



CUSHING PUBLIC SCHOOLS

1401 N LITTLE
CUSHING, OKLAHOMA

REQUEST FOR FALL PROFICIENCY TESTING

Date requested _____

Student _____ Grade _____

School _____ Date of Birth _____

Home Phone _____ Daytime phone _____

Address _____

Parent or Guardian _____

I request a proficiency test in grade level _____ in the following area(s):

- | | |
|--|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Science |
| <input type="checkbox"/> Math | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Other (Specify) _____ | |

(If testing for middle school or high school, indicate name of course/courses ie: Biology I, Algebra II.)

Requested by:

Signature of Parent or Student