohns.k12.fl.us/zoning/>

ZONED SCHOOL:
Student's Current Grade:
Student's Last Name:
Student's First Name:
Student's Middle Name:
Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Racial/Ethnic Background: <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial/ethnic
Student's Date of Birth: Month Day Year
Home Education Program School Code: 55-9998
Parent/Guardian's Name:
Parent/Guardian's Daytime Telephone Number:
Parent/Guardian's Cell Phone Number, if available:
Parent/Guardian's Mailing Address/Zip Code:
Parent/Guardian's Email Address, if available:
Emergency Contact Person and Phone Number:

Please send the completed form directly to Leslie.Johnson@stjohns.k12.fl.us or fax to her attention at 547-7695.