



READING PROFICIENCY DOCUMENTATION APPLICATION

PLEASE FILL IN THIS FORM WITH THE EXACT SPELLING OF YOUR NAME AND DATE OF BIRTH AS LISTED ON YOUR BIRTH CERTIFICATE.

FULL NAME _____
 LAST NAME **FIRST NAME** **FULL MIDDLE NAME**

DATE OF BIRTH _____

SCHOOL YOU ARE ATTENDING NOW _____

SCHOOL YOU ATTENDED IN 8TH GRADE _____

E-MAIL ADDRESS _____

Mission Statement

When the young people of Mid-Del enter our schools, they will be **safe**.

When they enter our classrooms, they will be **challenged**.

When they leave our schools, they will be **ready**.